



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:	29 June 2023
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0040647

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 29 June 2023	08:50hrs to 18:30hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with specific regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

Glen Haven is large two storey residence which is home to five permanent residents. The house is located on the outskirts of a city, it is situated close to many amenities such as shops, cafes and also a local public house. There are a large number of beaches and scenic walks within a short drive of the centre.

Many of the residents have lived in this home for a prolonged period, the residents all knew each other well and there were no presenting issues with compatibility. The house itself contained four resident bedrooms and a further self contained apartment connected to the main home. The house was well presented, many areas of the house had been freshly painted, the kitchen and back kitchen were modern and the main sitting room was very homely with lots of soft furnishings. The walls in the sitting contained large portraits of each resident and there was also information available about complaints/compliments along with advocacy services. The inspector got to see each bedroom, all of these rooms were individually designed to the choice and taste of each resident. It was clear to the inspector that residents were encouraged to explore their interests with pictures of favourite musicians on some walls, a drum kit in one room and framed work by the residents in their respective rooms. The only part of the home that needed further attention was two bathrooms and the person in charge had highlighted this on a continuous basis.

The inspection was facilitated by the person in charge, the inspector also met with the assistant director of client services, two staff and all five residents. At the start of the inspection the five residents were all out attending their respective day services. They returned in the late afternoon.

One resident spent time after day service working on a jigsaw, they were quiet but smiled to acknowledge the inspector. Staff were observed to be kind, compassionate and tactile with the resident. The resident was aging, their needs were rapidly changing and staff appreciated this and were observed to be gentle with the resident.

The resident living in the apartment was sitting quietly in their living area. They welcomed the inspector into their living area. They showed the inspector their various pieces of calendars that they liked to work on. They showed the inspector their beautiful bedroom which had large doors directly outside to a patio area. The same resident also had a separate garden to the side of their home and as part of their plan they were developing this area. The staff again were observed to be kind and caring in all interactions.

The inspector spoke with two residents as they relaxed at the kitchen table. There

was a staff member in the background preparing a freshly cooked meal. One resident laughed when asked what was for dinner as they suggested "We get what we want, we get choice". One resident prepared their own cup of tea and had a treat, there were casual interactions with staff which all appeared very natural and caring. A resident spoke about their job as a DJ, they informed the inspector that they would be performing at a disco on Friday night and that this was a regular occurrence. The resident described in detail the songs and tunes that they would be playing. The other resident said that usually they would all go to this disco and that they enjoyed it.

Both these residents were able to describe what life was like in the centre and what activities they took part in. They both said that they were happy living there and they got to see their respective families and also go to day services. One resident did describe the journey to day service as too long as the house has no access to its own transport and so the residents have to use the bus that collects residents from other homes. One resident was asked what would they do or who would they talk to if they weren't happy. They quickly responded by saying they would speak with 'the boss' smiling broadly as they made reference to the person in charge. They also informed the inspector that they played football locally and this was something that they enjoyed.

The 5th resident didn't return to the home until after 5pm. They had been out shopping with a staff member and returned home very excited to show everyone the beautiful clothes they bought. They asked the inspector their name and warmly greeted him. It was again clear that there was a very light hearted, homely and very caring interactions observed between staff and residents.

The residents all went to Portugal in 2022 for a holiday together and there was tentative plans for a holiday in 2023 also.

This inspection highlighted that the person in charge and their staff ran a person centred service. It was clear from all interactions and observations during this inspection that they offered huge levels of care to all residents and worked hard to ensure that the residents were treated kindly in a homely environment. There were areas identified for improvement most notably in relation to the processes around the assessment of need for residents, the lack of clarity and understanding of new processes had significant potential to confuse staff and didn't account for timely identification of need and supports when residents needs were changing. There were also aspects of the providers overall governance and management of the service that needed to change and improve.

These issues will be outlined further in the the next two sections of the report.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to

Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed in this inspection and this report will outline the findings found on inspection.

The person in charge had worked in the service for a sustained period and knew the service and the residents well. The person in charge continuously aimed to offer a person centre service in a homely environment. The person in charge outlined the supports she received from a senior manager, what supports they offered to staff and also the support and training that the provider had implemented since they entered into a regulatory programme.

