

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Glenealy
Centre ID:	OSV-0002385
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 July 2016 09:10 To: 26 July 2016 18:50

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the second inspection of the designated centre. The centre had previously been inspected in February 2016. The purpose of the inspection was to inform a registration decision and the outcomes of the previous inspection also formed part of this registration decision. Seventeen outcomes were inspected against during this inspection. An application was made to the Authority to register the centre for seven adults.

How the inspector gathered evidence

The inspection took place over one day and as part of the inspection, the inspector spoke to the person in charge, the clinical nurse manager and a staff member. The

inspector also spoke to a family member and reviewed three resident and one relative questionnaires submitted to the Authority. The inspector observed interactions between staff members and residents throughout the inspection and reviewed documentation such as risk assessments, personal plans, minutes of meetings, policies and procedures and the complaints log.

Description of the service

The centre's statement of purpose outlined the aims of the centre were to provide a warm, safe and homely environment that fosters and nurtures interpersonal relationships, individual choice and ensures that residents' dignity and respect are maintained at all times. The statement of purpose also outlined the centre aimed to promote community integration and participation in activities that meet the individual needs of the residents. The inspector found the service did meet the aims as outlined in the statement of purpose; however, some improvement was required to facilitate specified activities. The centre comprised of a single storey premises located in a suburban region within a campus based setting. The centre was part of the local community and residents availed of the services and facilities in the local area. There were six males residents living in the centre on the day of inspection.

Overall judgment of findings

The inspector found residents received a good quality of care and support and centre promoted residents' individual choice, accessing the community and supporting residents to experience a variety of new opportunities. Emphasis was also placed on enabling residents to develop and maintain relationships, the basis of which formed the foundation of residents' personal planning and in turn the organisation of the centre. The centre was in compliance across most outcomes and good practice was identified in meeting residents' healthcare needs, medication management, family and personal relationships, communication and residents' rights, dignity and consultation. Overall the governance and management arrangements in the centre supported the delivery of a safe and quality care service. Significant improvement had been made since the last inspection regarding documentation.

Moderate non-compliances were identified in Outcome 5, social care needs and Outcome 16, use of resources and related to appropriate support for the provision of activities in line with assessed needs. Improvement was also required in Outcome 8, safeguarding and safety to ensure some practices in the centre were identified as restrictive. One substantial compliance was identified in records and documentation relating to policies and procedures.

These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspector found residents were consulted with, and participated in, decisions about their care and about the organisation of the centre. Residents were enabled to exercise choice in their daily lives. Complaints were well managed and brought about change.

Residents were consulted about how the centre was planned and run through personal planning and through sampling. The implementation of personal plans formed the basis of how the centre was organised and the day to day running of the centre was based on meeting the assessed needs of residents. Residents participated in the review of their personal plans and the development of goals in line with their wishes, and the implementation of personal plans were reviewed at staff meetings on a monthly basis. The person in charge in consultation with staff and families had also developed a food sampling folder in which a variety of new foods which residents had tried were recorded. Where new foods were observed to be enjoyed by residents these formed part of foods offered in the centre.

Information was available on an external advocacy service.

There were policies and procedures on the management of complaints which had also been developed into an accessible format. There was a designated person to deal with complaints. The policy included an appeals process that was fair and objective. The inspector reviewed records of complaints in the centre and found complaints were well managed. One complaint was currently in progress in line with the centre policy. One complaint had also been completed in a timely manner with the complainant informed of

the outcome of the complaint to their satisfaction. The inspector found the management of this complaint had brought about a change in practice, resulting in positive outcomes for the resident and their representative.

Intimate care plans were developed outlining the support provided while maintaining residents' privacy and dignity. Residents had their own individual bedroom and bathrooms had privacy locks fitted. Staff members were observed to treat residents respectfully

Residents were facilitated to have private contact with family and friends. Home visits were frequently facilitated and there was ample space available in the centre should a resident wish to receive a visitor in private. Personal information pertaining to residents was kept secure in the centre office.

