



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

Issued by the Chief Inspector

Name of designated centre:	An Ghrianán
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	14 and 15 November 2019
Centre ID:	OSV-0004656
Fieldwork ID:	MON-0024738

About the designated centre

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

An Ghrianán provides a full-time residential service to four residents who are over the age of 18 and have a mild to moderate intellectual disability. The centre consists of one single-storey house located in a residential neighbourhood of a large town, where public transport links are available. The centre is also in close proximity to a bus stop and residents can use the bus service and taxis to access their local community. Residents share transport with another designated centre and also have use of a hire car, which can be used to visit areas of interest and go on day trips. Each resident has their own bedroom which is decorated with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. All residents attend local day services during the day. The centre is staffed with a mix of nursing and care staff, with one staff member providing sleepover cover each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
14 November 2019	13:45hrs to 18:45hrs	Angela McCormack	Lead
15 November 2019	09:30hrs to 13:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector spent time with all four residents who lived at the centre. Residents who the inspector spoke with said that they liked living at the centre and that they were treated well by staff. One resident said their favourite thing about their home was that it was a bungalow, and other residents said that their favourite thing was going on holidays and going on day trips. Residents were observed to be comfortable in their environment and with each other. The inspector observed residents interacting with each other in a respectful and jovial manner. Residents spoke to the inspector about the variety of activities that they were involved in; including playing badminton, getting beauty treatments, going on day trips, going to concerts and doing arts and crafts. Residents showed the inspector some of their artistic designs; including items that they had made from pottery and woodwork, paintings, crochet and photography. During the inspection residents were observed to be involved in planning a memorial mass for a deceased friend, planning meals and discussing updates on their personal goals with staff. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect.

Capacity and capability

The inspector found that there were good governance and management arrangements in place in the centre which ensured that residents received a quality and safe service. The person in charge worked full-time and was responsible for another designated centre which was located nearby. In addition she was recently assigned a new designated centre and had the support of a team of nursing and care staff in each centre to support the delivery of services.

The inspector found that the staffing arrangements were adequate to meet the needs of residents. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. Staff received regular training as part of their continuous professional development and a review of training records demonstrated that staff were provided with mandatory and refresher training. Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the management team if needed. A schedule of supervision meetings was maintained by the person in charge, and meetings were held regularly with staff who worked in the centre.

The person in charge carried out regular internal audits in the centre in areas such as medicines, complaints, incidents and health and safety audits, which demonstrated good oversight and assurances for a safe and quality service. The provider ensured that unannounced provider audits and an annual review of the

quality and safety of care and support of residents were completed as required by regulation. These audits contained good detail and action plans had been devised as a result of these audits. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents. Consultation with families was completed for certain aspects of care; however the inspector found that consultation with residents' representatives had not been included as part of the most recent annual review of the overall service.

There was a good complaints management procedure in place in the centre. Complaints were regularly discussed at residents' meetings. In addition, there was an easy-to-read version of the complaints procedure, which was accessible to residents and contained details of who the nominated complaints person was and details of the appeals process. Residents spoken with stated that they would speak to staff if they were not happy with any aspect of the service. There were no open complaints at the time of inspection.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience and qualifications as required by the regulations. The inspector found that she was very knowledgeable about residents needs and it was evident throughout the inspection that residents had regular contact with her.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre was well resourced with a skill mix of nursing and care assistants. There was an actual and planned rota in place which showed continuity of staff who worked there.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training as part of their continuous professional development. Staff received supervision from the person in charge, and staff who the inspector spoke with said they felt well supported.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that the centre had up-to-date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall the inspector found that there were good governance and management systems with a clearly defined management structure in place. The provider ensured that unannounced audits and an annual review of the quality and safety of care and support of residents were completed. However, the annual review did not provide for consultation with residents' representatives.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were easy-to-read written agreements in place for the provision of services for residents. These agreements stated the fees to be charged and the details of services to be provided, and had been signed by residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured all notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an easy-to read complaints process available for residents. There were no open complaints at the time of inspection; however residents who the inspector spoke with stated how they would make a complaint if they were unhappy in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service, and that there were suitable arrangements in place which ensured a safe and person-centred service.

The health, personal and social care needs of residents were assessed and plans were developed to support residents where required. Residents were supported to access allied healthcare professionals and national screening programmes where recommended. Personal plans were developed with residents and were available in an accessible format. The provider ensured that there was maximum participation of residents in their annual review meetings, with residents taking the lead in organising their meetings with the support of staff. Residents were supported to achieve their personal goals, and progress on goals was reviewed regularly to ensure that these were achieved in a timely manner. Residents discussed some of their personal goals with the inspector and talked about the plans in place for progressing some of the goals.

