



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

Name of designated centre:	Glen Haven Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	07 June 2018
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0021860

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.

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
07 June 2018	08:25hrs to 15:45hrs	Anne Marie Byrne	Lead

Views of people who use the service

On the day of inspection, there were five residents living in this centre. The inspector met with four of these residents and three of them spoke directly with the inspector. The inspector also met with a family member who spoke about the care and support their relative received.

Residents who spoke with the inspector said that they were happy in the centre and that staff supported them to take part in activities of interest to them. Residents also told the inspector that with the support of staff, they planned to host a party in the centre in the coming days.

Family members who met with the inspector said that good communication was maintained between staff and residents' families, which kept families up-to-date on the changing needs of their relative. The family member also stated that the quality of life for their relative had improved through recent changes made by the provider to the residents' bedroom accommodation. The inspector reviewed the findings of a recent family satisfaction survey which demonstrated that families were happy with the facilities, quality of care delivered to their relative and that they felt very welcome in the centre when they visited.

Over the course of the inspection, the inspector observed residents to be very relaxed in the company of staff and staff addressed residents in a respectful manner.

Capacity and capability

The provider ensured effective governance and management arrangements were in place to ensure residents received a good quality of care and support in accordance with their assessed needs and wishes. The provider had made improvements to the service following the findings of the last inspection of this centre in 2016.

Staffing arrangements ensured the number and skill mix of staff working in the centre met the assessed needs of residents. The person in charge regularly reviewed the centre's staffing levels and ensured care was provided to residents by staff who were familiar with the residents. A system was in place to ensure all staff received supervision from their line manager and the person in charge regularly met with all staff who worked in the centre. Training arrangements ensured that all staff received up-to-date mandatory training. Staff told the inspector that regular meetings were held in the centre, which kept them informed of changes within the organisation and gave them an opportunity to discuss specific issues relating to

the centre. The inspector found staff to be knowledgeable on all aspects of the service provided and spoke with confidence about how they supported residents' needs in areas such as behaviour management, safeguarding and healthcare.

The provider had systems in place which ensured the care and support delivered to residents was regularly monitored and reviewed. The person in charge was based full-time in the centre, which allowed her to meet regularly with staff and residents and to oversee various practices. The annual review of the service and six-monthly provider-led visits were occurring in line with the requirements of the regulations. Where improvements were identified from these, the provider had put plans in place to address these.

Although no complaints were being managed at the time of inspection, the provider had a system in place which guided staff on how to respond to, manage and record all complaints received. Residents had access to an appeals process and the complaints procedure was available to them in an accessible format. However, some improvements were required to the complaints procedure that was displayed in the centre.

While there was a statement of purpose which described the service, some improvements were required to this document to ensure that it included all the required elements as set out in Schedule 1 of the regulations.

Regulation 14: Persons in charge

A full-time person in charge was appointed to this centre and had the necessary qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received mandatory training and a system

was in place to ensure all staff received supervision from their line manager.
Judgment: Compliant
Regulation 23: Governance and management
The provider had systems in place to ensure that the centre was adequately resourced and that the quality and safety of care delivered to residents was regularly monitored and reviewed.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The provider failed to ensure that the Statement of Purpose included all information as required by Schedule 1 of the regulations, including,</p> <p>The facilities provided to meet the care and support needs of residents The services provided by the registered provider to meet the care and support needs The total staffing complement, in whole-time equivalents for the centre The arrangements for resident to engage in social activities, hobbies and leisure interests The fire precautions for the centre</p>
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The provider failed to ensure that the displayed complaints procedure guided on the appeals process available to the complainant.
Judgment: Substantially compliant
Quality and safety

Overall, the inspector found residents received the care and support they required.

Residents were supported to avail of local amenities, be part of local groups and to attend day services as they wished. Residents' activities were scheduled in consultation with residents and adequate staff arrangements and transport resources were in place, ensuring residents were supported to participate in activities of interest to them. Visiting arrangements ensured residents were regularly supported to develop and maintain personal relationships with friends and family, with many residents having frequent overnight stays with their families. A recent satisfaction survey completed with family members demonstrated that families felt welcome in the centre when they visited their relative.

