



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

## Issued by the Chief Inspector

Name of designated centre:	Glenhest Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2020
Centre ID:	OSV-0006701
Fieldwork ID:	MON-0029833

## About the designated centre

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

The designated centre comprises two separate houses which are located in a town in the West of Ireland. The centre is registered to support up-to-six residents with an intellectual disability and they may also have some mental health and mobility needs. Residents who use this centre have a full-time residential placement . One house supports residents with reduced mobility and the other is a three storey house with the living arrangements located on the bottom two storeys. A combination of nurses, social care workers and care assistants are employed to support residents during both the day and night-time hours.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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 - 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
Tuesday 21 July 2020	10:30hrs to 15:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

On the day of inspection the inspector met with six residents. The centre consisted of two separate houses and three residents lived in each house.

One house supported residents with a high level of needs and the inspector observed that residents appeared relaxed and comfortable in their surroundings. The centre had been adapted to support residents who required assistance with mobility and doorways and corridors were wide to accommodate wheelchairs users. The centre was modern, comfortably furnished and it had a pleasant, homely feel. There was a smell of home cooking present in the centre and residents were being assisted with their breakfast when the inspection commenced. Throughout the day residents appeared happy and staff who were supporting them with their meals sat at eye level and were observed to chat in a casual and informing manner as the meal progressed. Residents did not communicate verbally with the inspector but staff members who were assisting them on the day of inspection were found to have a good understanding of resident's individual needs and they were observed to interact in a kind manner.

The other house which made up the designated centre supported residents with moderate needs and the inspector met briefly with these residents. Two residents were having their dinner and they appeared very content in the presence of the two staff members who were supporting them. The inspector spoke with a resident in a garden which they appeared to enjoy and they explained how they liked to plant various shrubs and trees. They also pointed out an area which they had recently dug and explained how they used stones to make a garden ornament. This resident, for the most part, appeared relaxed and they liked to talk about their county football team which they hoped would do well this year. However, they did highlight that they were unhappy with some aspects of their lives and the person in charge said that they would meet with them and have a cup of tea while discussing these concerns and the resident said that they were happy with this .

Overall, the inspector found that residents generally appeared happy in the centre and staff members who supported them appeared to have a good rapport and understanding of their individual needs.

## Capacity and capability

Overall, the inspector found that the governance arrangements ensured that many aspects of care examined, such as health, medications and social care were maintained to a good standard; however, improvements were required in regards to

management of risks and the fire arrangements in the centre.

The inspector found that residents were supported to live a good quality of life and it was apparent that staff members had a good knowledge of their needs. A training programme which was in place also assisted in ensuring that residents were supported by staff members who could meet their needs. The person in charge had been recently appointed and they had commenced a programme of staff supervision which facilitated staff members with an opportunity to raise any concerns which they may have in regards to care practices.

The provider had completed the six monthly audits as required by the regulations and the centre's annual review was not yet due at the time of inspection. The provider also had a robust auditing process whereby external nurse managers would attend the centre to examine care practices. The inspector found that these audits were resident focused, which ensured that the good levels of social and health care were offered. Although the inspector found that many aspects of care were of a good standard, significant improvements were required in regards to safely supporting residents to evacuate the centre in the event of a fire. The inspector found that some residents were unable to promptly evacuate when minimal staffing arrangements were in place and equipment which was used during fire drills had not been appropriately risk assessed.

As mentioned above, the arrangements which were implemented by the provider ensured that the quality of care was maintained to a good standard, but further improvements were required to ensure that the safety of care was also maintained to a good standard at all times.

### Regulation 15: Staffing

The person in charge maintained an accurate staff rota and staff who met with the inspector had a good knowledge of resident's individual needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff members were up-to-date with their training needs and the person in charge was conducting scheduled staff supervision.

Judgment: Compliant

## Regulation 23: Governance and management

Improvements were required in regards to supporting residents to safely and promptly evacuate the centre.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the quality of the service was maintained to a good standard but improvements were required in regards to some safety arrangements including fire evacuations and risk management.

Residents were supported to have a good quality of life and all observed interactions between residents and staff were warm and kind in nature. Prior to the outbreak of COVID-19, residents were active members of their local communities and they regularly went swimming, shopping, attended religious services and had meals out in local hotels and restaurants. Both houses were also centrally located within a medium sized town which also allowed for ease of access to local services. The person in charge discussed how residents had passed the time during the national emergency and how they currently were slowly re-introducing community activities such as walks, visits to local churches and shopping. An individualised personal planning approach to care was also offered in this centre and residents were supported to identify and achieve personal goals. Residents were supported to attend their individual planning meetings, if they so wished, where goals and individual care needs were discussed. A sample of goals were reviewed which were found to be personal to the resident such as maintaining a calendar of significant family events, attending swimming to promote a healthy life and assisting the resident to become familiar with centre transport as to promote community access. The inspector found that this personalised approach to care promoted a good quality of life and assisted the residents to be active members of their local community.