The staffing situation in the centre was stable at present and the person in charge was actively managing the risks associated with ensuring a full compliment of staff were on duty. The person in charge ensured that all staff received mandatory training and had systems in place to alert when refresher training was due.

There was clear evidence of regular staff meetings. The minutes of these were detailed and showed that there was a significant amount of information shared about the residents. There was also evidence of regular house meetings where the views of residents were sought, information shared and house plans made.

The provider needed to review its policies and procedures pertaining to resident finances. There was some evidence that staff had engaged in direct work with a resident about claiming benefits on behalf of the household but there needed to be absolute openness and transparency between the provider and all residents on these matters and the provider needed to ensure there was evidence of open engagement with residents and or their representatives.

The provider needed to review its resources in terms of transport for residents, while the centre was centrally located and staff did make use of their own cars on occasion this still resulted limitations for residents in terms of choice of activities as there was no house vehicle. This was particularly important in the context of changing needs for residents where some residents will need specialised transport into the future. It also impacted on time spent on a communal bus going to and from day services.

The internal auditing procedures carried out by the person in charge were regular and informative, these procedures were capturing areas for improvement and pertinent matters were escalated to the provider for a timely response. Matters such as access to transport were identified and escalated.

The provider led visits were taking place but the most recent visit hadn't looked at

pertinent areas of concern in the centre or those areas identified on the risk register. There was no mention of changing needs or requirements for improvements in this area for example.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge with the relevant experience to manage this centre. They were only in charge of this centre. The person in charge had returned from a period of leave in February 2022 and since their return they had completed a significant amount of work to ensure that the centre operated in accordance with the regulations and also that the service offered was person centred

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number of staff employed in the centre was in line with the statement of purpose and the current needs of the residents. The risks associated with staffing had been recently reduced by the person in charge after a number of permanent staff increased their hours and so there was much less reliance on relief staff. Many of the staff members had worked with the residents for a sustained period and so there was clear continuity of care

Judgment: Compliant

Regulation 23: Governance and management

There were many aspects of the oversight of the centre that were strong and local management ensured that where there were issues these were escalated to the provider in a timely manner.

The annual review of the service completed in February 2023 was of a good quality and there was input from both residents and their families. However the provider six monthly visit reports needed improvement. They failed to capture the pertinent issues in the centre such as the assessment of needs or house transport.

The provider further needed to review how the designated centre was resourced in term of transport. Many of the residents had changing needs and as such there was a real need for house transport to ensure those needs were fully met.

The provider needed to review its assessment of need process to ensure that the management and staff understood the process they were been asked to undertake, that the process was timely and also identified the specific needs of residents.

Judgment: Substantially compliant

Quality and safety

The person in charge and staff team strived to ensure that the service offered to residents was person centred and of a good quality. The person in charge had in depth knowledge of the residents, their likes, dislikes as well as their daily needs. A staff member was confident in speaking about how they managed residents and informed the inspector that they really liked working in the house and that the residents were a joy to work with.

The provider informed the Chief inspector in its service improvement plan that it was going to complete a full reassessment of all residents needs using a new template. The provider outlined a multi-stage process to be completed by September 2023. The inspector reviewed the assessments at stage 1. The assessment had not followed the process as outlined by the provider in so far as there was no input to date from the residents or their representatives. The most important deficit to this new process was that the staff and local management team could not explain or interpret the outcomes of the stage one assessment. It was further unclear how a dementia diagnosis for one resident was truly recognised in the process. The inspector was informed about the next two stages of the process and that the completed document would be available in September 2023.

The process of assessment of need was clearly very important in this centre. There was a number of residents with rapidly changing needs and as such the provider needed to be able to identify the resources needed to meet those and do so in a timely manner. The person in charge was acutely aware that needs were changing and spoke passionately about her wish to keep the residents in their home as they age.

The person in charge had mitigated against some of the above concerns by updating the previous assessments. They had ensured that residents had access to a variety of allied health services and had various risk assessments and plan in place such as falls risk assessment and a dementia plan for one resident. It was further noted that the person in charge had implemented end of life care plans that were seen to be respectful and dignified.

