

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Grangemore Services
<b>Centre ID:</b>	OSV-0001493
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 June 2017 09:00 To: 30 June 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 25 August 2017 in response to an application made by the provider to vary the conditions of registration which were applied to the designated centre. No actions were generated from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with four staff members, including the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

#### Description of the service:

The designated centre comprised of a large two storey house that accommodated up to five residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to two individuals who used the service on set days each week.. On the day of inspection, each respite user had their own bedroom. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located in a suburban area of a large city where public services such as buses, taxis and trains were available.

#### Overall judgment of our findings:

This inspection found compliance with the regulations under several outcomes including residents admissions and the contract for the provision of services, social care needs, premises, safeguarding, healthcare and governance and management. However, the inspector also found that improvements were required in relation to outcomes including health and safety, notifications, medications and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the provider had an admissions policy in place.

Each resident had a signed written agreement in place which outlined the terms on which they shall reside in the designated centre including the fees that were charged and the services that would be provided. There were no recent admissions to the service.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found that they reflected the assessed needs of the residents. Each plan contained details such as family and friends, social interests, intimate care needs, healthcare needs and risk assessments plans. Residents had good family contact with family visits and trips home promoted and well documented. Personal plans were also in an accessible format and readily available to residents.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through circle of support meetings which involved the resident, their family members, key workers, staff from the designated centre and a day service - which residents attend. The inspector found that all identified goals were supported by an action plan and good progress had been made in achieving each identified goal.

Each resident's file and personal living space was decorated with pictures of them attending events both locally and nationally. Personal plans also had pictures of friends and family. Daily log notes and financial records also indicated that residents regularly attended local community facilities such as restaurants, cinema and the barbers.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

Each resident had their own bedroom which was of an adequate size and had appropriate storage facilities. Each resident also had a key for their own bedroom.

The grounds of the centre were well maintained with additional facilities available for residents to enjoy their garden with a patio, garden chairs and barbeque available.

The centre had a large open plan kitchen and dining room which was equipped with suitable cooking facilities. There were two reception rooms available for residents to have visitors such as family and friends. Each room was comfortably furnished and had a suitably amount of soft furnishings. The centre was also clean and warm on the day of inspection.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The centre also had a safety statement which outlined the general health and safety procedures within the centre. However, improvements were required in relation to fire precautions and risk management plans.

The centre had systems in place for the identification and management of risk. The person in charge maintained a risk register for all identified risks such as fire, safeguarding, infection control and the use of a gas barbecue. Each resident also had risk management plans in place which were regularly reviewed in areas such as unexplained absence, cutting grass, cycling and epilepsy. However, some of the risk management plans reviewed were not risk rated and one risk assessment plan was not relevant to this designated centre.

The centre had fire precautions in place. Staff were conducting regular fire drills and checks of emergency lighting, exits, fire extinguishers, fire panel and smoke detectors. Fire doors were also in place throughout the designated centre and some of these doors had automatic door closers in place, which were linked to the centre's fire control system. However, a fire door was left open in an area where there was an internal oil boiler and clothes dryer, this fire door did not have a door closer in place.

Each resident had a personal emergency egress plan (PEEP) in place which clearly stated the support each resident may require to evacuate the centre, including the use of enticements. Staff members who were interviewed had good knowledge of each

resident's PEEP and the centre's emergency evacuation plan (CEEP) which was regularly updated. The centre also had emergency evacuation procedures clearly on display.

The fire alarm, emergency lighting and fire extinguishers were regularly serviced. The oil fired heating system was also found to have been recently serviced by an appropriately qualified person and staff were conducting monthly checks of the carbon monoxide alarm.

The centre had procedures in place for the recording of adverse events and the inspector found that all documented events had been responded to in a prompt manner by the person in charge. The centre promoted hand washing and hand sanitizers were available. Colour coded mops and chopping boards were also in use.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that residents were safeguarded from potential abuse.

The inspector met briefly with two residents on the day of inspection. Each resident appeared relaxed in the company of staff and staff were observed to interact with residents in a respectful and warm manner. Staff who were interviewed had a good knowledge of residents' needs and could clearly identify potential abuse and the reporting procedures used within the organisation, including the designated officer to manage allegations of abuse.

The centre had one safeguarding plan in place on the day of inspection. The staff team had recently reviewed an adverse event within the centre and a referral had been made to the designated officer. A safeguarding plan had been implemented following a review by the designated officer and an external agency had been notified. Staff were found to have good knowledge of this plan and no other adverse events had been recorded since



its implementation.

Residents who required behaviour support were regularly reviewed by the behaviour support specialist and the staff team. Behaviour support plans included proactive and reactive strategies which were amended following these reviews to reflect the care requirements of the individual. The person in charge and staff members had detailed knowledge of these plans and were able to articulate standardised statements and generalised guidelines in responding to behaviour that challenges.

