



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:	Unannounced
Date of inspection:	13 May 2024
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0043579

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. Staff are on duty both day and night to support the residents who live in this centre.

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 (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
Monday 13 May 2024	11:15hrs to 16:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations. The day was facilitated by the person in charge, and the inspector also had the opportunity to meet with two staff members, and with four of the residents who live in this centre. Overall, this was a positive inspection, which found many good areas of practice that provided residents with a good and safe quality of service.

This designated centre comprised of one two-storey house located on the outskirts of Galway city, close to local amenities, cafes, restaurants, shops and public transport. Each resident had their own bedroom, shared bathrooms, and communal use of a sitting room, living rooms, kitchen and dining area, staff office, utility, and there was also a well-maintained rear garden for residents to avail of. In recent times, the provider had made many home improvements to this centre, to include, re-decoration works, a new front door was installed, renovation of an upstairs bathroom, new flooring, and new garden furniture was also provided. The house was very clean, bright and spacious, was tastefully decorated and maintained to a very high standard. As the inspector completed a walk-around of the house with the person in charge, they told of how each resident was very house proud, and liked to keep their home clean and tidy. This was evident throughout this house, with residents' bedrooms found to be neat and well-kept in their presentation. Their bedrooms reflected their individual interests, with one having a drum-kit set up, others had created an office space for their printer and laptop, some had trophies of sports accomplishments, others displayed many of the art-work and framed jigsaws they had completed, and most had photo collages displayed on their bedroom walls of various events they had attended. In communal areas, notice boards were used to inform residents of what staff were on duty, upcoming birthdays, and of what activities were planned for them. In the sitting room, a copy of minutes from house meetings and other related information were at hand for residents to read, if they so wished. The provider had a system in place for any maintenance or up-grade works required in this centre, and this was reported by the person in charge to be working well. For instance, in response to the changing needs of one resident, the person in charge had requested minor adjustments to be made to a downstairs bathroom, and these works were being completed, while this inspection was taking place.

Five residents resided in this centre, and had all lived together for a number of years, and got on well as a peer group. Upon the inspector's arrival to the centre, they had all already left for their day service, and were due to arrive back in the mid-afternoon. While most of them required staff support in relation to their social care needs, others were experiencing changing needs, which was primarily impacting their assessed mobility and cognitive care. There were clear re-assessment and personal planning arrangements in place to monitor for these assessed needs, and it was an aspect of service that the person in charge kept strong oversight of.

Following on from the findings of the last inspection, new transport was allocated to this centre. This was positively received by residents, who told the inspector they had used their new bus for many of their outings. Along with attending day services during the week, these residents liked to keep active in their local community. One had a keen interest in music and liked to DJ, they told the inspector they had a regular monthly gig doing so, and also were requested from time to time to cater for other events. Another resident spoke of how they had gone on a foreign holiday with some of their peers that they lived with and had really enjoyed the break-away. Another took part in volunteer work, and showed the inspector some photographs they had on their phone of an event they in a local hotel. They also took part in the Special Olympics and enjoyed playing soccer with a local club. Many had their own iPads and laptops and had set these up in their bedrooms, to use as they wished. Most of them liked live music and had attended many concerts and met with various music artists.

As earlier mentioned, some were experiencing changing needs, and this was a large focus of staff and local management, in ensuring these needs were identified in a timely manner and responded to. In recent months, the provider had set up a complex case review, whereby, residents with increasing needs, could be referred for further input and review by multi-disciplinary teams. This new system had been effectively utilised in this designated centre in responding to certain residents' changing needs, in an effort to proactively plan for their future care. Fundamental to providing residents with the care and support that they needed in this service, was the centre's staffing arrangement. A consistent staff team was in place, many of whom had supported these residents for a number of years. In light of the changing needs of residents, the person in charge maintained the centre's staffing levels under very regular review, and was cognisant that some changes may be required in the future, should residents' needs change further. For example, at the time of this inspection, there was a sleepover staff in place each night. Currently, the person in charge was conducting a sleep study pertaining to residents experiencing changing needs, so as to identify, where any changes to night time staffing may need to re-occur. At the time of this inspection, no resident was identified as requiring nursing support; however, the person in charge was also overseeing for this through regular re-assessment of residents' needs, and had a plan in place to seek nursing support, should residents' assessments determine that this level of skill-mix would need to be provided within this centre.

Later in the afternoon, the inspector had the opportunity to briefly meet with residents as they returned home from day service. A member of staff and the person in charge were there to greet them, and prepared cups of tea and snacks for them to have. There was a very friendly, pleasant and relaxed atmosphere in the centre as residents returned, with some sitting at the kitchen table to read the newspaper, while others told of what they had gotten up to that day. There was friendly banter between residents and staff, as they informed residents of the nature of the inspector's visit to their home. Collectively as a house, the inspector was told that the residents had wanted to develop a newsletter for their families, and a copy of this was made available to the inspector. It contained photographs which the residents had chosen to be included, and informed of what they had gotten up to for the year, gave mention to their new bus, and also summarised the findings of

previous inspection reports. One resident spoke proudly of this newsletter and were very happy that they were able to give a copy to their family.

