Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ard Na Gréine Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005537</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Galway</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Ability West</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda Crehan-Roche</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>03 March 2017 09:30</td>
<td>03 March 2017 16:30</td>
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</table>

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 11. Healthcare Needs                                    |
| Outcome 12. Medication Management                               |
| Outcome 13: Statement of Purpose                                |
| Outcome 14: Governance and Management                           |
| Outcome 17: Workforce                                           |

**Summary of findings from this inspection**

Background to inspection:
This was a new designated centre which had not previously been registered or inspected by HIQA. This inspection was carried out to monitor compliance with the regulations and to inform a registration decision.

How we gathered our evidence:
As part of the inspection, the inspector met with the person in charge, director of finance and an area manager. The inspector visited the proposed designated centre where documentation such as transition plans, health and safety documentation, policies and procedures and staff files were reviewed. The inspector did not meet any residents who were identified to transition to the proposed centre.

Description of the service:
The provider had produced a document called the statement of purpose that explains the service they provide. This service proposed to provide a residential service to four residents with an intellectual disability. The proposed centre was a large refurbished, detached two story house which was located in a suburban neighbourhood of a city, where public transport such as trains, buses and taxis were

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.
The centre was accommodated with three reception rooms, a medium sized open plan kitchen and dining room, five bedrooms one of which was a staff room, three bathrooms, a utility room and separate office. Refurbishment of the proposed centre was complete and two residents had been identified for admission to this service.

Overall judgment of our findings:
The inspector found that overall the proposed centre would meet the needs of the two residents identified for admission and the person in charge had put systems in place to facilitate their transition. Areas of compliance with the regulations were observed in outcomes such as admissions, social care, premises, healthcare and governance and management. Further improvements were required with regard to the statement of purpose, health and safety, safeguarding, medication management and workforce.
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):
This was the centre’s first inspection by the Authority.

Findings:
On the day of inspection, the proposed designated centre had an admissions policy and procedures in place.

The inspector met with the director of finance who stated that the premises was provided by an approved independent housing body. Residents who are to reside at the proposed designated centre will have a separate tenancy agreement with this housing body. The two identified residents for admission to the centre had not yet signed the tenancy agreement, however, the person in charge stated that signatures would be sought prior to admission to the centre. The two identified residents for admission to the centre had signed a written agreement with the provider which detailed the terms on which they shall reside in the centre.

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):
This was the centre’s first inspection by the Authority.

Findings:
On the day of inspection, the inspector found that residents who were identified for admission to the proposed designated centre had transition plans in place. The provider had also completed an assessment of needs for both residents prior to their admission.

Transition plans had been formulated with the involvement of residents, families, key workers and allied health professionals. The transition of residents involved both residents visiting the centre on a weekly basis. Residents were also involved in choosing their furniture and colour schemes for their respective bedrooms. The plans looked at what life skills training that residents may require and also focused on the health and safety of residents.

The provider had completed an assessment of need for both residents. The residents' keyworkers and identified allied health professionals reviewed areas such as the resident's individual support needs, medical diagnosis, current and future service provision, safety, healthcare needs and personal and social care.

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):
This was the centre’s first inspection by the Authority.

Findings:
On the day of inspection, the inspector found that the premises would meet the assessed needs of the proposed residents.

The centre had a sufficient amount of reception rooms for residents to have visitors. Residents' bedrooms were of a suitable size with appropriate storage also available.

An adequate number of bathrooms were available which had appropriate equipment to meet residents' needs. The centre had a medium sized open plan kitchen and dining
room which was also suitably equipped. The centre was also clean, warm and had appropriate lighting and ventilation.

There was a large paved area to the rear of the property for residents to enjoy and a recently commissioned heating system had been installed by a qualified person.

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):
This was the centre’s first inspection by the Authority.

Findings:
On the day of inspection, the inspector found that the proposed designated centre promoted the health and safety of residents, visitors and staff. However, improvements were required in relation to risk management and the health and safety statement.

The centre had a fire alarm, smoke detectors, heat detectors, fire blanket and emergency lighting in place. Fire doors were also in place throughout the premises. Each resident's bedroom door had an automatic door closer which was linked to the fire alarm. Automatic doors closers were also in place in identified areas of high risk such as the kitchen and sitting room. A centre emergency evacuation plan and residents' personal emergency egress plans had also been formulated.

The centre had procedures in place to monitor fire precautions within the centre. The person in charge stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were planned to take place with residents prior to admission, on the day residents move into the house and at regular intervals thereafter.

The proposed centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for residents. The inspector found that some resident's individual risk assessments failed to accurately described the identified risks and listed control measures which were not a requirement of the care some residents required. The inspector also found that the centre did not have a risk assessment in place for the use of gas.

The proposed centre had systems in place for the monitoring and response to adverse events. The centre also had a health and safety statement in place, however, this had not been up-dated to reflect the storage of gas cylinders.
The centre had a policy on infection control and hand sanitizers were available throughout the premises. The centre also provided colour coded mops and indications for their use.

**Judgment:**
Substantially Compliant

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
On the day of inspection, the inspector found that the proposed designated centre had systems in place to protect residents from potential abuse. However, improvements were required in relation to information on safeguarding residents and the provision of behavioural support.

The centre had policies on safeguarding, the provision of behavioural support and the use of restrictive practices. All staff had been trained in the safeguarding of residents and the provider had a reporting procedure and designated officer in place to manage any allegations of abuse. One restrictive practice was referred to the human rights committee prior to the inspection. A log of restrictive practices which may used within the centre was also planned.

The inspector reviewed a sample of behavioural support plans. The person in charge had detailed knowledge of these plans and of the support requirements of residents. However, the inspector found that not all behaviours which required support had been identified on one resident's behavioural support plan.