The provider had fire safety precautions in place such as fire doors, alarm systems and emergency lighting. The provider had also implemented a range of internal equipment checks and also organised for regular servicing of fire equipment which assisted in ensuring that fire precautions were maintained in good working order. There was also a range of fire drills in place; however, a review of these indicated that some residents could not evacuate their home in a prompt manner. The person in charge was aware of this issue and additional fire training had been organised with a local fire officer. The local fire service had also been contacted to determine approximate emergency response times if they were required to attend the centre. Senior management of the centre were also made aware of this issue but little progress had been made in regards to progressing the evacuation times

which did impact on the overall fire safety in the centre.

The provider had a system for monitoring accidents and incidents and a review of these records indicated that any issues were responded to in prompt manner. The provider also had risk management procedures in place and the person in charge held responsibility for the monitoring and reporting of risks in the centre.

The concerns in regards to evacuation times were on a risk register; however, the inspector found that the risk rating did not reflect the overall risk in the centre. This issue was rectified on the day of inspection and a revised risk assessment was escalated to senior management on the day of inspection. As mentioned above, the provider was conducting regular fire drills; however, aspects of these drills did raise concerns in regards to the personal safety of some residents and the inspector found that an appropriate risk assessment had not been completed in regards to these drills which did raise further concerns in regards to residents' safety.

The provider had increased infection control surveillance in place in response to COVID-19 and the person in charge spoke about how they maintained residents' wellbeing and health during this period. Staff were observed to wear personal protective equipment (PPE) when in close contact with residents and ongoing monitoring of signs and symptoms of the disease amongst residents and staff was occurring. Revised visiting arrangements were also recently implemented and the person in charge discussed how they maintained residents' safety while re-opening the centre to visitors. A nurse who was working on the day of inspection discussed the health care arrangements and how residents' were supported with their health care needs. The inspector found that comprehensive health care plans were in place and detailed records of nutritional and fluid intakes were maintained. Detailed records of all health interventions were also maintained and it was apparent that residents had good access to both medical and allied health professionals.

Overall, the inspector found that the quality of the service was maintained to a good standard with residents assisted to live healthy lives with a person centred model of care also supporting residents to be active members of their local communities. However, aspects of safety including fire evacuations and risk management required improvement.

### Regulation 11: Visits

Revised visiting arrangements were in place with the aim of safely re-introducing visitors to the centre.

Judgment: Compliant

### Regulation 13: General welfare and development



Prior to COVID-19, residents had good access to their local communities. On the day of inspection, residents were being assisted to safely access the local town and nearby facilities.

Judgment: Compliant

### Regulation 18: Food and nutrition

Some residents required modified diets and detailed plans were in place to support this area of care. Meals which were cooked on the day of inspection appeared wholesome and nutritious and meals times appeared to be a pleasant experience.

Judgment: Compliant

### Regulation 26: Risk management procedures

Improvements were required in regards to risk management to ensure that the use of specialised equipment which was used during fire drill evacuations was appropriately assessed.

Judgment: Not compliant

### Regulation 27: Protection against infection

The provider had revised infection control procedures in place in response to COVID-19 which promoted the safety of residents, staff and visitors.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider failed to demonstrate that residents could be promptly evacuated in the event of a fire occurring.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

A review of documentation indicated that there was good medication management systems in place and that all medications were administered as prescribed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans in place which assisted in the delivery of care and also helped residents to identify and achieve personal goals.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to the general practitioner and detailed healthcare plans assisted staff in the delivery of care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

A detailed behavioural support plan was in place to support the delivery of care, this plan was also recently reviewed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Glenhest Service OSV-0006701

Inspection ID: MON-0029833

Date of inspection: 21/07/2020

## 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> <p>Senior Management arranged bespoke fire training as an immediate action on the day of the HIQA inspection . This was carried out on 06/08/2020 at 10AM with the fire officer and all staff present.</p> <p>The Director Of Services, Area Manager and Person in charge were onsite on the day of the bespoke fire training and will continue to monitor the service to ensure the safe and timely evacuation of all residents is occurring.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The fire risk assessment and risk rating has been updated and contains the specific control measures that are in place to mitigate against the risk of fire.</p> <p>Bespoke fire training and a fire drill has been carried out on the 06/08/20, all three residents evacuated their home in a prompt manner Specific training regarding the appropriate specialized evacuation equipment was completed as part of this training. PEEPS have all been updated for all residents following this.</p> <p>. Minimum staffing drills will continue at regular intervals utilizing the specialized evacuation equipment to demonstrate efficiency and appropriate evacuation times.</p>	

Additional training regarding the fire systems in place has been arranged through the fire safety service company who will attend the service on 10/08/2020 . All staff are up to date with fire training.

The fire procedure has been updated in consultation with the Fire Officer and is now in place and displayed appropriately in the residents' home

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Bespoke fire training and a fire drill has been carried out on the 06/08/20, all three residents evacuated their home in a prompt manner Specific training regarding the appropriate specialized evacuation equipment was completed as part of this training. PEEPS have all been updated for all residents following this.

. Minimum staffing drills will continue at regular intervals utilizing the specialized evacuation equipment to demonstrate efficiency and appropriate evacuation times. Additional training regarding the fire systems in place in the Designated Centre has been arranged through the fire safety service company who will attend the service on 10/08/2020 . All staff are up to date with fire training.

The fire procedure has been updated in consultation with the Fire Officer and is now in place and displayed appropriately in the residents' home

## 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	06/08/2020
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.	Not Compliant	Orange	06/08/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	06/08/2020

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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