Overall the inspector found residents had access to opportunities similar to their peers, for example, accessing community facilities, attending shows and sporting events, going out for meals and going on holidays.

There was a policy on the management of residents' finances however, the policy was out of date. A local policy was available on residents' possessions. Records were maintained for residents' financial transactions and a monthly finance audit was completed for each resident. The person in charge also completed an audit of bank statements against financial records. The inspector found all records were complete on the day of inspection.

Residents had adequate storage facilities in their bedrooms for their personal possessions. Laundry facilities were available in the centre.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found residents' communication needs were met.

There was a policy in place on communication with residents. Communication needs had been assessed and communication plans had been developed. Plans detailed the

communicative intent of expressive language and the communicative methods of residents in order to enhance understanding and communication with residents. Communication passports had been developed and referrals had been made to a speech and language therapist where it was deemed appropriate. Throughout the inspection it was evident that staff were knowledgeable on the communication methods of residents and conversed with residents consistent with the details set out in plans.

The centre was part of the local community and residents accessed a variety of local amenities. Information on local events was accessed through the internet and through the local library. Residents had access to radio, television and the internet.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community. Families were actively encouraged to be involved in the lives of residents.

Positive relationships between residents and their families were promoted and residents were supported to visit their relatives at home on a frequent basis. The centre also promoted frequent visits by family members in the centre and there was an open visiting policy in the centre. Suitable arrangements were in place for residents to receive visitors in private and there were ample space available to facilitate these visits if required.

Families were kept up to date on residents' well being as evidenced in family contact records and families were invited to attend and contribute to an annual review of residents' personal plans.

Residents were supported to maintain personal relationships, for example, meeting friends in day service and visiting friends in other residential centres. Residents were actively supported to attend to activities in the community in line with their interests and wishes, for example, attending sporting events, attending the library, going for meals out, and going to visitor attractions.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found admissions and discharges to the centre were timely. Each resident had a written agreement which outlined the support, care and welfare of the residents and the associated fees.

There were policies and procedures in place for admitting residents including discharges and transfers however, the policy did not include the temporary absence of residents. Admissions procedures were in line with the statement of purpose. There had been no recent admissions to the centre however, discussions on potential admissions had considered the needs and safety of the individual and the safety of residents currently residing in the centre.

Each resident had a written agreement in place signed by the residents' representative. The agreement set out the services to be provided to the resident. Written agreements also included the fees to be charged for the service provided and additional fees which the resident may be liable to pay.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found overall residents' wellbeing and welfare was maintained by a high standard of care and support however, improvement was required to ensure activities which formed part of personal plans were facilitated on an ongoing basis.

The actions from the previous inspection had been implemented in full. Social goals had been developed where required since the last inspection in line with residents' interests and development needs. Goals outlined the actions to be taken to ensure goals were implemented and the person responsible to ensure goals were achieved. Personal plans for responding to emergencies had been updated since the last inspection and now reflected the practice in place in the event of a nurse not being on the premises. Plans were progressing on developing personal plans in to an accessible format. These plans were developed in picture format and detailed residents' likes, interests, friendships and supports required in achieving their personal plans.

The inspector reviewed samples of a number of personal plans as part of this inspection however, some actions which formed part of personal plans were not consistently implemented. For example, frequent attendance at swimming formed part of three plans for one resident. On review of the resident's activity record, swimming had not been facilitated since February 2016. This was discussed with the person in charge who outlined that resources within the centres' allocation were not available to facilitate this activity.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found the location, design and layout of the centre were suitable for its stated purpose and met the needs of the residents in a homely way. However, improvement was required in the maintenance of external recreation areas and pathways.

The design and layout of the centre were consistent with the details set out in the statement of purpose. The centre comprised of a bungalow type dwelling and the premises was fully accessible for residents. The centre was clean and internally well maintained however, external pathways used as an evacuation route in the event of a fire had a significant build up of moss and required cleaning. In addition, the centre had a large external patio area for residents' use however, the inspector found this area also required the ground area to be cleared of moss.

