



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

Name of designated centre:	Grange View Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	10 April 2018
Centre ID:	OSV-0004063
Fieldwork ID:	MON-0020976

About the designated centre

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

Grange View provides a residential service to people with an intellectual disability and who require mild to high support needs. The centre has capacity to accommodate five residents at any one time and six residents were identified as using this service. Four of the residents have a full-time placement and two residents had a shared care arrangement. The centre is located on the outskirts of a small town and transport was provided in the evenings and weekends for residents to attend their local community for activities and events. There is a social care model applied in this centre and there are four staff on duty, both in the morning and in the evening. Residents are also supported by one night duty staff member.

The following information outlines some additional data on this centre.

Current registration end date:	15/11/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
10 April 2018	10:00hrs to 18:00hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with five residents on the day of inspection, some residents required support with communication; however, they appeared relaxed in the centre and seemed to enjoy the company of staff. Some residents could communicate verbally but they did not comment on the service provided in the centre. Staff appeared to interact in a warm and caring manner and residents were supported to attend regular house meetings in which items such as meal choice and activities were discussed.

Capacity and capability

Overall, the inspector found that the governance and management arrangements in this centre ensured that a good quality service was provided to residents. The provider was responsive to the needs of residents and had appointed a suitable person in charge to manage the centre.

The inspector found that the governance arrangements in this centre ensured that residents enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. There was a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. The information gathered from these audits was used to assure the registered provider about the quality of the service which was provided to the residents. An annual review of the service was also completed following a consultation process with residents and an action plan was developed to address any identified issues. The inspector found that actions generated from internal audits had been addressed by the person in charge in a prompt manner which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was in a full-time role and was found to have a good understanding of the services provided to the residents and of their care needs.

The provider had also produced a statement of purpose which described the care needs that the service was intended to meet and clearly stated the services which would be provided to meet those needs. However, this document did not contain all prescribed information as set on in the Regulations.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Full-time staff members were up-to-date with training needs in relation to fire safety, safeguarding and supporting residents with behaviours of concern but a part-time relief staff member had not recently undertaken safeguarding training. The person in charge scheduled this staff member to attend this training prior to undertaking their next shift in the centre. A schedule of refresher training was also available to all those employed in the centre and all Schedule 2 information in relation to staff employed in the centre was complete and available for review.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and had a good understanding of the residents and their care needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix reflected the staffing requirements as stated in the centre's statement of purpose and the person in charge maintained an accurate staff rota. Documentation in the centre indicated that continuity of care was provided to residents by staff who were familiar to them and all prescribed information as stated in Schedule 2 of the Regulations was present in staff files.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with training needs and a schedule of support and supervision was in place for each staff member.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that a good quality of care was

provided to residents. The provider had also completed all internal audits and reviews as required.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had completed a statement of purpose which outlined the needs the centre intended to meet and the services which would be provided to meet those needs. However, the inspector found that this document did not contain all requirements of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider maintained an accurate record of all submitted notifications and a review of records in the centre indicated that all notifications were submitted as required.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents of this centre received a service which was safe and effectively run. However, documentation in relation to behaviour that challenges and restrictive practice needed improvement to ensure that these provided clear guidance to staff and that residents had consented to the associated interventions.

There were a large number of safeguarding plans in place and the inspector brought this to the attention of a person participating in the management of the centre prior to the conclusion of the inspection. This person stated that this situation was being kept under close review to ensure that residents were safe at all times.

Suitable governance arrangements were in place to ensure that all adverse events were effectively monitored and reviewed. Staff members had a good understanding of this system and the person in charge had responded to all recorded adverse

events in a prompt manner. The person in charge also monitored and reviewed risks in the centre on an on-going basis to provide assurances that the quality and safety of the service was maintained to a good standard. All risks were appropriately rated and suitable control measures had been identified and implemented to address any risks in the centre.

The centre had six safeguarding plans in place and staff in the centre were found to have a good understanding of these plans. Staffing arrangements were also aligned to these plans with one-to-one staffing in place as required. Some safeguarding plans had been recently reviewed and further reviews were scheduled to occur. Recent safeguarding concerns had been promptly responded to by the provider with additional referrals for behavioural support and multidisciplinary team meetings scheduled.

Fire precautions were taken seriously by the staff team and regular fire drills and equipment checks were conducted. The provider had also ensured that fire safety was ensured by having appropriate fire detection and fire fighting equipment in place which was routinely serviced and maintained. However, the provider did not demonstrate that suitable fire doors were in place throughout the building and that all fire doors which were in place would be closed in the event of a fire occurring. All residents had taken part in a fire drill and a review of these records indicated that recent fire drills had not been conducted in a prompt manner. The person in charge and management of the centre were aware of this situation and were conducting further fire drills with the use of enticements for some residents to promote a prompt evacuation of the centre. Subsequent to the inspection, the person in charge submitted further information which indicated that the actions undertaken by the provider had reduced the evacuation times for all residents.

Each resident participated in the review of their personal plan on at least an annual basis. Personal plans contained information such as healthcare, communication needs and risk management. There was also detailed information in regards to the residents' social and personal needs. Residents were also supported to identify and achieve personal goals which were identified at their individual personal planning meetings. All goals had an effective action plan in place to support the achievement of residents' goals and information was clearly documented when a resident chose not to pursue some of their goals.

There was guidance in place to support some residents who present with behaviour that challenges and staff on duty had a good understanding of these care needs. However, the inspector found that guidance for some behaviour that challenges was adequately documented to ensure that consistency of care was provided to all residents. There were some restrictive practices in place and the provider had systems in place to ensure that these were regularly reviewed and that the least restrictive practice was maintained. However, the provider was unable to demonstrate that restrictive practices were in place with the informed consent of the resident or their representative.

