

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glasthule
Centre ID:	OSV-0004136
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Naoise Hughes
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2016 10:00	19 July 2016 20:00
20 July 2016 08:00	20 July 2016 15:30

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 11. Healthcare Needs
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 purpose of this inspection was to follow up on actions from an unannounced inspection carried out in the centre in March 2016 and to inform a registration decision.

Description of the Service:

This centre is operated by Saint John of God Services and comprises of three community based houses located in South Dublin. The houses are located close to each other and are close to local community facilities and transport links. The centre

provides care to both male and female residents who have an intellectual disability; some of whom have cognitive issues and behaviours that challenge. Care is provided using the social care model and nursing input is available to support residents who have some medical needs.

How we gathered evidence:

Over the course of this inspection all residents were met by inspectors with the exception of one resident who was with family on the days of the inspection. Five residents met formally with inspectors. Overall they stated that they were very satisfied with the services provided in the centre. They spoke about varied activities they were involved in and stated that they liked living in the centre and liked the staff there. Some of the residents were unable to express their views on the quality of services in the centre but inspectors observed practices, reviewed personal plans and observed interactions between staff and residents.

One family representative met with inspectors and stated that they were happy with the services provided. Four family questionnaires were submitted to the Health Information and Quality Authority (HIQA) and the information from these found that family members were broadly speaking happy with the services provided. Two families stated that they would like some minor changes in the centre, but stated that they would talk to staff if they had a concern.

The inspectors also reviewed residents' questionnaires received at the inspection. Their feedback is included in the report. In addition staff were met and other documents were reviewed including risk assessments, staff files and financial records. The social care leader who is a person participating in management (PPIM) for this centre was also interviewed.

Overall judgment of our findings:

Inspectors found that most of the actions from the last inspection had been implemented, however three actions had not been implemented to satisfactory level and one action was still in progress. Overall inspectors found that residents were well cared for in the centre. However, a number of areas required improvements in order to ensure that the provider was meeting their requirements under the regulations. Moderate non compliances were found in nine of the outcomes and four outcomes were found substantially complaint. The action plan at the end of this report addresses the improvements required.

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 inspectors found that residents were consulted about how the centre was run and effective systems were in place regarding the management of complaints and resident's finances. However, improvements were required in upholding some residents' privacy and dignity in the centre.

Residents were consulted about the running of the centre. Residents meetings were held weekly and a range of topics were discussed. These included meals, housekeeping, activities, routines, complaints and news in the designated centre. Inspectors also observed residents being consulted by staff on planning evening activities during the inspection.

The designated centre had a complaints policy and procedure in place. Residents spoken to were aware of whom to make a complaint to if the need arose. Complaints and advocacy services were identified, details of which were displayed in a user friendly format in a prominent area of the designated centre. Inspectors reviewed the complaints log for the centre and found that no complaints were currently open. Inspectors found from a review of the complaints log that complaints were listened to and acted on. The log set out the satisfaction level of the complainant and the actions taken in response to the complaints. Inspectors saw an example of where an independent advocate had been appointed for one resident in the centre.

Inspectors viewed a sample of financial records and found the designated centre had a clear system in place regarding recording and safeguarding residents' finances.

Inspectors observed staff respecting residents' space and engaging with residents in a warm friendly manner. Residents were supported to exercise their rights. For example residents were registered to vote and supported to exercise this right if they wished.

Inspectors found that two residents shared a bedroom in the centre. There were records contained in the residents' files that indicated they were happy to share a room. However, inspectors found that adequate measures were not in place so as to ensure that their privacy and dignity was maintained at all times. In addition personal information relating to one of the residents was displayed in the bedroom. This was discussed at the feedback meeting.

Judgment:

Non Compliant - Moderate

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:

Overall inspectors found that where appropriate, residents had a communication passport contained in their plan. However, some improvements were required in some communication plans viewed by inspectors.

The centre had a policy on communication with residents maintained in the centre. Residents had communication plans where appropriate and inspectors saw evidence where communication plans were implemented into practice. For example one resident had a communication book containing pictures that they used to communicate. A number of residents had visual timetables in place and one staff was observed using Lamh signs to communicate with one resident.