There was suitable heating, lighting and ventilation in the centre. Each resident had their own bedroom, decorated to the individual's personal preferences. Bedrooms were personalised and residents had been supported to display personal photographs in their bedrooms. There was ample space in bedrooms to ensure assistive equipment could be utilised in a safe and dignified manner, for example, hoists.

There was a large kitchen with suitable storage for food and kitchen ware and sufficient space for food preparation. Additional food storage was available in a utility type room beside the kitchen for refrigerated and frozen food. During the last inspection, issues were identified with the coverings on kitchen presses in relation to infection control. The person in charge outlined plans to install a new kitchen in the centre in September 2016 and the inspector reviewed documentation from the maintenance department confirming this work would be carried out within the stated timeframe.

There was a large dining room with sufficient space to accommodate residents and staff dining together.

There was a large sitting room with ample seating for residents. On the day of inspection, damage was noted to the coverings of some seats however, new couches were on order awaiting delivery. There were also a television and a DVD player available for residents' use.

There were three large bathrooms available for residents' use, all of which had an accessible shower provided. An accessible bath was also available in one of these bathrooms if required. Bathrooms were clean and well maintained with suitable equipment provided to ensure accessibility for residents, while maintaining their dignity and safety.

Suitable arrangements were in place for the disposal of general waste and for the disposal of clinical waste. Suitable laundry facilities were available in the centre.

There was a staff office also available with adequate storage for medications and personal information pertaining to residents.

Assistive equipment to meet the needs of residents was provided including hoists, wheelchairs and high low beds. Maintenance records pertaining to assistive equipment were checked during the previous inspection and all equipment had been serviced as required.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found the health and safety of residents, visitors and staff was promoted and protected.

All of the actions from the previous inspection had been satisfactorily implemented.

Risk assessments had been developed for the use of oxygen and for infection control since the last inspection. These risk assessments outlined the hazards and the control measures to mitigate identified risks. The emergency plan had been updated since the last inspection and included the location to where residents would be evacuated in the event of emergencies such as flooding, fire, loss of heating and a gas leak. The emergency plan also outlined arrangements for emergency accommodation should it be required.

The fire evacuation plan was prominently displayed in the hallway. The night time evacuation had been redeveloped into one plan and clearly outlined the procedure to follow in the event of a fire at night time. The updated plan has since been trialled to ensure it's effectiveness with appropriate actions developed to an identified issue.

Arrangements were in place for the installation of a new kitchen in September 2016, which would mitigate the risk of infection control issues identified on the last inspection. The inspector reviewed documentation confirming these arrangements were proceeding as planned.

The vehicle used to transport residents was adequately insured and confirmation of the vehicle's road worthiness was forwarded to the Authority post inspection.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found measures were in place to safeguard residents and evidence was available outlining the alternative measures tried prior to the implementation of restrictive practices however, not all practices in use in the centre had been identified as restrictive.

The inspector reviewed documentation pertaining to the use of restrictive procedures in the centre. Documentary evidence was available outlining the alternative measures used prior to the implementation for these procedures. It was evident that these procedures were used as a last resort when all other measures were ineffective and were implemented for the shortest duration necessary. Restrictive procedures were subject to regular review and there was evidence that efforts to reduce or discontinue restrictive procedures was ongoing.

The inspector identified that front and back doors to the centre were locked with a keypad system and residents could not use these keypads and as such residents could not freely access areas outside. This was discussed with the person in charge who outlined up to the day of inspection, this practice had not been identified as restrictive.

The inspector reviewed three resident questionnaires and one relative questionnaire submitted to the Authority. The inspector also spoke to a relative on the day of inspection. All feedback given identified that the residents and their relatives felt they were safe in the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found a record of all incidents occurring in the centre was maintained. Where required the Authority had been notified of incidents occurring in the centre and of practices in place.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall residents were provided with opportunities for new experiences, social participation and training in line with their assessed needs.