Residents were supported to achieve further educational and development programmes through their day services and some residents participated in

gardening projects in the centre. Residents were supported to attend the community; however, the inspector found that this was not delivered in a consistent basis and that some of the activities did not promote the inclusion of the resident in their local community.

Regulation 13: General welfare and development

Residents' educational and developmental programmes were facilitated through individual day services. Residents were supported to attend their local community; however, these trips were infrequent and did not promote the inclusion of the resident in their local community.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was warm and clean on the day of inspection. Each resident's bedroom was individually decorated and a resident has been supported to redecorate their living area. The centre had an appropriate number of bathrooms and the living area was comfortably furnished. There was an outdoor area where residents had participated in a gardening project and further development of a sensory garden was underway.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place to ensure that risks in the centre were effectively reviewed and monitored. The provider also had a system in place for the recording and responding to adverse events in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had completed training in infection control and appropriate hand washing

facilities and hand sanitizers were available in the centre. The centre had colour coded mops to inform staff members of the intended use and there was appropriate waste disposal in place.

Judgment: Compliant

Regulation 28: Fire precautions

Staff in the centre were conducting regular fire drills and checks of fire precautions in the centre. The centre had emergency lighting, smoke detection and fire fighting equipment in place and there was an alarm to alert staff in the event of a fire occurring. There were fire doors in each resident's bedroom; however, the provider failed to demonstrate that all fire doors would close in the event of a fire occurring. Furthermore, a door in a communal area had an automatic door closer in place but it was not evident that this was a fire door.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate medication storage facilities in place and residents had been assessed to manage their own medications. A review of medication practices also indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place and residents had participated in the identification and review of personal goals. Personal plans were found to contain relevant information in regards to the supports which the resident may require and were reviewed on a regular basis by the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was guidance in place for some behaviour that challenges; however, guidance

had not been developed for all known behaviour that challenges. In addition, while there was good practice noted in the management of restrictive practices there was no evidence that residents have given their consent for these to be in place.

Judgment: Substantially compliant

Regulation 8: Protection

On the day of inspection, the inspector found that residents were safe and protected from harm. Staff had received training in safeguarding residents from abuse and had a good understanding of safeguarding plans and practices deployed in the centre. Residents' appeared relaxed in the centre and staff interacted with them in a warm and caring manner.

Judgment: Compliant

Regulation 9: Residents' rights

There was information on display in relation to residents' rights and and advocacy services were available if required. Staff were observed to interact with residents in terms of their personal choices and personal information in regards to residents was stored in a secure manner. However, residents had not been supported to vote and exercise their political rights.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Grange View Services OSV-0004063

Inspection ID: MON-0020976

Date of inspection: 10/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> The statement of purpose will be updated to include all the requirements of the regulation. 	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: <ul style="list-style-type: none"> All residents are supported by appropriate levels of suitably qualified and trained staff, based on the resident's assessed needs. Residents are provided with a variety of recreation activities within Grange View and local community. Circle of Support meetings are held annually and the PCP (Person Centered Plan) is reviewed and amended biannually. The PIC shall ensure that PCPs are discussed on a rolling basis at team meetings, with progress and suitability noted. Service User house meetings are held weekly, where residents plan their activities for the upcoming week. The residents PCP feeds into the activities offered The PIC shall oversee a schedule of outings for the residents to ensure they have opportunities to socialize in their community (if that is their wish), and attain PCP goals 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> Policies and Procedures in place to support fire safety management systems. A review of the service undertaken by Facilities manager in terms of fire safety, cognisant of issues raised during the inspection. The following has occurred after this review. Fire door in place between Sitting room and bedrooms , with automatic door 	

closer in event of alarm activation. Door between dining room and sitting room does not require to be a fire door, automatic closer removed. Overhead door closers fitted to all residents bedroom doors.

- Appropriate firefighting equipment, fire doors, door closers and emergency lighting in place.
- PIC will ensure fire drills take place as required to encompass all service users and staff.
- CEEP (Center Emergency Evacuation Plan) is in place and reviewed by the Unit Director following each fire drill and amended as necessary.
- PEEPS (Personal Emergency Evacuation Plans) in place for all residents and are reviewed following each fire drill and amended as necessary.
- Staff are trained in the use of fire safety equipment as required.
- The PIC will ensure that all required audits/checks are carried out and signed off in terms of fire safety/emergency exit/electrical and emergency lighting checks. |

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- All staff are provided with training on managing behaviours that challenge and receive annual refreshers.
- PIC conducts regular reviews of the incident reports and supports the staff to complete referrals to the multidisciplinary team for support.
- Positive Behavior Support Plans and Psychology Guidelines are reviewed and updated with the staff team and members of the MDT annually or as the need arises.
- PIC will ensure that all Restrictive Practices will be discussed at annual case reviews and agreement sought on appropriate use of these restrictions.
- Restrictive practices will be submitted to the restrictive practice committee for each resident for approval.
- All restrictive practices that infringe on the residents rights will be referred to the Human Right Committee for review. |

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Upcoming referendum was discussed with the service users at three house meetings,
- Service User friendly information pack on the upcoming referendum was discussed with the residents at a house meeting, information posted on the notice board.
- During annual Case Reviews the resident's right to exercise their political rights and their right to vote will be discussed with the resident and their support network.
- All residents are registered to vote in the local polling station, and will be supported to vote if that is their wish.
- Resident are supported to attend their annual case review and biannually circle of support meetings. Prior to any meetings that discusses the care of the resident, each resident and keyworker discusses the upcoming meeting to discuss and identify any issues or concerns that the resident may have. |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	25 May 18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25 May 18
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	25 May 18

Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	21 May 18
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	25 May 18
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	21 May 18