However, some of the plans did not detail all of the residents' communication skills. For example one plan stated that a resident used a number of Lamh signs to communicate, but it did not detail what the signs were. Another plan viewed had goals set out to improve communication for one resident. These had been recommended by a speech and language therapist and had not been fully implemented into practice. In addition inspectors were informed that not all staff had completed training in Lamh signing; however, inspectors did see evidence where this had been recorded as a training need for the year by the social care leader.

Inspectors saw evidence where information for residents had been made into an accessible format for residents. Some examples included visual schedules; daily staff rosters in pictorial format on notice boards in each house. Menu planning was completed using picture cards where appropriate and contracts of care had been formatted into an easy read version for residents.

Residents had access to radio, television and the internet in the centre. One resident was being supported to Skype family members.

Judgment:

Non Compliant - Moderate

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:

Overall inspectors found that residents' were encouraged and supported to maintain positive relationships with their families and friends.

Residents had regular contact with family members through phone calls, visits home, days out and holidays. One family representative spoken with, stated that they were very happy about the care provided in the centre.

The centre had a policy in place in relation to visitors. There were no restrictions on visitors to the centre. Twelve residents had their own bedrooms and two residents shared a bedroom. They had access to areas in the centre where they could meet visitors in private.

Residents were supported to maintain friendships and one resident who spoke to inspectors had plans that evening to meet their friend for coffee.

Inspectors reviewed a sample of residents' daily reports and found that residents were supported to maintain links with their wider community based on their individual choices. Volunteers were active in the centre and supported residents to maintain links with the community. Residents attended local coffee shops, cinema, local beauticians and restaurants.

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:

Overall inspectors found that the centre had an admission policy in place and each resident had a contract of care. However, improvements were required in both areas.

There was an admission policy in place in the centre which required some improvement. The policy stated that the person in charge was responsible for considering the wishes, needs and safety of the residents currently living in centre. However, it did not outline how this should be done. The inspectors acknowledge that this did not impact on the residents living in this centre, as there had been no new admissions to the centre and there were currently no vacancies in the centre.

Each resident had a contract of care, which had been signed by the resident; however it had not been signed by a representative of the resident where appropriate and did not include details of all additional fees charged. For example while transport was available in the centre, residents were required to pay for taxis if transport was not available. This was not outlined in the contract of care.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall inspectors found each resident had a written personal plan detailing their individual needs. However, the action from the last inspection had not been fully implemented.

Not all aspects of this outcome were reviewed. As part of the action plan from the last inspection the provider had undertaken to implement a system to record and review the effectiveness of goals for residents. Ensure that these goals were reviewed every three months by the resident's key worker, and to introduce a new skills teaching programme for residents.

Inspectors were shown a copy of the skills teaching programme that had been developed for residents. This action was due to be completed for all residents by the 31 July 2016 and had not yet been introduced. Inspectors also found that the review of goals for residents had only been completed for one resident to date.

Judgment:

Substantially Compliant

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:

Overall inspectors found that the design and layout of the centre was in line with the centre's statement of purpose. However, improvements were required in relation to the upstairs bathrooms, a shared bedroom in one of the houses and a shower room in one of the houses.

The centre consisted of three houses: a three storey semi-detached five bedroom house, a two storey terrace four bedroom house and a second two storey five bedroom house. The houses were all located in close proximity to one another and near shops, cafes, public transport and community facilities. Inspectors found the centre to be clean with sufficient furnishings.

Resident's bedrooms were personalised and had adequate storage facilities. However, two residents shared a downstairs bedroom in one of the houses and inspectors found that there was insufficient space in the room for residents due to the configuration of the bedroom. For example there was only two feet between the residents' beds. This was discussed with the person in charge and the PPIM at the inspection. By the second day of the inspection the social care leader had provisional plans to address this issue.

Each house had adequate cooking and dining facilities. One dining room in the centre was being used as an office; however, this had already been highlighted as an issue in a review of the quality and safety of the centre and the provider was taking steps to address this. In addition the wooden flooring in one of the dining areas in the centre was worn.