The centre had one restrictive practice in place which was implemented in response to the escalation of behaviour may challenges. The inspector found that this practice was rarely implemented; however, the person in charge maintained a record of its use. The human rights committee had reviewed and upheld the decision to implement this restrictive practice when needed. Consent for the use of this therapeutic intervention was also available in the resident's personal plan.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the person in charge maintained a record of all incidents which had been referred to the chief inspector. However, the inspector also found that the chief inspector had not been notified of a recent allegation of abuse which had been referred to an external body as part of safeguarding procedures. This notification was submitted by the person in charge in the days following the inspection.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that the best possible health of residents was promoted within the designated centre.</p> <p>Residents had regular access to allied health professionals such as dieticians, dentists and podiatrists. Residents were also supported to access specialists such as psychiatry and neurology and were reviewed annually and in times of illness by their general practitioner.</p> <p>Each resident had a hospital passport in place, which was colour coded, to guide staff in acute services in regards to each resident's care needs. Staff were conducting regular weight checks and a recent referral had been made to a dietician. Staff were also maintaining records of all appointments attended by residents.</p> <p>Residents had access to appropriate quantities of food and fresh fruit, snacks and refreshments were also readily available in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> On the day of inspection, the inspector found that improvements were required to medication management practices within the centre.</p> <p>The inspector found that the medication cupboard in use on the day of inspection was not appropriately secure. The inspector also found that the medication key was left in the medication cupboard. Some medications held in the centre were not clearly labelled and did not state the name of the medication and how it should be administered to the resident.</p>

Prescription sheets were found to contain all relevant information such as the resident's name, medication, dosage, frequency and times of administration. However, medication administration recording sheets were not accurately completed in respect of respite users.

Epilepsy care plans were in place for those residents who may require the administration of rescue medication; however, these care plans were not in line with prescription sheets for as required medication and contained differing accounts of when rescue medication should be administered and of the routes of administration.

Residents had not been assessed to take responsibility for their medications and no residents were self medicating on the day of inspection.

Staff within the centre had received training in the safe administration of medications and could clearly identify the steps to be taken in the event of a medication error occurring.

A pharmacist had was conducting an annual review of medications within the centre and staff were implementing a stock control system within the centre.

**Judgment:**

Non Compliant - Major

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the centre had appropriate governance and management systems in place. However, improvements were required in regards to the auditing of medication practices within the centre

The person in charge was in a full-time role and had 12-hours protected time per week, to carry out their management duties. The person in charge had an appropriate qualification in social care and had also taken part in continuous professional development by completing further training in management. Regular documented staff

meetings were taking place and staff spoken with said they felt supported by the person in charge.

The person in charge was conducting regular audits of hygiene, fire precautions, residents' finances and restrictive practices within the designated centre and some medication audits had also occurred.

The provider had carried out regular six-monthly audits, as required by the regulations. An action plan had been generated following these audits to address any identified issues. The provider also carried out an annual review of the designated centre. This review detailed a summary of the:

- service
- six-monthly audits
- HIQA inspections
- service user consultation
- incidents and accidents
- health and safety
- medications.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the complement of staff met the assessed needs of residents. However, improvements were required in relation to staff support and supervision.

The person in charge maintained a planned and actual staff rota which was found to be accurate. A staff training matrix was also in place and detailed that staff had completed training in safeguarding, the safe administration of medications - including rescue medications, fire safety, manual handling and behavioural support. A refresher training programme was also in place for all staff.

A schedule of support and supervision was in place for staff members who were in a full time role in the designated centre; however, staff members who were part of a relief panel and who were scheduled to work on the rota were not receiving this support and supervision within this service.

There centre had a volunteer who supported one resident to access the community on a fortnightly basis. The volunteer had their roles and responsibilities set out in writing and was receiving regular support and supervision from the person in charge.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0001493
<b>Date of Inspection:</b>	30 June 2017
<b>Date of response:</b>	21 July 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all risk management plans were risk rated and were relevant to the designated centre.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

Risk management plans have since all been rated and items that were irrelevant to the centre were removed.  
Completed.

**Proposed Timescale:** 18/07/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all fire doors had door closers in place.

**2. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

The provider has ensured that that all fire doors have door closers in place, as specified in the centre's fire safety certificate.  
Completed.

**Proposed Timescale:** 11/07/2017

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to notify the chief inspector of an allegation of abuse which had occurred within the centre.

**3. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**

NF06 completed and submitted on the 04/07/2017

**Proposed Timescale:** 04/07/2017

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that medicines in the centre were securely stored.

**4. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

A new medication cupboard has been installed.

**Proposed Timescale:** 20/07/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all medications used within the designated centre were correctly labelled.

**5. Action Required:**

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**

Person in charge has completed a medication audit and this will be rolled out on a monthly basis. This will ensure all medications within the designated centre are correctly labelled. Peer audits will be completed also.

Proposed Timescale: Ongoing

**Proposed Timescale:** 21/07/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**



The provider failed to ensure that medication administration recording sheets were appropriately maintained. The provider also failed to ensure that epilepsy care plans were in line with as required prescription sheets.

**6. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**

New auditing system in relation to medications rolled out and same to be carried out monthly.

All Medication Administration recording sheets have now been reviewed and amended. This has been discussed with staff members and is an agenda item at the next team meeting on 25/07/2017.

Epilepsy care plan is now in line with the prescription.

Completed

**Proposed Timescale:** 25/07/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that residents had been assessed to self medicate.

**7. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**

Residents are currently being assessed to self-medicate.

**Proposed Timescale:** 24/07/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to ensure that all staff received support and supervision.

**8. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

The person in charge has updated the schedule for support meetings for all staff, to include relief staff.

**Proposed Timescale:** 31/07/2017