There were many positive findings to this inspection, to areas such as, risk management, assessment and personal planning, fire safety, residents' rights, staffing and general welfare and development. The provider demonstrated good utilisation of their own processes and systems, which had many positive outcomes in responding to the specific needs of these residents, and particular operational needs of the service delivered to them.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre, that ensured residents were receiving and good and safe quality of service. Of the regulations inspected against as part of this inspection, the provider was found to be in full-compliance with these. Furthermore, following on from the last inspection of this centre in June 2023, the provider had satisfactorily addressed any areas that were identified as requiring improvement.

The person in charge held a full-time role and was based at the centre. They had allocated administration time to fulfil their managerial duties, and also provided direct care to residents. This arrangement worked well in this centre, as it allowed the person in charge to keep good oversight of daily care and support practices.

The staffing arrangement for this centre was maintained under constant review, with two staff on duty each day, and a sleepover arrangement in place at night. Cognisant of the changing needs of residents, the person in charge was vigilant in monitoring night-time staffing levels to ensure these were meeting the assessed needs of residents. In their on-going review, they also gave consideration to any resident progressing towards requiring nursing support, through the regular re-assessment of residents' needs, so as to inform any changes required to the staff skill-mix for this centre. There was a consistent staff team in place, which had a positive impact for residents, ensuring that they were only ever supported by staff who were familiar with them, and their assessed needs. The use of relief staff was rarely required; however, when needed, only relief staff who were familiar with the service were rostered for duty.

There were good internal communication systems in place, with regular staff meetings occurring to allow for resident care related issues to be discussed. In addition to this, the full-time presence of the person in charge, also allowed for staff to raise concerns outside of meeting structures. The person in charge was also in regular contact with their line manager to review operational matters.

The monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge at the centre, through incident reports, internal audits and six monthly provider-led visits. Where any improvements were identified, timebound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and this was the only designated centre operated by this provider that they were responsible for. They knew the residents' assessed needs very well, and were also familiar with the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager, and current governance and management arrangements gave them the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was subject to on-going review, to ensure a suitable number and skill-mix of staff were at all times on duty. Where additional staffing resources were required, the provider had arrangements in place for this. In recent weeks, new staff were recruited to this service and they were undergoing induction training, to ensure they were supported to get to know the residents and their assessed needs, along with the many operations related to the service residents received.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured training was provided to all staff appropriate to their roles

held, and where refresher training was required, these were scheduled accordingly. All staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced, and following the outcome of the last inspection, they had since provided full-time transport to the centre, which had a positive outcome for residents' social care. There were good internal communication systems in place which ensured all staff were maintained up-to-date on any changes arising, through regular staff and management team meetings. In addition to this, the person in charge also attended other scheduled meetings facilitated by senior management, which informed on more organisational related matters.

The quality and safety of care was monitored through various internal audits, to include, finance audits, medication audits, fire safety and health and safety. The last six monthly provider-led visit for this service was completed in November 2023, with all actions having since been completed. At the time of this inspection, a subsequent visit was due to commence, which intended to look at a number of operational areas related to this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response, review and monitoring of all incidents occurring in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

The systems which the provider had in place in this centre, were effectively utilised by local management and staff so as to better the care and outcomes for residents that lived in this service. This was particularly observed in relation to risk management, fire safety and re-assessment and personal planning, which had ensured residents were receiving the type of service that they were assessed as requiring.

The monitoring of residents' changing needs was a large focus of re-assessment and risk management processes in this centre. Changing needs were identified quickly, and responded to accordingly. For example, for one resident whose mobility had declined, impacting their falls risk, robust falls management control measures were put in place, which had resulted in this resident not having a fall in almost 18 months. Local management and staff effectively used staff team meetings and risk assessments to monitor for the effectiveness of this, and on-going changing needs were a prominent theme in the centre's risk register. The effective use of the provider's newly established complex case review referral system, had resulted in residents being referred for review, with some waiting on an occupational therapist assessment, so as to inform on any further interventions that may be required to meet their future changing needs. This centre endeavoured to support residents to live as independently as they possibly could, with the support of staff. This was evident in the practices observed as part of this inspection, and was well-documented in residents' assessments and personal plans that were reviewed.

Due to the changing needs of some residents, fire safety arrangements were also another aspect of this service that was maintained under close review. Each resident had a personal evacuation plan, fire exits were kept clear, and those who had mobility needs, resided on the ground floor, so as to aid their evacuation. The person in charge was present for many of the fire drills that were occurring, which had a positive impact on maintaining oversight of how staff and residents were responding, should a fire occur.

The design and layout of the centre provided residents with various rooms to relax together, and to also spend time away from their peers, if they so wished. For instance, some residents responded well to spending time on their own, and along with the main sitting room, there were living rooms available to residents to use to do so. This was something that was reported to be working well in this centre, particularly for residents who required positive behaviour support, as well as those who had assessed cognitive care needs.