There was a policy in place on access to education, training and development. Individual goals had been developed following assessment in line with residents' needs and wishes, in order to promote social inclusion and develop new skills. For example, a goal to promote residents with a sensory impairment to independently access their environment and a goal to improve concentration and tolerance skills. Social goals developed aimed to support residents experience new opportunities and enhanced social relationships, through supporting residents to meet significant others for meals out and visits home. The progress of goals was tracked on a continuous basis with a monthly review by the keyworker at team meetings.

Most residents attended a day service five days per week. One resident had an individualised service supported by staff in the centre. One resident had a day service

two days a week for two hours per day and the inspector reviewed records pertaining to the provision of an enhanced day service in line with their goals. The inspector acknowledged the provider was taking appropriate actions to try to address this issue.

Residents were engaged in a range of social activities outside the centre, for example, attending the cinema, attending shows and sporting events, shopping and going for meals or coffee out.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found improvement had been made since the last inspection and the medication management practices in place ensured residents were protected.

The actions from the previous inspection had been satisfactorily implemented. Three medication prescription records were reviewed and all contained a photograph of the resident and details on the residents' general practitioner.

Suitable arrangements were in place for the storage of refrigerated medications and the storage fridge now had a lock in place. There were no refrigerated medications in use on the day of inspection however, the person in charge had purchased individual storage boxes for refrigerated medication should it be required in the future.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found there was a written statement of purpose which described the services and facilities in the centre.

The actions from the previous inspection had been satisfactorily implemented. The inspector reviewed the statement of purpose which had been updated since the last inspection. Staffing levels were now accurately reflected in whole time equivalents and the statement of purpose included the arrangements for residents to access education, training and employment as applicable to the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall the inspector found appropriate management systems were in place to ensure the service provided was safe and effective and the quality of care and experience of residents was developed and monitored on an ongoing basis.

The actions from the previous inspection were implemented. Documentary evidence was available to confirm that the service manager had completed unannounced visits on a six monthly basis on behalf of the provider. The unannounced visit completed in July 2015 now had documented actions in place and evidence during the inspection demonstrated this action had been completed. The inspector also reviewed an unannounced visit completed in February 2016. A range of areas were reviewed such as complaints, restrictive procedures, safeguarding, health and safety, incidents and accidents and finances. Actions had been developed to identified issues with most actions completed on the days of inspection. One action was in progress in line with timeframes specified in the review.

The person in charge met with the service manager and minutes of meetings were reviewed as part of this inspection. Meetings took place on a four to six weekly basis, and included reviews of individual residents, human resources, premises, training needs, fire safety, safeguarding and medication management. Actions were developed for identified issues.

The person in charge was interviewed during the inspection and demonstrated knowledge of his roles and responsibilities and of the legislation and regulations. The person in charge had responsibility for the management of two designated centres. The person in charge was in attendance in the centre frequently and was knowledgeable on the individual needs of the residents and the support required to meet those needs. The person in charge had been in his role as manager of the centre since 2000. The person in charge continued to avail of eight hours protected time and was supported by a clinical nurse manager 1. The clinical nurse manager 1 also could avail of eight to sixteen hours protected time in order to support the person in charge with management and administrative duties.

The inspector also reviewed minutes of staff meetings in the centre as part of this inspection. Meetings were scheduled on a monthly basis. A review of individual residents' personal plans formed part of the monthly meeting as well as areas such as maintenance plans for the centre, health and safety, staff concerns, choices for residents, risk assessments and training needs.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found suitable arrangements were in place for the absence of the person in charge.

The service had appointed a clinical nurse manager as a person participating in management to deputise in the absence of the person in charge. In addition, a service manager had been appointed as a person participating in management and was also available in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found adequate resources had not been provided by the service to ensure the effective implementation of some residents' personal plans.

While the centre had ample resources to meet most of the needs of the residents, resources required to meet some assessed needs of a resident had not been provided. This related to inadequate resources for the resident to attend swimming on a frequent basis, as outlined in three interventions contained in their personal plan.