Since the last inspection, significant improvements had been made to the centre's safeguarding arrangements and to the systems in place to support residents with behaviour that challenges. Increased staffing levels and improved environmental arrangements were having a positive impact on reducing the number of safeguarding incidents that were occurring in this centre, with no reported safeguarding incident since February 2018. Staff who spoke with the inspector were aware of their role in safeguarding residents and although safeguarding arrangements were regularly reviewed, some safeguarding plans required further review to ensure they adequately guided staff on the specific measures in place to safeguard residents. Where residents required one-to-one staff support as part of their behaviour support plan, the provider had arrangements in place to ensure these residents received this level of support. Staff who spoke with the inspector were aware of their role in supporting these residents and had received up-to-date training in the management of behaviour that challenges. Overall, the inspector found these improvements made had a positive impact on the quality of life and lived experience of residents who live in this centre.

Effective risk management systems ensured that where residents' specific risks were identified, these were assessed, managed and regularly reviewed. A risk register was in place to oversee the management of organisational risks and a procedure was in place which supported the person in charge to escalate high-rated risks to senior management if required. However, improvements were required to some organisational risk assessments to ensure they clearly and accurately identified the measures that the provider had in place to manage to specific risks in the centre.

Assessment and personal planning arrangements ensured that annual reviews were occurring with residents and their families. Family members who spoke with the inspector said that they were kept informed by staff where any changes to residents' need or circumstances occurred. Staff who spoke with the inspector were aware of the specific healthcare needs that some residents had and of how to support these residents in accordance with their personal plans. Improved personal goal arrangements meant that clear records were now in place to demonstrate the progress made by residents towards achieving their goals. Residents also had access to their personal plans in an accessible format.

The provider had fire safety precautions in place, including, regular fire checks, up-

to-date staff training in fire safety, emergency lighting, and regular maintenance of fire fighting equipment. Regular fire drills were occurring which demonstrated that staff could effectively evacuate residents from the centre in a timely manner. Staff were aware of how to support residents in the event of a fire and residents told the inspector of their involvement in fire drills. Although the fire procedure was displayed, it did not adequately guide staff on how to respond to fire in the centre. This was brought to the attention of the person in charge who rectified this prior to the close of the inspection.

Regulation 10: Communication

Where residents had assessed communication needs, comprehensive plans were in place to guide staff on how to support these residents to communicate. Residents had access to speech and language services, radio, internet, assistive technology and television.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes. Areas were available in the centre for residents to meet with visitors in private.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' specific risks were identified, assessed, managed and reviewed on a regular basis. However, the provider failed to ensure that organisational risk assessments adequately described the controls in place to mitigate against risks specific to the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire in the centre

and had effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe medication management systems in place. Residents were given the opportunity to take responsibility for their own medicines if they wished to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider has systems in place to ensure that residents' needs were regularly assessed and that plans were in place to guide staff on how they were to support residents. Each resident was supported to develop goals and records were maintained of the progress made by residents towards achieving these goals.

Judgment: Compliant

Regulation 6: Health care

The provider had systems in place to ensure residents' healthcare needs were assessed and that residents were supported by staff to meet their healthcare needs. Residents had access to a variety of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents with behaviour that challenges received regular assessment, review and support from staff. Where restrictive practices were in place, these were used as a last resort for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that each resident was safeguarded from abuse. Staff had up-date training in safeguarding and safeguarding measures were regularly reviewed. Although safeguarding plans were in place, they required improvement to ensure they adequately guided staff on the specific measures in place to protect residents from abuse.

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 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Glen Haven Services OSV-0004061

Inspection ID: MON-0021860

Date of inspection: 07/06/2018

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
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC has completed a new statement of purpose (17th June) in line with regulation 33 ensuring all elements of schedule 1 are included.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC has reviewed and revised complaints procedure (18th June) to ensure that the appeals process is included. This is prominently displayed in the centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC is currently reviewing the centre risk assessments to ensure adequate description of the control measures that are in place within the centre which mitigate against specific risks are included.</p>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Revised safeguarding plan (completed 18th June) ensuring that there is specific guidance for staff on the current measures and strategies that are in place to protect and safeguard the residents including guidance on environmental factors, behavioral factors. All staff will read and sign off.	

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 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 system for responding to emergencies.	Substantially Compliant	Yellow	31 st July 2018
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	17 th June 2018
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format	Substantially Compliant	Yellow	18 th June 2018

	and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	18 th June 2018