



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

Issued by the Chief Inspector

Name of designated centre:	Glen Ri Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0005862
Fieldwork ID:	MON-0029812

About the designated centre

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

Glen Rí Service comprises of two single storey houses in Ballina Co. Mayo. The service provides a residential service to six male adults with a moderate to severe Intellectual Disability with an age profile of 36-60. Each house comprises of a hallway, three bedrooms, a kitchen and dining area, a utility room, a bathroom, and sitting rooms. Some of the people being supported also have secondary diagnoses including neurological conditions and dementia. Supports are provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people are able to attend events of their choosing as desired. Social support ensures that people we support access community and social outlets such as shopping, educational events, concerts, sporting events dependent on the expressed wish of each person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 5 August 2020	10:30hrs to 17:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre consisted of two houses which were located nearby each other. On the day of inspection, there were three residents in one house and two residents in the other. One resident had recently transitioned to another designated centre.

Due to the COVID-19 pandemic, the inspector spent time in one house only and met with residents and staff there while adhering to public health guidance regarding physical distancing and wearing of face masks. Two out of three residents living in this location chose to speak with the inspector throughout the day. The inspector did not get to meet or speak with residents from the other location at this time.

One resident spoken with talked about activities that he enjoys; such as going on the train, going for spins and going out for a beverage. The resident spoke about missing his mother during the COVID-19 pandemic and said that he keeps in contact with her through telephone calls. He told the inspector about a family member who had been unwell, and spoke about his siblings who had visited him recently. He stated that he had recently bought a new phone and new books. The resident said that he liked living at the centre, liked his peers and the staff supporting him. The resident was later observed going out with a peer and staff for a drive in the centre's car, and the inspector was informed that they were going to a local amenity for a walk as it was a nice day out.

Another resident that chose to speak with the inspector was observed going for walks around the garden of the centre which was something he said he enjoyed. He spoke to the inspector through the window as he was walking around, speaking about the weather. He was observed to be moving freely around the centre, and staff supporting him were observed to be familiar with his support needs. The resident later chose to speak with the inspector in the office, and communicated that he was sad at this time because he misses his mother. He informed the inspector that he speaks with his mother on the telephone and said that he likes to watch Mass on the computer and listen to the radio during the COVID-19 public health restrictions. The resident raised an issue about the service and said that he had had not spoken to any staff about this. When asked if he would like the inspector to inform the person in charge, he agreed to this and the person in charge spent time discussing the issue with the resident to try to resolve it. The resident later appeared to be in good humour and was observed talking jovially with the person in charge and staff.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to follow up on actions required to bring the centre into compliance since the last inspection in July 2019. While some improvements were noted in the governance and management of the centre which improved the overall quality of care and support of residents, further improvements were required in the oversight and monitoring by the management team in relation to contracts and provision of services, residents' personal possessions, documentation relating to contingency planning and risk management. This will be discussed in further detail throughout the report.

The provider ensured that there were resources in place to meet the assessed needs of residents. As outlined in the Statement of Purpose of the centre, in one location of the centre there was a skill mix of one staff nurse, social care workers and care assistants while another location of the centre had social care workers and care assistant staff to support residents. There was also an on-call out of hours support available for staff who worked alone at night, and staff spoken with said that they felt supported by the management team and could raise any issues of concern with them.

The provider and person in charge ensured that audits were carried out on systems and areas that may affect residents' safety and quality of care. The provider completed unannounced six monthly audits as required under the regulations. These were found to be detailed in nature and there was an associated quality improvement action plan as a result which included time frames and persons responsible for the completion of actions. In addition, the person in charge completed regular audits in areas such as fire management systems, complaints, safeguarding, finances, staff training and a range of health and safety audits. Where actions were identified, there was evidence that these were followed up in a timely manner. However, risk ratings for some risks, gaps in documentation in relation to residents' contracts for the provision of services and incorrect information about notification of incidents regarding COVID-19 and what defines an outbreak were not identified by the provider or person in charge. The provider had completed an annual review of the quality and safety of the care and support in the centre. While consultation did occur with residents and their representatives throughout the year in various formats, the feedback received was not included as part of the annual review of the service as required under the regulations.