The inspector also found that the centre did not have information displayed in relation to the designated officer and procedures for reporting abuse. A user friendly document also used to support residents in reporting an allegation of abuse was not updated with the relevant designated officer.
<table>
<thead>
<tr>
<th><strong>Outcome 11. Healthcare Needs</strong>&lt;br&gt;<em>Residents are supported on an individual basis to achieve and enjoy the best possible health.</em></th>
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<tbody>
<tr>
<td><strong>Theme:</strong>&lt;br&gt;Health and Development</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong>&lt;br&gt;This was the centre’s first inspection by the Authority.</td>
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<tr>
<td><strong>Findings:</strong>&lt;br&gt;On the day of inspection, the designated centre proposed to meet the healthcare needs of residents.&lt;br&gt;&lt;br&gt;The person in charge stated that residents would be facilitated to have a general practitioner of their own choosing. The two identified residents would continue to have the support of allied health professionals such as speech and language therapy, psychology and occupational therapy. Residents would be supported to have annual reviews of their health which would be conducted by their chosen general practitioner and referrals would be sent to specialists and allied health professionals as required.&lt;br&gt;&lt;br&gt;Residents had hospital passports in place which identified areas such as medical history, known allergies, communication needs and intimate care.&lt;br&gt;&lt;br&gt;One resident, who was identified as requiring a modified diet, was reviewed by the speech and language therapist and a modified diet plan was in place.</td>
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<tr>
<td><strong>Judgment:</strong>&lt;br&gt;Compliant</td>
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<tr>
<th><strong>Outcome 12. Medication Management</strong>&lt;br&gt;<em>Each resident is protected by the designated centres policies and procedures for medication management.</em></th>
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<tbody>
<tr>
<td><strong>Theme:</strong>&lt;br&gt;Health and Development</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong>&lt;br&gt;This was the centre’s first inspection by the Authority.</td>
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<tr>
<td><strong>Findings:</strong></td>
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On the day of inspection, the proposed centre had policies and procedures in place for the safe administration of medications. However, improvements were required in relation to the storage of medications. Prescription or administration recording sheets were not available for review on the day of inspection.

The person in charge stated that regular audits of medication practices would be occurring in the designated centre. Residents would also be supported to self medicate following a risk assessment. The centre did not have appropriate storage for medications in place, however, the person in charge stated that appropriate medication storage would be in place prior to any admissions to the centre.

**Judgment:**
Substantially Compliant

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**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
On the day of inspection, the provider had produced a statement of purpose for the intended designated centre. The inspector found that, for the most part, this document contained the relevant information as detailed in Schedule 1 of the regulations. However, the statement of purpose did not contain an accurate description of the size and primary function of rooms and the whole time equivalents of staffing within the centre.

**Judgment:**
Substantially Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
On the day of inspection, the inspector found that the person in charge was suitably experienced and had an appropriate management qualification to carry out their role.

The person in charge stated that the centre would have management systems in place to provide appropriate care and support to residents. The person in charge stated that he would be carrying out regular audits of medications, residents finances, complaints, fire precautions and health and safety within the service.

The person in charge stated that the organisation would conduct six monthly audits of the care and support offered to residents and that an annual review of the service provided, would be completed as required.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
On the day of inspection, the inspector reviewed the staffing arrangements and found that the proposed rota would meet the assessed needs of residents identified for admission. The person in charge (PIC) also stated that the rota would be amended to reflect the care needs of any future admissions.

The PIC stated that staff would receive regular support and supervision and a schedule of one-to one meetings was in place. The inspector reviewed a sample a staff files and found that a staff member had an incomplete employment history. Training records also indicated that one staff member had not completed training in supporting residents who
require modified diets.

**Judgment:**
Substantially Compliant

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**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Ability West</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005537</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 March 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 March 2017</td>
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</table>

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:
- the health and safety statement included the correct storage location of gas cylinders
- a risk assessment had been completed for the use of gas
- residents’ risk assessments accurately described the identified risk
- control measures listed on risk assessments reflected the care requirements of

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

1. **Action Required:**
   Under Regulation 26 (2) you are required to: Put systems in place in the designated 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:**
   The health and safety statement for Ard Na Gréine has been updated to include the correct storage location of gas cylinders. A risk assessment will be completed for the use of gas. Residents risk assessments will be reviewed and adjusted to accurately describe the identified risks and control measures prior to their admission.

   **Proposed Timescale:** 31/03/2017

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   The provider failed to ensure that information was on display in relation to the reporting of allegations of abuse and the person nominated to manage these allegations.

   The provider also failed to ensure that information for residents included the current designated officer.

2. **Action Required:**
   Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

   **Please state the actions you have taken or are planning to take:**
   Information will be on display in relation to the reporting of allegations of abuse along with a photo of the nominated person to manage these allegations, prior to any service users moving into the house.

   An updated information leaflet with the current designated officer will be available for the service users prior to them moving into the house.

   **Proposed Timescale:** 31/03/2017

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**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:**
3. **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 specific purpose medication storage cupboard will be in place prior to any service users moving into the house. As requested, a photograph of same will be forwarded to the inspector once completed.

**Proposed Timescale:** 31/03/2017

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### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that the statement of purpose contained all requirements of Schedule 1 of the regulations.

**4. Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
All requirements as per Schedule 1 of the regulations have been completed.

**Proposed Timescale:** 03/03/2017

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### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that all the requirements of Schedule 2 of the regulations were in place.

**5. Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as
specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
The file of the staff member who was found to have incomplete employment records has since been rectified.

**Proposed Timescale:** 03/03/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that staff were up-to-date with training needs.

6. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
The staff member who was highlighted as not having sufficient training in supporting residents who require modified diets, will have said training completed on 24/03/2017.

**Proposed Timescale:** 24/03/2017