The centre had an accessible bus to facilitate residents to attend social events and appointments. Overall the premises was suitably equipped and maintained to meet residents' needs. The internet was also provided to facilitate resident and staff sourcing information on social and cultural events of interest to the residents.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found the action from the previous inspection had been satisfactorily implemented. Rosters documented the actual time staff were on duty during the night time period.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that most of the documentation required by the Regulations was maintained in the centre however, some improvement was required to ensure all the policies and procedures as per Schedule 5 of the Regulations were in place and subject to review.

There was no policy in place on the provision of information to residents. The policy on residents' personal finances and the policy on the provision of behavioural support were out of date. The policy on admissions did not include details the temporary absence of residents.

A directory of residents was maintained in respect of each resident in the centre and detailed all the required information. A residents' guide had been developed in an accessible format.

All of the required records as per Schedule 3 and Schedule 4 of the Regulations were maintained in the centre.

A certificate of insurance had been submitted to the Authority as part of the centre's application to register and the inspector reviewed the most up to date insurance certificate on the day of inspection.

Records maintained within the centre were easily accessible and securely stored in the staff office.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Glenealy
Centre ID:	OSV-0002385
Date of Inspection:	26 July 2016
Date of response:	23 August 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The actions outlined in a personal plan to meet some of the assessed needs of a resident were not consistently implemented as outlined in the body of the report.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:

The PIC has identified staff and times where the activities are supported as identified in the persons personal plans.

Proposed Timescale: 23/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

External pathways and the patio area required maintenance to remove a build up of moss.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The PIC contacted technical services department and requested that the patio area and the pathways are cleaned of moss. This will be completed by the 26th of August.

Proposed Timescale: 26/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The practice of locking the front and back door had not been identified as restrictive and not applied in accordance with evidence - based practice.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

1. This practise has been reviewed with the PIC, team and Service Manager (PPIM).
Completed 18/08/2016

2. We have identified that we start to reduce the restriction of the key pad on the back door. The key pad will be made redundant and the risk assessment amended to reflect this. The team will monitor the effect of this change for 3 months. 26/08/2016
3. If this is effective and no risks present for the residents we will apply same strategy to reducing the practise of the key pad lock on front door. 26/11/2016
4. The restrictive practise will be submitted to the Positive Approaches Monitoring group. We will include the reduction that we are implementing. PAMG will be informed of progress. 18/08/2016

Proposed Timescale: 26/11/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate resources had not been allocated to the centre to ensure elements of a personal plan for a resident were achieved.

4. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

1. Supports intensity scale is currently being undertaken to identify appropriate day service. ICM held 31/05/2016, 12/07/2016, 16/08/2016. 06/09/2016
2. Review of roster and resource allocation. Following this review the PIC will ensure that the activity of swimming is provided at least once every 4 weeks. 30/08/2016
3. Registered Provider will request funding for appropriate day service for individual. 27/09/2016

Proposed Timescale: 27/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no policy in place on the provision of information to residents.

The policy on admissions did not include details on the temporary absence of residents.

5. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. 31/05/2017

Please state the actions you have taken or are planning to take:

1. The provision of Information policy is being developed in close consultation with a group of service users. EMT asked Speech and Language Therapists to work with the group to develop the policy based on their experience of receiving information. This process is taking some time to complete as the group of service users are currently working on other accessible documents and need to finish this work before starting on new pieces of work. St. Michael's House is committed to developing this policy in partnership with service users and in the mean time there are guidelines for staff on the Provision of Information for residents. This Policy will be progressed in 2017.

2. The Policy on admissions which includes details on the temporary absence of residents is now available in the unit. Completed. 18/08/2016

Proposed Timescale: 31/03/2017

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on the provision of behavioural support and the policy on residents' finances were out of date.

6. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

1. Positive Behaviour Support Policy is currently being reviewed. Will be completed by 31 December 2016. 31

2. The policy on residents finance is currently being reviewed. Will be completed by 31 December 2016

Proposed Timescale: 31/12/2016