A review of incidents that occurred in the centre demonstrated that notifications that were required to be submitted to the Chief Inspector of Social Services had been completed. A review of Schedule 5 policies and procedures was conducted and the sample reviewed showed that policies and procedures were in place as required by the regulations, with some under review at the time of inspection.

The person in charge maintained a record of complaints, and a review of this indicated that residents' complaints were taken seriously and residents were kept up-to-date with progress on complaints. Complaints were discussed at residents' meetings and there was an easy to read complaints procedure available which

included details of the appeals process.

The provider ensured that residents had a written contract for the provision of services. These included details of fees to be charged and information about what the fees covered. This also included what category of accommodation that residents would be paying charges for. For example, a Category 'C' accommodation stated that it included 'settings where there is generally no on-site nursing and/or medical provision' and Category 'B' included 'part-time (less than 24hour) on-site nursing and/or medical provision generally (at least once per week)'. The inspector found that residents' written contract for the provision of services outlined that they were in 'Category C' accommodation and were paying the fees for this. However, the most recent financial assessment carried out assessed residents as being in a Category 'B' accommodation, and as a result there had been an increase in fees. The inspector found that there was no clear rationale documented about how this change in accommodation category had been determined, and the written contract for the provision of services had not been revised to reflect this nor had it been agreed with residents' representatives.

Regulation 23: Governance and management

The inspector found that systems for oversight and monitoring required improvements to pick up on gaps in documentation and to ensure that accurate information is in place. In addition, the annual review of the quality and safety of care and support in the centre did not provide for consultation with residents and families to inform the associated quality improvement action plan.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The contracts for the provision of services that had been agreed with residents and their advocates had not been updated to reflect the changes in fees that were to be charged and the rationale for such changes that had occurred as a result of a recent financial assessment.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that notifications that were required to be submitted to the

Chief Inspector of Social Services were completed as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints procedure in place which outlined the appeals process. Complaints were discussed at residents meetings, and residents were kept informed about progress on actions taken to resolve any complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a folder in the centre containing all of Schedule 5 policies and procedures as required by the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents were supported to have a good quality service where their safety and general welfare was reviewed regularly and promoted. However, some improvements were needed with regard to gaps in records and documentation.

Assessments of needs were completed for residents which assessed personal, health and social care goals. Support plans were developed where required and residents were facilitated to access multidisciplinary supports. Residents spoken with talked about activities enjoyed and some goals that they had achieved such as going on the train to Dublin, buying a phone and purchasing furniture for their bedroom. The inspector was informed that one resident had been supported to access some of his money recently and had plans to buy a games console, and this was noted to be one of his goals during COVID-19. Residents spoken with talked about missing visiting some of their family members during COVID-19, and spoke about how they were facilitated to make telephone calls to their family members.

The inspector found that there were good measures in place to ensure safeguarding of residents including; staff training, adherence to safeguarding procedures and implementing safeguarding plans where this was assessed as being

required. Staff spoken with demonstrated knowledge about what to do in the event of an allegation of abuse, and residents were supported to self-protect and increase their awareness of how to safeguard themselves by regular discussion at resident meetings.

Residents that required supports with behaviours of concern had specific plans in place and there were guidelines for staff to support residents with stress and anxiety. Staff were trained in the management of behaviours and staff spoken with demonstrated awareness about how best to support residents who may display anxiety behaviours during times of stress and upset. Restrictive practices were not in place in the location of the centre that the inspector was based in, and while there were restrictive practices in place in the other location, the inspector did not get to review the documentation at this time. However the person in charge spoke about how an environmental restriction which was in place for the safety of a resident had been reviewed recently and there were plans to reduce this practice.

The provider had systems in place in relation to infection prevention and control (IPC) including; a specific COVID-19 folder which contained information relating to the virus, personal protective equipment (PPE) and staff training in IPC. Contingency plans were in place in the event of an outbreak of COVID-19, which were detailed in nature and provided for plans for isolation of residents and staff shortages. However, the inspector found that the documentation contained inaccurate information with regard to the definition of an outbreak for COVID-19 in line with national guidance, and about what the requirements were to update the Chief Inspector about outbreaks.

