



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Glen Haven Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	27 November 2020
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0030464

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glen Haven Services is located on the outskirts of Galway city and is close to local amenities, public transport and areas of interest. The centre provides residential care to five male and female residents over the age of 18 years, who present with mild to moderate intellectual disabilities.

The centre comprises of one two-storey dwelling which provides residents with their own bedroom, en-suite and shared bathroom facilities, a kitchen and dining area and sitting rooms. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 27 November 2020	12:00hrs to 18:10hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with all residents who received this service and most residents were happy to discuss their lives in the centre. The residents stated that they liked living in the centre and that they enjoyed their lives there. They said that they had good involvement in the community and described social and leisure activities that they took part in and enjoyed. Residents told the inspector that they had no complaints, but that if they had they would tell staff and they were confident that they would be addressed. They said that they enjoyed the meals that they had in the centre and that food was bought and prepared in line with their preferences. They also confirmed that they took part in house meetings. Some residents did not discuss their lives in the centre with the inspector, but all residents appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre.

The service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided to residents who lived at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Audit findings had been addressed or were in the process of being completed. Ongoing audits of the centre's practices, such as fire safety, medication audits, infection control and finances were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits. The provider had also developed a detailed plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. There was a comprehensive contingency plan in place to manage the eventuality of either staff or residents developing COVID-19. The provider had also put out-of-hours management contact arrangements in place to support staff at all times during COVID-19.

Suitable deputising arrangements were in place to cover the absence of the person in charge and these were effective at the time of inspection. The person who deputised for the person in charge knew the residents and their support needs and was present in the centre throughout the inspection.

The provider had ensured that staff were suitably trained and competent to carry out their roles. Staff had received a wide range of training relevant to their

work, including training in medication management, respiratory emergencies and data protection, in addition to mandatory training in fire safety, behaviour support and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date.

Although there had been no complaints made in or about the centre, there were suitable arrangements for the management of complaints should they occur. There was a policy and procedure to guide practice and the required information about the complaints process was displayed in the centre.

#### Regulation 14: Persons in charge

There were suitable deputising arrangements in place during the inspection to cover the absence of the person in charge. The person who deputised for the person in charge had the required qualifications and experience and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received up-to-date mandatory training in fire safety, behaviour management and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

#### Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, although there had been no complaints in the centre. The required information relating to complaints was displayed in the centre.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A range of policies and procedures were available to guide staff. A sample of policies viewed during the inspection were up to date.

Judgment: Compliant

## Quality and safety

Residents living at the centre received care and support, which allowed them to enjoy activities and lifestyles of their choice and to receive a good level of healthcare.

There was evidence that residents were normally out and about in the community and were involved in activities that they enjoyed, such as community outings, day services, family contact and entertainment events. A home-based service was being provided to meet residents' needs during the COVID-19 pandemic. Activities that residents were involved in included seated yoga and taking exercise indoors and outdoors. Residents had also enjoyed going on holidays and for outings, attending concerts, shopping, and eating out in the local community.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Further healthcare checks and access to national screening programmes were also arranged. For example residents were offered annual influenza vaccines and their weights were monitored monthly.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents'

temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The centre was warm, clean and comfortable and suited residents needs and there was a safe and accessible garden area for residents' use. Each resident has his her own bedroom. The centre had appropriate laundry facilities and suitable arrangements for refuse disposal. The centre was also supplied with internet access and a range of television channels which residents used for entertainment of their choice such as concerts, sports events and fitness programmes.

The provider had systems in place to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks and individualised risks specific to residents had been identified. The risk register had also been updated to include risks associated with COVID-19. Fire safety was not reviewed in full during this inspection although emergency evacuation procedures were examined and found to be suitable.

The provider had ensured that there were effective measures to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy and development of personal care plans for all residents. The provider also had measures in place to support any resident with a behaviour of concern as required, although this was not required at the time of inspection. All staff had received up-to-date training in this area and the services of a psychologist and a behaviour support specialist were available in the organisation

There were measures in place to ensure that residents' rights were being upheld. It was evident that resident were involved in the running of the centre and how they lived their lives. House meeting were held in the centre during which residents and staff discussed issues relevant to the centre. Some of the topics discussed at these meetings had included coronavirus and fire safety and evacuation. Assessments of rights were being completed for all residents, which included assessment of residents' financial capacity. Residents also had rights to both complaints and advocacy processes, their religious preferences were supported, and all residents were registered to vote. Residents also had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements. A residents guide was available to provide information to residents and or their representatives.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support



was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Suitable arrangements had been made to support residents to continue to take part in projects and activities that they enjoyed within the requirements of public health restrictions.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims of the service and the needs of residents. The centre was well maintained, suitably equipped, clean and suitably decorated. The centre was also equipped with the required product and social distancing prompts to support infection control during the COVID-19 pandemic.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that the transition of a resident to the centre had been suitably supported, assessed and planned.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were in place, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare supports, such as general practitioners, healthcare professionals, consultants and national screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges as required.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant