

eDeposit Ireland

The Grove, OSV-0004911, 28 January 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'The Grove, OSV-0004911, 28 January 2021', [report], Health Information and Quality Authority, 2021-04-22, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-10 11:54:21
Link to Item	https://hdl.handle.net/20.500.14765/105996



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

Issued by the Chief Inspector

Name of designated centre:	The Grove
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	28 January 2021
Centre ID:	OSV-0004911
Fieldwork ID:	MON-0031083

About the designated centre

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

The Grove is a residential service, which is run by Health service Executive. The centre provides accommodation and support for 16 male and female adults over the age of 18 years, with an intellectual disability. The centre comprises of four bungalows which are located on the outskirts of a rural town in Co. Mayo. All bungalows comprise of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

How we inspect

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
Thursday 28 January 2021	10:00hrs to 13:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

An inspection of this centre in July 2020 identified areas of non-compliance with the regulations. Subsequent to this, the provider submitted an action plan to the Chief Inspector of Social Services which outlined a number of actions that were being undertaken in response to these areas of non-compliance. The purpose of this inspection was to follow-up on the progress made by provider towards coming back into compliance with these regulations.

Given due consideration to public health safety guidelines and nature of this follow-up inspection, the inspector did not visit the centre to meet with residents. Instead, this inspection was facilitated by the person in charge and a member of staff and was conducted in a room located on the campus setting.

Overall, this inspection found that progress had been made by the provider towards coming back into compliance with the regulations, particularly in the areas of behavioural management and restrictive practices. However, the inspection did identify that further improvement was required in areas such as governance and management and aspects of risk management and infection prevention and control.

Capacity and capability

Overall, the inspector found that although the provider had made improvements to the centre's monitoring system since the last inspection, this system still required further review to ensure it's overall effectiveness in monitoring specific areas of practice relating to this centre.

The last inspection of this centre identified deficits in the monitoring systems in place to identify where specific improvements were required within this centre. In response to these findings, the provider had put better monitoring systems in place for the oversight of fire safety precautions and restrictive practices. This meant that the provider was now able to monitor these areas more closely, which in turn, supported the identification of where future improvements may be required within these areas. However, similar arrangements were not yet put in place to monitor all other aspects of this service. An organisational audit schedule was in place which outlined a number of audits and checks to be completed across all centres operated by the provider on a regular basis. Although this was an effective organisational method for overseeing routine practices within all centres operated by the provider, it didn't always allow for specific care practices relevant to this centre to be monitored. For example, even though a number of residents living at this centre had various health care needs and behavioural support needs, the current monitoring system didn't allow for these specific aspects of their care to be subject

to regular monitoring.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 23: Governance and management

Since the last inspection of this centre in July 2020, the provider had made some improvements to the centre's monitoring systems. However, further review of these systems were still required to ensure their overall effectiveness in supporting the provider to monitor specific aspects of this service for improvement. For example, although regular auditing was occurring, some were extensive in nature and didn't allow for certain care practices relating to the health and social care needs of residents to be regularly monitored.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and at the time of inspection, the person in charge was in the process of updating this document for the purpose of the centre's registration renewal.

Judgment: Compliant

Quality and safety

Significant improvements were made since the last inspection, particularly in the areas of behavioural management, restrictive practices and aspects of risk management. However, this inspection did identify that further review of the centre's infection control practices was required with regards to contingency planning. It was also identified that improvements were required to the

provider's monitoring of identified risk in the centre.

The use of chemical interventions had significantly reduced in this centre since the last inspection. This was largely attributed to the effective review of residents' medication and regular multi-disciplinary involvement. The provider also put better systems in place to monitor the use of chemical restraint to ensure these were at all times administered in accordance with protocol. Where residents required behavioural support, the provider was monitoring and reviewing all behavioural related incidents, which supported the timely identification where residents may require additional or a change in care interventions. For example, following a recent review of behavioural related incidents that had occurred, the provider identified a correlation between a change in one resident's behaviour and a recent change in this resident's health status. At the time of this inspection, the provider was in the process of reviewing these incidents with multi-disciplinary teams, which in turn, would better inform this resident's behavioural support plan.