There were systems in place to ensure residents' safety in the centre including fire management systems which were checked regularly, regular fire drills, and personal evacuation plans for residents which were reviewed as required to ensure safe evacuation in the event of a fire. Service and resident individual risks were assessed and had control measures in place to mitigate against potential risks. However, some risk ratings required review to ensure that they were reflective of the actual risks posed in the centre. For example, one risk relating to aggression towards staff and residents was rated as a high risk, however the person in charge confirmed that this was not reflective of the actual risk.

In general, residents were supported to retain control and make decisions about their personal property. There were secure facilities in place for residents to store their personal possessions. However, the inspector found that while there were systems in place for residents to access their monies with support from staff, residents did not have access to all records relating to their financial affairs which could impact on their right to make informed decisions on how to manage their finances. Furthermore, residents contracts for the provision of services stated that they would not be charged for nights that they were away from the service, and the inspector found, and the person in charge confirmed, that there were no records to this effect made available to residents. By the end of the inspection, records for one quarter of the year had been made available in the centre for residents, with verbal assurances given that residents' financial records would be made available to

them going forward.

Regulation 12: Personal possessions

While there were systems in place for supporting residents to access their finances, the inspector found that there were gaps in documentation in the centre, as residents did not have full access to all of their financial records.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risks were assessed and management plans in place for service and individual risks; however the inspector found that assessments required review as ratings were not reflective of the actual risks posed in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The contingency plan in place in the centre in the event of an outbreak of COVID-19 required review to ensure that the documentation was accurate and in line with national guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regular and learning from fire drills reviewed to ensure residents were supported to evacuate as safely and timely as possible.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of needs completed for personal, health and social care goals. Support plans were devised where required and with multidisciplinary input where appropriate. A sample of residents' files reviewed demonstrated that residents and their families were involved in residents' annual reviews.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with behaviours of concern with risk assessments and guidelines in place to support residents with areas of stress and concern. Plans in place had a multidisciplinary input and were reviewed as required. Staff had been trained in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Residents safety was promoted by staff training in safeguarding, discussion about safeguarding at residents' meetings and the implementation of safeguarding procedures. Safeguarding plans were in place where this was required following preliminary screening, and staff spoken with were aware of how to keep residents safe.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glen Ri Service OSV-0005862

Inspection ID: MON-0029812

Date of inspection: 05/08/2020

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> <ul style="list-style-type: none"> • The service contingency Plan has been updated and will continue to be reviewed with the Area Manager during the COVID-19 pandemic. It will be a standing item on the agenda of the monthly operational meeting between the Pic and Area Manager. • Resident and Family involvement will be coherently captured in the Annual Review of the service. The Annual Review when complete will be available in an easy read format for the people we support and will be an item on the agenda of the voices and choices (House Meetings). • Monthly Operations Meetings are scheduled with the Area Manager to review the operational aspects of the Designated Centre. 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • Service Agreements have been updated and discussed with residents. This is available in an easy read option and will be an item on the agenda of the voices and choices (House Meetings). Copies sent to families where appropriate for review and signature. The service agreement is reviewed annually and will reflect any changes to service delivery. 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Each resident will now receive a quarterly account statement. The PIC will discuss this statement with the resident quarterly in a format that they understand. • Each resident will also receive a breakdown of their contributions quarterly. This will be reviewed by the PIC and discussed with the resident quarterly. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Person in Charge and the Director of Services reviewed all the current service risk assessments for the Designated Centre. • Refresher training for all Persons in Charge in risk assessment and management has been scheduled • Quarterly review of the Risk Register will occur ensuring that the risk ratings will be amended based on an analysis of events- NIMS, Audit Outcomes and Observations, Occurrence. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The service contingency Plan has been updated and will continue to be reviewed by the Area Manager and Person in Charge during the COVID-19 pandemic in line with national guidance. 	



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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	05/08/2020
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	27/08/2020
Regulation 23(1)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2020

	review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	26/08/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the	Substantially Compliant	Yellow	05/08/2020

	prevention and control of healthcare associated infections published by the Authority.			
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