There were adequate toilets and bathing facilities in each of the houses. However, improvements were required in that all of the upstairs bathrooms were in need of modernisation. In addition one shower room upstairs was too small; inspectors were informed that this room was only used by one resident who required some supports with intimate care. However, inspectors found that there was insufficient space for staff to support the resident with intimate care and there was inadequate ventilation in the room.

Residents had access to assistive equipment and inspectors saw evidence of assessments that had been completed by an occupational therapist. For example inspectors observed that a stairs leading to a toilet were very steep. Inspectors were shown where this had been assessed by an occupational therapist and hand rails had been provided. In addition inspectors also viewed a recent report that had been completed around access to a shower area downstairs for one resident with changing needs. Recommendations had been made to address access to the shower.

There were systems in place for the disposal of general and clinical waste.

Judgment:

Non Compliant - Moderate

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:

Overall inspectors found that the health and safety of residents, visitors and staff was promoted for the most part and that all of the actions from the previous inspection had

been implemented. However, improvements were required in reporting incidents, risk assessments and infection control.

As part of the last inspection the provider had undertaken to:

- review all risk assessments to ensure that they were clearly identified
- ensure that each risk had identified control measures in place
- ensure that all incidents were followed up appropriately
- ensure that the person in charge and the social care leader reviewed incidents on a monthly basis
- ensure that each incident would be reviewed as they occurred to ensure that control measures were implemented.

Inspectors found that these actions had been implemented. In addition the provider had also undertaken to ensure that one resident's evacuation plan would be updated to reflect changing needs and fire doors would be installed in the houses. Inspectors found that these actions had been implemented.

A review of incidents since the last inspection found that incidents were being followed up on however a risk assessment had not been completed for one incident in order to guide practice. Another incident noted by inspectors when reviewing a resident's personal plan found that this had not been reported or recorded through the incident reporting process. Therefore it had not been reviewed so as to ensure that all control measures were in place to mitigate future risks for this resident. This was discussed with the social care leader who intended to review this.

Infection control measures were in place in the centre and residents had risk assessments and care plans in place where appropriate. A local policy had been developed on the management of one healthcare associated infection in the centre. However, inspectors found that some areas of this did not guide best practice. For example the policy stated that if there was an incident of exposure to the infection then medical attention should be sought if required.

Inspectors were aware due to a previous notification to the Authority that the provider was currently reviewing policies and procedures in the service for this health care associated infection. Part of this process involved the provider seeking expert advice in the area and inspectors acknowledge that this is still in progress.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall inspectors found that both of the actions from the last inspection had been implemented, however one had not been implemented to a satisfactory level and improvements were required in some behaviour support plans viewed by inspectors.

Not all aspects of this outcome were inspected against. At the last inspection the provider undertook to implement a safeguarding plan for one resident by increasing the staffing levels in one house in the centre. Inspectors saw evidence of how this had been implemented.

The second action related to the implementation of more detailed intimate care plans in order to ensure residents privacy and dignity. Inspectors viewed a sample of these and found that the information contained required more detail. This was discussed with the social care leader on the day of the inspection. Therefore this action was not implemented to a satisfactory level.

Staff spoken to were aware of the policies and procedures in place to safeguard residents. Residents spoken to stated that they would talk to staff or a family member if they felt unsafe in the centre. For example one resident stated that they have a right not to be bullied.

Inspectors viewed a behaviour support plan that had been implemented as part of a safeguarding plan in one area and found that the plan was dated for 2014. While a review had taken place of the support plan in May 2016, the changes recommended had not been implemented in the behaviour support plan so as to guide staff practice.