Findings of the last inspection identified that improvement was required to the overall risk-rating of identified risk at the centre. The provider since reviewed these risk-ratings which meant that these ratings now more accurately reflected the current management of risk at the centre. However, this inspection did identify that improvements were required to the monitoring of identified risk response. For example, following on from a review of incident reports, the provider identified a trend and pattern in the occurrence of medication administration related incidents. In response to this, the provider implemented a number of measures such as staff meetings to discuss these incidents and further staff training was provided, where required. However, it was unclear what arrangements the provider was putting in place to oversee if these measures were effective in reducing the number of medication administration related incidents. Furthermore, there was no risk assessment in place to support the provider's response and monitoring of this risk.

Since the introduction of public health safety guidelines, the provider developed contingency plans, which identified how residents would be supported, should an outbreak of infection occur at the centre. However, these plans required further review to ensure that these were specific in guiding staff on responding to an outbreak of infection, giving due consideration to residents' living arrangements, cleaning procedures and staffing requirements, particularly where residents lived in shared accommodation.

Regulation 26: Risk management procedures

Following on from the last inspection, the provider had made improvements towards ensuring accuracy in the risk-rating of risk assessments. In the months prior to this inspection, the provider had identified where some improvement was required to aspects of medication administration practices within this centre. Although the provider had put measures in place in response to this, it was unclear what oversight arrangements were in place to ensure that these measures had been

effective in mitigating against this identified risk. Furthermore, there was no risk assessment in place to support the provider's response and monitoring of this risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of residents was maintained. Contingency plans were in place to support staff on what to do, should an outbreak of infection occur. However, further review of these plans were required to ensure additional clarity on the specific arrangements to be put in place to ensure the safety and welfare of all staff and residents, where such infection prevention and control arrangements would be required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Since the last inspection of this centre, the use of chemical interventions had significantly reduced. This was largely attributed to the effective review of residents' medication and regular multi-disciplinary involvement. The provider also now had better systems in place to monitor the use of chemical restraint to ensure these were at all times administered in accordance with protocol.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for The Grove OSV-0004911

Inspection ID: MON-0031083

Date of inspection: 28/01/2021

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>The quality improvement plan of the Centre will be reviewed with particular focus on service improvement, incident and risk management</p> <p>All incidents will continue to be reported and monitored through the NIMS system. These incidents will be analyzed monthly by the PIC and quarterly by the Area Manager in order to hi-light incidents and trends. These incidents and trends will then be managed through the centers risk register . Regular team meetings will continue as a way to communicate with the staff team there will be particular focus and reflection on areas for service improvement. Incidents/NIMS will be an agenda item to increase awareness and learning. The PIC will engage in monthly operational meetings with the Area Manager PPIM for additional governance, support and oversight. Support and supervision meetings will also take place as per policy with all managers and staff.</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>All incidents will continue to be reported and monitored through the NIMS system. These incidents will be analyzed monthly by the PIC and quarterly by the Area Manager in order to hi-light incidents and trends. These incidents and trends will be managed through the centers risk register , this will ensure that measures are put in place that are effective in mitigating any future occurrences.</p> <p>Additional supportive assessments will be rolled out for all staff in the safe administration</p>	

of medication with a particular focus on staff newly trained in medication administration . Risk management of will be an agenda item at team meeting. Risk management training to be scheduled for all managers.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Organizational Covid-19 Contingency plan will be reviewed and made bespoke to the Centre, this will ensure the safety and welfare of all staff and residents if an outbreak were to occur The bespoke contingency plan will be discussed at handover for a period of two weeks. Infection ,prevention and control will be a standing agenda on the Centers team meeting

All staff will be requested to repeat their mandatory training in the area of infection prevention and control, donning and doffing of PPE and hand hygiene. Hygiene and infection control Audits will continue on a quarterly basis. Covid-19 response meeting will continue on a monthly basis. All updated guidance documents from Health Surveillance Protection Centre will be continued to be circulated to support and guide practices in The Grove

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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2021
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	28/02/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	28/02/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
--	---	--	--	--