The provider needed to review the personal planning process which in documents seen stated that the personal plan needed to be updated every three years or as needed. There were regular review meetings for all residents and action plans resulted from these meetings. However the substantive personal plans reviewed for two residents were three years old, the information within was out of date and

many aspects of the plan was at this stage largely irrelevant. The plans could not be used by staff on a daily basis due to the fact that the information was outdated.

The person in charge had recently received training in risk management and the process of identifying risk as well as mitigation measures was one that the person in charge was clearly able to articulate.

Regulation 26: Risk management procedures

The provider had clear and comprehensible risk management procedures in place in the centre. The centres risk register was reviewed on a regular basis and the individual risks to residents were clearly outlined in each file.

The person in charge had returned to the centre from leave in February 2023, they had since then carried out a comprehensive review of the centres risk register and each resident. It was evident that 'risk management' was now a dynamic process within the centre, new risks were added to the register such as the lack of transport while other risks such as 'staffing' had a reduced rating as the person in charge implemented appropriate control measures.

The person in charge was clearly able to outline the 'out of hours' emergency system that had been introduced by the provider in recent months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The assessment of need process within the centre was formally incomplete. The residents had in recent months been assessed using a new standardised needs assessment template 'My support needs assessment'. During the course of the inspection the inspector was informed that all other 'assessments of needs' were still active and not obsolete. The inspector noted therefore that there were three different types of assessments of need in operation in the centre. This had the potential to be confusing for staff and management.

The provider informed the inspector that the 'My support needs assessment' was only at the early stages and further work would be completed over the coming weeks. The management of the centre had recently attended a workshop on the assessment of need process. The inspector requested on multiple occasions information on the meaning of the assessment score result. The information was not available.

The inspector had concerns that the new assessment of needs did not follow the providers own process as it appeared that to date the residents and or their

representatives had not been consulted. The assessment information to date was not informative and did not identify the support needs of residents. The partial assessment available to date for one resident did not seem to capture the complexity of need and supports required relating to a dementia diagnosis.

The personal plans for two residents were dated 2020. The local team were having annual reviews and actions were developed from these. However the information in the personal plans did not change, was outdated and largely irrelevant. The assistant director of client services informed the inspector that there was on-going work on the area of personal planning and that changes would be coming to the process in due course.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Glen Haven Services OSV-0004061

Inspection ID: MON-0040647

Date of inspection: 29/06/2023

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Need assessments have now been reviewed and updated for all residents by the Person in Charge.</p> <p>The person in charge is responsible for ensuring that residents’ assessments of needs are up to date and accurate.</p> <p>The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident’s needs assessment is required.</p> <p>My All About Me Assessment document is an existing Ability West document which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes.</p> <p>The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.</p> <p>My Support Needs Assessment has been completed by the Person in Charge and a member from the MDT. This should remain on file in the personal plan. This document is stage one of a Provider needs assessment to inform current and future needs for each Resident in Ability West.</p> <p>PCP reviews are currently taking place within the Centre to ensure that the progress and effectiveness of personal plans for each Resident within the Centre are updated and recorded with identified keyworkers supporting the Residents with their identified objectives. Formal meetings to review the effectiveness of personal goals have been scheduled to include all members of the Residents circle of support. Completion date ;</p>	

31 August 2023.

Effective from 30th September 2023, transport will be available within the service. A new bus is being purchased which will be a nine seater, wheelchair accessible bus

The Provider's current Provider Led Audit structures and processes are currently under independent external review and will be updated by 31 October 2023.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Need assessments have now been reviewed and updated for all residents by the Person in Charge.

The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.

The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.

My All About Me Assessment document is an existing Ability West document which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes.

The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.

My Support Needs Assessment has been completed by the Person in Charge and a member from the MDT. This should remain on file in the personal plan. This document is stage one of a Provider needs assessment to inform current and future needs for each Resident in Ability West.

PCP reviews are currently taking place within the Centre to ensure that the progress and effectiveness of personal plans for each Resident within the Centre are updated and recorded with identified keyworkers supporting the Residents with their identified objectives. Formal meetings to review the effectiveness of personal goals have been scheduled to include all members of the Residents circle of support. Completion date ; 31 August 2023.

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	30/11/2023

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/07/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/08/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Not Compliant	Orange	31/08/2023

	circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/08/2023