In addition there was no evidence contained in the behaviour support plan detailing an intervention that had been put in place around managing a residents behaviour. When staff were asked about this intervention it was not clear what steps were to be followed when implementing this intervention and therefore inspectors found that this was not maintaining a consistent approach for the resident.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that the person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. Inspector reviewed the incidents log maintained in the designated centre and found incidents were appropriately notified.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Health and Development</p>

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall inspectors found that residents had opportunities for new experiences and social participation.</p> <p>All residents attended a day service programme provided by the service. Residents spoke to inspectors about a variety of different activities they were involved in within the day service.</p> <p>Evening and weekend activities for residents included; bowling, shopping, meals out, drama groups, walks and some residents informed inspectors that they just liked to relax in the evening time and watch television. Residents were encouraged to get involved in the local community. For example one resident volunteered at the local church and another resident told inspectors that they had visited a local nursing home to talk to the residents there.</p> <p>One resident was being supported to do activity sampling with a view to organising a schedule specific to the residents likes and dislikes. On the first day of the inspection the resident was observed by inspectors being supported by staff to make pancakes.</p>
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Residents were also encouraged and supported to improve their independent living skills in the community. Two residents were being supported to walk to their day programme on their own and had the supports in place to achieve this.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that two of the actions from the previous inspection had been implemented. However, one action required further improvements.

As part of the last inspection the provider had undertaken:

- to review all residents' assessments of need to ensure that all healthcare needs were identified
- to ensure that healthcare concerns were followed up on and
- to ensure that all residents had health action plans in place for their identified healthcare needs.

From the sample of personal plans viewed by inspectors the actions had been implemented, however not all health action plans were in place.

Residents had regular access to allied health professionals as required and there was evidence that recommendations from these were followed up on.

Inspectors observed dinner in one unit and found it to be a sociable experience. Residents had a varied diet and could choose different menu options at weekly meetings. One resident informed inspectors that if they did not like the planned menu for the day, that staff would prepare something else for them. Staff were also observed at breakfast, asking residents their preferences and residents were observed preparing their own breakfasts. Residents who had specific dietary requirements had this outlined in their plan.

Judgment:
Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall inspectors found that one of the actions from the previous inspection had been implemented to a satisfactory level and one action still required improvements.

As part of the action plan from the last inspection; a local policy had been developed on the storage and disposal of unused medications in the centre, and an additional medication press had been installed in one area of the centre to provide adequate storage space. However the provider had also undertaken to review all prescription sheets to ensure that all as required medications (PRN) had the indications for use clearly documented. One prescription sheet observed by inspectors did not have the indications for use clearly outlined. This medication was a rescue medication prescribed for epilepsy.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that a Statement of Purpose was available in the centre; however, it did not meet all the requirements of the regulations. This included:

- The whole time equivalents available in the centre were not correct.
- The organisational structure of the designated centre was not correct.
- The procedures for emergency admissions to the centre were not included.
- The specific care needs that the designated centre intended to meet were not fully

detailed.

The Statement of Purpose was made available to residents in an accessible format and had recently been reviewed by the provider.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall inspectors found that the action from the last inspection had not been fully implemented.

As part of the last inspection the provider had undertaken to ensure that the annual review contained evidence that family and residents had been consulted with as part of this review. However, the completion date for this had not yet expired. This was discussed at the feedback meeting and inspectors were informed that a copy of the annual review would be submitted to the Authority by the end of July 2016. This was submitted by the person in charge and on review inspectors found that while there was evidence that family and residents were consulted with as part of the review, the findings of this were not reflected in the report submitted.

Inspectors met with the social care leader of the centre, who is also a PPIM. They were found to be very knowledgeable of the residents' needs in the centre, had a good understanding of the regulations and were aware of their responsibilities if they had to deputise for the person in charge. They were actively involved in the running of the centre and supported the person in charge in their role.

Judgment:

Substantially 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:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge and the provider was aware of the requirements to notify HIQA in the event of the person in charge being absent.

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:

Inspectors found that there was an adequate skill mix in the centre to meet residents' needs and that the facilities and services in the centre reflect the Statement of Purpose.

Judgment:

Compliant

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:

Overall inspectors found that the actions from the last inspection had been implemented. However, improvements were required in volunteers, staff training and staffing levels in one area of the centre.

At the last inspection the provider had undertaken to review all staff files to ensure that the information outlined in Schedule 2 of the regulations were on file. Inspectors viewed a sample and found that they now contained the required information. In addition the provider had undertaken to review staff rosters in one area of the centre. This action had been completed in that additional staffing had been employed in order to meet residents assessed needs.

One action was still in progress in that the provider was undertaking a roster review of the designated centre. Once complete the statement of purpose would be amended to reflect this for the centre.

A planned and actual rota was maintained and staff received regular supervision. However inspectors reviewed staff rosters in one unit of the centre and found that the whole time equivalents of staff as outlined in the Statement of Purpose for this unit was not reflected on the rosters.

The whole time equivalents for this centre was four staff - 0.5 of these hours were used to cover annual leave. This meant that the unit should have 3.5 whole time equivalents in the unit. However inspectors found that this was not always in place. For example the staffing levels outlined in the Statement of purpose would indicate that a second staff should be available in the unit for approximately three evenings a week. Inspectors found that this was not available every week and some weeks the second staff was only available one day a week. In addition from talking to staff and observing practices, inspectors observed that one resident's needs had increased since the last inspection and they now required more supports to access the community.

Inspectors reviewed the social care records for this resident and found that this resident had limited opportunities to engage in social activities outside of the centre. For example, inspectors compared a sample of activities for this resident for a period last year and a period this year and found access to community activities had reduced significantly.

Inspectors reviewed a sample of staff training and found that staff had up to date mandatory training in fire safety, medication, safeguarding and manual handling. However, there were gaps identified in behaviour management training and additional non mandatory training including first aid and diabetes care. Inspectors were informed by the social care leader that a training needs analysis had been completed and there

was evidence to support that the provider had requested first aid training for all staff in the centre.

Volunteers were employed in the centre and inspectors found that there was no supervision in place for volunteers in the centre and their roles and responsibilities were not set out for the area they were working in.

Judgment:

Non Compliant - Moderate

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:

Overall inspectors found that most of the documentation required by the regulations was maintained in the centre. However, improvements were required to ensure that all of the policies and procedures as per Schedule 5 of the regulations were in place and to ensure that complete and accurate documents were maintained in the centre.

Residents' records were safely stored in the units of the centre and were available to inspectors. However, inspectors found that there were gaps in records contained in personal plans. For example not all records and reports were dated. In addition some of the information was duplicated in personal plans. For example inspectors found four different plans in place in relation to eating and drinking for one resident.

The policies and procedures as per Schedule 5 of the regulations were in place. However, two of these required improvements in order to guide practice. The admission policy did not outline how the person in charge would consider the wishes, needs and safety of the residents currently living in the house and it did not contain details on the temporary absence of a resident from the centre. This was discussed with the provider at the feedback meeting. The policy of the use of restrictive procedures was out of date and had not been reviewed since 2009.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements.

The information required under Regulation 21 and listed in Schedule 4 were maintained in the centre.

A resident's guide was maintained in the centre, which included all the required information.

Inspectors reviewed the directory of residents which contained the majority of information required by Schedule 3 but did not record the name and address of the referring authority or organisation which arranged the residents' admission.

Judgment:

Non Compliant - Moderate

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:

Anna Doyle
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:	Glasthule
Centre ID:	OSV-0004136
Date of Inspection:	19 July 2016
Date of response:	19 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Personal information was displayed in a shared bedroom.

Adequate measures were not in place for residents who shared a room so as to ensure that the privacy and dignity was maintained at all times.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Personal Information relating to one resident will be repositioned to a more private location. Timescale: 16/08/2016
- A review of the shared bedroom, furniture access and egress will take place and the recommendations of this review will ensure increased privacy for both residents. Timescale: 30/11/2016
- A screen will be sourced to provide additional privacy for the residents. Timescale: 30/09/2016
- The intimate care plans of both residents will be up dated to include measures in place in relation to increasing privacy and dignity. Timescale: 16/09/2016

Proposed Timescale: 30/11/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents' communication plans did not include details of residents communication skills.

Not all staff had completed training in Lamh Signs.

2. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- Staff teams will receive training in Lámh with Speech and Language Department in the areas where Lámh is used with residents.
- Residents All About Me and Personal Passport will be reviewed include details of the Lamh signs used by the resident.
- The All About Me Assessment and Personal Passport will be reviewed and updated to ensure all details of resident's communication skills are included.