The inspector found that residents' rights and general welfare and development were promoted in the centre. Residents' told the inspector about the range of activities that they enjoyed both in their home and out in the local community. This included classes in pottery and woodwork, arts and crafts, day trips, membership of sports clubs, singing in a local choir and walks in the local area. Some residents also spoke about their current work experience in a local hotel and shop. Residents were consulted about the running of the house through weekly resident forums, where topics such as meal planning, plans for religious events, complaints and staffing arrangements for outings were discussed.

The provider ensured residents' safety while staying in the centre. Staff were trained in safeguarding and staff who the inspector spoke with were very knowledgeable about what to do in the event of a concern of abuse. Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read document and discussion at resident's weekly meetings. In addition, residents had also received training in safeguarding and residents who the inspector spoke with talked about what they would do if they had a concern. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents in a dignified and person-centred manner. Residents who required support with behaviours of concern had care plans in place and staff were knowledgeable on

what to do to support residents.

The centre had systems in place for the detection, containment and prevention of fire and regular fire safety checks were completed by staff. Residents had personal emergency evacuation plans in place which were detailed and reviewed as required. Staff received training in fire safety and regular fire drills were carried out which demonstrated that residents could be safely evacuated. Residents who the inspector spoke with talked about what they would do in the event of a fire; including staying outside the house until it was safe to go back inside and going to the designated assembly point.

There was a system in place for the review of accidents and incidents in the centre and any learning from incidents was discussed at team meetings. Adverse events were assessed and plans were in place to respond to emergency situations. Risk assessments were carried out for risks in the centre and a log of risks was maintained. Specific risks which may impact on residents had individual risk management plans in place with detailed control measures in place. However, the inspector found that improvements were required to the documentation and ratings of some risks so to ensure that the specific risks to residents were clearly identified and risk rated accordingly.

The inspector found that the premises had adequate space and facilities for the needs and numbers of residents. The house was clean, homely and nicely decorated with various artwork and photographs displayed around the house. There were facilities for residents to engage in activities in house; such as artwork, having visitors, watching television and sitting out in the garden. However, some minor internal works in relation to the bathrooms that had been highlighted by the person in charge had yet to be completed.

Regulation 10: Communication

Residents had a communication and making choices profile in their assessment of needs. While all residents could communicate through verbal means, there were support plans in place to outline specific requirements for aiding communication for some residents. Residents had access to televisions, radios, mobile phones and the internet.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents' general welfare and development were promoted in line with their interests and capacities. Residents were supported to have links with the wider community and were involved in pottery and woodwork

classes, being a member of a choir, work experience and volunteering.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs and numbers of the residents. Residents had their own bedroom which were personalised in line with residents' preferences and wishes. There were adequate shared bathrooms and facilities for cooking and laundering clothes. However, some internal work to improve the state of repair of the bathrooms was required.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents had access to an easy-to-read residents' guide, which included all the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and review of risks in the centre. However, the inspector found that improvements were needed in the documenting of some risks to ensure that the specific risks to individuals were clearly identified and risk rated appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that the centre had systems in place for the detection, containment and prevention of fire, and regular fire safety checks were completed. Staff were trained in fire safety and regular drills were conducted which demonstrated that residents could be safely evacuated in a number of scenarios. Residents who the inspector spoke with were aware of what they needed

to do in the event of a fire to ensure they were safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there were comprehensive assessments completed on residents' health, personal and social care needs. Residents were fully involved in their annual review meetings and meaningful goals were set by residents, and progressed in a timely manner with the support of staff.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were supported to achieve optimal health with access to a range of healthcare professionals: including dentists, general practitioners, opticians and chiropodists. Residents were facilitated to attend any healthcare appointments and national screening programmes where recommended.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents who required support with behaviours of concern had care plans in place and were given support to manage these behaviours. Referrals were made to members of the multidisciplinary team, where required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were good systems in place to protect residents from abuse. Both staff and residents had received training in safeguarding and the inspector found that staff were very knowledgeable on what to do in the event of a concern of abuse. Safeguarding was discussed regularly at resident's forums and residents who the inspector spoke with were aware of how to keep safe, with

one resident saying if someone shouted at them they would tell staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents were involved in the running of the centre and that rights were promoted in relation to choice and control about their daily lives. Residents had access to advocacy services and information about rights and advocacy were on display in the house.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Ghrianán OSV-0004656

Inspection ID: MON-0024738

Date of inspection: 14/11/2019 and 15/11/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> The Person in Charge has circulated a Questionnaire to all family representatives seeking their views regarding the service. On receiving these questionnaires from the family representatives the annual reviews will be updated regarding these. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> The works required within the Bathroom area will be completed by 31/1/2020. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <p>The Person in Charge has ensured all risks are now up to date within this Designated Centre. Risks assessments identified at the inspection have been reviewed to improve the assessment of identified risk. This has also ensured that the assessed level of risks reflect the impact current measures have on mitigating risk at the centre. This was</p>	

completed on 22/11/2019.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a	Substantially Compliant	Yellow	22/11/2019

	system for responding to emergencies.			
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