The daily operations of this centre was very much resident-led. Residents were facilitated to attend regular house meetings and minutes of the last meeting reviewed by the inspector, showed that staff spoke with residents about aspects of

fire safety, activity planning and there was interactive accounts of residents telling of recent activities and events that they had attended. Both staff and the person in charge strived to encourage residents to be involved in the running of their home, by choosing what meals they wanted to have, to decide on what activities that they wanted to do, and also supported residents to maintain contact with family and friends. The adequacy of staff support and transport arrangements had a very positive impact on the quality of social care provided in this centre, and minutes from the last house meeting clear documented residents' feedback on their overall satisfaction with the service they were receiving.

Regulation 11: Visits

Residents were facilitated to welcome visitors to their home, and were equally supported to visit family and friends. The layout of this centre, provided residents with various rooms that they could meet with their visitors in private, if they so wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have their personal possessions safely stored and displayed in this centre. Each resident was also supported to manage their own finances and there were systems in place, to ensure this worked effectively in this centre. For example, each resident had their own bank account, and in one file reviewed by the inspector, there was a simple and clear guidance observed in relation to how that resident liked to manage their money, along with the type of support they required from staff in order to do so. There were regular checks and balances completed of residents' accounts by staff, and this was further overseen by the person in charge to monitor for any discrepancies. Should an incident relating to residents' finances occur in this centre, the person in charge had clear guidance for staff to ensure this was reported to a member of management with immediate effect.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with multiple opportunities to get out and about to do the activities they liked to do. The provision of new transport arrangements for this

centre, had a positive impact on allowing more flexibility in the planning of residents' social outings and was a welcomed addition to this service. Residents were supported to access day services during the week, and had staff support available in the evening and at weekends, to get out and about in their local area. These residents had vast social interests, which were well-known by staff, who endeavoured to support these residents to maintain these interests. No resident held employment; however, some did take part in volunteer work and were very proud to do so. The planning of residents' activities was done in consultation with resident through regular resident meetings, and also through their day-to-day engagement with staff.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house located on the outskirts of Galway city. The house was spacious, clean, comfortably furnished and very well-maintained. In recent times, the provider had made many improvements to the centre, to include, new flooring, new front door, re-painting and provision of new garden furniture. Where any maintenance works were required, there was a system in place for this to be reported and rectified, and this system was reported to the inspector to be working very well in this centre.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place, which included all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place, to respond to any risk identified in this centre. Where resident specific risk was identified, these had been responded to, and risk assessments put in place to monitor for their continued effectiveness. Equally, where organisational risk was identified, the person in charge monitored for this using a risk register. For example, due to the changing needs of some residents who lived in this centre, the person in charge was proactive in their

response and monitoring of this, which was evident in the corresponding risk assessment that was in place for this. Daily handover, residents; meetings and staff meetings were effectively used to identify and discuss any new risks that were arising in the centre, ensuring all staff were aware of any new control measures that were to be implemented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety systems in place, to include, fire detection and containment arrangements, all staff had received up-to-date training in fire safety, emergency lighting was in place, and fire safety was regularly discussed with residents as part of their house meetings. Daily fire checks were carried out, which were effective in identifying any issues. For example, prior to the inspector's arrival to the centre, the person in charge observed a fire door requiring maintenance, and they had requested this to be reviewed by an authorised person. Fire drills were occurring on a monthly basis and records of the last four drill completed were reviewed by the inspector, which gave assurances that staff could support these residents to evacuate the centre in a timely manner. At the time of this inspection, in light of residents' changing needs, the person in charge had plans to completed a further fire drill to review night time evacuation arrangements, in the days following this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed on a regular basis, and personal plans were in place to guide staff on the support that these residents received. Residents were supported to be involved in this process, if they so wished, and of the two residents' files that were reviewed by the inspector, there was clear evidence that residents' assessments and personal plans were subject to on-going review and updates. Residents were also supported to identify personal goals that they wanted to achieve, and staff put actions in place, to then support these residents to achieve their personal goals. At the time of this inspection, there was no resident identified to transition to, or from, this centre.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, these were re-assessed for on a regular basis. Residents were supported to attend medical appointments, and the centre was supported by a wide variety of allied health care professionals. Where times arose where residents required referral to an allied health care professional, there was a system in place for the person in charge to request this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required positive behavioural support, and the provider had adequate arrangements in place for this. These interventions had worked well in this centre, with no behavioural related incidents having being reported to have occurred in this centre for quite a long period of time. Where required, a behavioural support specialist was available to support review of residents' re-assessment, with regards to this aspect of their care. Since the last inspection, the person in charge had reviewed some of the restrictive practices that were in place, and put effective measures in place, whereby, some of these restrictions were no longer required. For example, one resident was previously prescribed a chemical restraint in response to their assessed needs, and through the implementation of better interventions, this restriction was no longer required for this resident. Where other restrictions were in place, these were kept under regular review, to ensure the least restrictive practice was only ever used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, respond, report and monitor any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Staff recognised and respected the individual preferences, interests and wishes of residents and ensured

that the service they delivered to them, was in accordance with these. Residents were involved in the planning of their care and were also consulted about the running of their home. They attended house meetings, and were provided with an opportunity at these meetings to give feedback on the service they were received. In addition, all staff had completed training in residents' rights.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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