Proposed Timescale: 30/11/2016

Theme: Individualised Supports and Care

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

Goals recommended from a speech and language therapist had not been fully implemented for one resident.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

- The speech and language goals for resident will be fully implemented.
- Oversight will be provided by the Supervisor

Proposed Timescale: 30/11/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The policy stated that the person in charge was responsible for considering the wishes, needs and safety of the residents currently living in centre, however it did not outline how this is done.

4. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- The Policy and Procedure for the Application of Support in relation to the Admission and Contract for Provision of Services will be reviewed and will outline the role of the Residential Planning Group in the admission process.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The contract of care did not include details of all additional fees charged in the centre.

5. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- A Procedure on the Charges to Residents will be put in place.
- The Contracts of care will include all additional charges to resident including travel costs.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The contracts of care had not been signed by a representative of the resident where appropriate.

6. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- All Contracts of Care will be signed by the resident and or their representative.

Proposed Timescale: 31/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no system in place to record and review the effectiveness of goals identified for residents as outlined in this report.

7. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- A local operational procedure relating POMs and skills teaching will be developed by the social care leader and implemented in the Designated Centre. Timeframe: 31/10/2016
- Personal Outcome Interview and planning meeting will be completed annually, or as required with regular reviews of SMART goals by the key-workers. Timeframe:

31/01/2017

- Independent Living Skills Goals will be identified through Personal Outcome Measure, Using Your Environment Assessment and Key-working meeting with regular reviews of SMART goals by the key-worker. Timeframe: 31/03/2017

Proposed Timescale: 31/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The bathrooms in the three houses required modernisation.

The wooden flooring in the dining room in one of the houses required attention.

8. 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 bathrooms in each of the houses will be assessed for modernisation and steps will be undertaken to improve the quality and standard of the bathrooms.

Timeframe: Bathroom 1: 31/10/2016 Bathroom 2: 31/12/2016 Bathroom 3: 30/06/2017
The wooden floor in one of the locations will be replaced. Timeframe: 31/12/2016

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The shower in one of the houses was too small and had inadequate ventilation.

The shared bedroom in one of the houses did not provide adequate space for residents who were sharing the room.

9. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- Recommendations from Occupational Therapy report will be implemented to include a level access downstairs bathroom with shower facilities. This will involve extending the original bathroom.

The downstairs showering facility will then replace the upstairs shower. Timeframe:

30/06/2016

- The configuration of the shared bedroom will be reviewed to allow for increase space for resident (see Outcome 1). Timescale: 30/11/2016

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A risk assessment had not been completed for a risk that had been identified.

One incident had not been reported through the incident reporting process.

10. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- A risk assessment will be completed for one resident in relation to leaving the house without staff supervision.
- The incident has been reviewed, and clarity sought over the details of the incident with staff and Supervisors.
- A risk assessment will be completed for incident where resident has attempted to consume food/drink outside of their Eating and Drinking Guidelines. Controls measures will be implemented and reviewed.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

The local policy and procedure for the management of one healthcare associated infection did not guide best practice.

11. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The Procedure in relation to Infection Control Standard Precaution and Communicable/Transmissible Diseases is being reviewed with advice from HSE Quality Improvement Division and will be rolled out to the Designated Centre once approved. Timeframe: 31/08/2016
- The Local Protocol will be reviewed and the wording will reflect best practice, in relation to reporting process for staff if they sustained an injury from a known carrier, medical advice will be sought. Timeframe: 15/08/2016

Proposed Timescale: 31/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Changes recommended from a review of a behaviour support plan were not reflected in the behaviour support plan so as to guide staff practice.

One intervention that had been introduced for a resident was not clearly documented and therefore did not guide practice so as to ensure consistency of care for the resident.

12. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The behaviour support plan will be updated to include all recommendations.

A support plan will be developed to clearly document intervention that was not clearly documented at time of inspection.

Proposed Timescale: 30/09/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Intimate care plans were not detailed enough to guide practice and ensure residents privacy and dignity was maintained.

13. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such

assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- Intimate Care Plan document will be revised and following this the Intimate Care Plans for Resident will be reviewed.

Proposed Timescale: 16/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all personal plans contained health action plans for residents' identified healthcare needs

14. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- The documentation currently in use for recording Care Plans and identified Healthcare needs will be revised.
- Following this, care plans will be developed for residents Health Care needs where not currently in place.
- An overall review of Healthcare plans in the Designated will take place in order of priority to ensure that all existing plans are in line with regulations.

Proposed Timescale: 31/12/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One PRN medication prescribed did not have the indications for use clearly documented on the prescription sheet.

15. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The PRN medication criteria which is outlined in the Epilepsy Management Plan will be detailed fully on the residents Kardex. The pharmacy provider has indicated that their IT system needs to be updated to allow appropriate space for inclusion of all relevant information

Proposed Timescale: 16/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the requirements set out in schedule 1 of the Health Act. The areas that require attention have been documented in this report.

16. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The Statement of Purpose will be reviewed to include all requirement of Schedule 1.

Proposed Timescale: 31/10/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual review did not contain the findings from consultation with family and residents.

17. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

- The Annual Review will contain the outcomes of the Consultation of family and residents for the centre.

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff whole time equivalents reflected in the statement of purpose for one unit in the centre was not evident in the unit.

The number of staff in one unit of the centre was not sufficient to meet the assessed needs of all residents.

18. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The whole time equivalent in each of the locations is under review.

Timeframe: House 1: 19th October 2016 House 2: 2nd November 2016 House 3: 16th November 2016

- A full review of the support requirement will take place in each location to inform the formation of a new system for rostering. Timeframe: 30/11/2016
- The use of the whole time equivalent staffing in the location to cover Annual Leave will be reviewed. Timeframe: 31/12/2016
- Measures will be taken to ensure that there is a consistent roster which reflects the assessed needs of the residents. This will be implemented to coincide with the new calendar year, giving consideration to potential changes in rosters. Timeframe: 31/01/2017

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff training had not been provided to meet some on the assessed needs of residents.

19. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- A needs analysis will be conducted to identify areas for staff training in relation to residents assessed needs.
- A schedule of training for staff will be developed by the Supervisor

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no supervision in place for volunteers employed in the centre.

Volunteers roles and responsibilities were not set out for the area they were working in.

20. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

- Supervision will be implement for active Volunteers in the Designated Centre
- Volunteers Role and Responsible fill be developed for Active Volunteers in the DC

Proposed Timescale: 31/10/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy of the use of restrictive procedures was out of date as it had not been reviewed since 2009.

21. 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:

- A Procedure will be drawn up to guide practice in the use of Restrictive Procedures in lieu of the existing Policy being updated. This will be completed locally within the Region by the Policies, Procedure and Protocols Committee.
- Additionally, a working group has been established to review the Community Services Policy on Restrictive Procedures.

Proposed Timescale: 31/12/2016

Theme: Use of Information

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

The admission policy did not outline how the person in charge would consider the wishes, needs and safety of the residents currently living in the house and it did not

contain details on the temporary absence of a resident from the centre

22. 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.

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

- The Policy and Procedure for the Application of Support in relation to the Admission and Contract for Provision of Services will be reviewed and will outline the role of the Residential Planning Group in the admission process.

Proposed Timescale: 31/12/2016

Theme: Use of Information

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

The Directory of residents did not record the name and address of the referring authority or organisation which arranged the residents' admission,

23. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- The Directory of Residents will include the referring authority/organisation of each resident.

Proposed Timescale: 31/08/2016

Theme: Use of Information

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

Some of the records contained in residents plans had gaps in the information recorded.

Some of the records contained in residents' plans were duplicated.

24. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- As part of a larger service review of resident's files and documentation, a system on how to complete documentation for residents and retain information in relation to support needs will be issued to the Designated Centre.
- These Guidelines will be implemented by the Staff and oversight provided by the Supervisors.

Proposed Timescale: 31/12/2016