

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glenbow
Centre ID:	OSV-0003364
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Christopher Regan-Rushe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
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 unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 December 2016 10:15	06 December 2016 20:00
07 December 2016 08:00	07 December 2016 20:30

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 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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The purpose of this unannounced inspection was to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

Previous inspections of the Cloonamahon Campus had identified a number of non-compliances resulting in meetings with the provider and the Authority issuing a notice of proposal to cancel and refuse registration of the Cloonamahon Service. Following the notification the provider submitted representations setting out the improvements which had been made at the service since the last inspection,

including the re-configuration of the campus from one designated centre into four. This was the centre's first inspection as a standalone centre, following the re-configuration of services provided at Cloonamahon Services.

How we gathered our evidence:

The inspector met with residents, staff members and the management team during the inspection process. During the inspection the inspector spoke in detail with two residents and with four members of staff. Where residents were non-verbal and unable to talk to the inspector, the inspector observed the interactions and communication between staff and residents. The inspector reviewed practices and documentation including residents' personal plans, accident and incident reports, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This service is operated by the Health Service Executive (HSE). Glenbow is one of four designated centres which recently underwent re-configuration. Glenbow is located on a campus based setting, situated outside Sligo town. The centre comprises of two bungalows and can accommodate up to 11 residents from 18 years of age onwards. There were four female residents and seven male residents residing in the centre at the time of inspection. The centre is a nurse led service, providing care to residents with intellectual and physical disabilities, autistic needs, dual diagnosis of intellectual disability and mental health disorders.

The Person in Charge (PIC) had the overall responsibility for the service and is supported in her role by the Provider and Person Participating in Management (PPIM). The PIC works directly within the centre and has oversight of the day- to-day operations. Glenbow is located adjacent to the main campus building.

Overall judgment of our findings:

Since the last inspection the provider had taken a number of actions to improve the environment and the quality of life at the centre for residents, these actions included additional training, a review of the management structure in the centre and improvements in the way that personal plans had been developed and implemented. The inspector found that these changes had improved the overall governance and leadership and the quality of the lived experience of the residents within the centre. The inspector found that this centre was well managed and provided individualised care to residents. Staff were found to be respectful of residents and were knowledgeable of each resident's needs. The inspector found the centre provided a calm atmosphere and homely environment for residents. Residents had a good quality of life and were able to participate in a range of opportunities, they were involved in the running of the service and were able to access a range of supports including advocacy services. Residents were safe and their rights and dignity were, in the main, promoted and protected.

An immediate action was issued on the first day of inspection due to significant concerns identified regarding the disposal of expired medication and medicinal products within the centre. This was actioned by the provider and a written response to the immediate action has since been received by Health Information and Quality

Authority (HIQA) outlining the actions taken supported by a detailed stock control process to ensure that the issue would not reoccur in the future..

The inspection covered 16 outcomes with 6 found to be compliant, 3 substantially complaint, 5 in moderate non-compliance and 2 outcomes relating to health, safety and risk management and medicines management in the centre, found to be in major non-compliance with the regulations.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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):

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

Findings:

There were a number of improvements made in the centre since the last inspection, including how residents were able to choose and plan their daily menus, the personalisation of their bedrooms and how residents' were able to exercise choices over their interests outside of the centre. However, improvements were required to the management of complaints, the dignity of residents who shared bedrooms and the management of residents' money in the centre.

During the inspection, the inspector spoke with two of the residents and four staff. Residents who were able to speak with the inspector described how they were involved in the running of the centre, and how they were able to exercise choice and control in their daily lives. The inspector observed interactions between staff and residents and observed positive communication and respectful engagement in all activities.

There were accessible policies and procedures within the centre which described to residents and their representatives the charter of residents rights and how they could make a complaint or access advocacy services. Information was provided in a variety of formats, including easy read versions. The name of the designated complaints officer was included on posters, which were prominently displayed within the centre.

Copies of the complaints that had been received at the centre were reviewed by the inspector, and overall, it was found that these had been responded to in line with the centre's policy. Of the complaint responses reviewed there was evidence that the centre had implemented actions identified as a result of the complaint investigation. However,

one complaint which had been received at the centre had not been investigated and no outcome for the resident had been recorded.

There was evidence that residents' assessment and review meetings considered the role of advocacy services and where required, referrals had been made to these.

Residents were involved in decisions about the running of the centre. Minutes of residents meetings were reviewed and the inspector noted that access to advocacy services and the complaints process were regularly discussed, in addition there were regular discussions about upcoming events and both within and external to the centre.

Most residents in the centre had their own bedrooms with fitted wardrobes and a vanity unit, however one bedroom was being shared between two residents' who spent time both at the centre and at their family homes. The centre had purchased a collapsible dignity screen to place between the two beds at night time, however, due to the layout of the room this screen did not adequately ensure that the residents' rights to privacy and dignity were met.

Residents' rooms had been personalised by the residents with photos, personal effects and their own choice of bed linen, the residents fitted furniture was in the process of being painted and in one bedroom the inspectors noted that the wardrobe doors had been taken off and removed from the centre. The staff in the centre advised that this had been done a number of weeks prior to the inspection and they were unclear when these would be re-installed to the resident's bedroom. This was raised with the provider during the inspection who confirmed that the doors would be replaced by the end of the week.

There were effective systems in place within the centre for the management of residents' finances, these included timely access to money should the residents wish. However it was noted that money was being temporarily stored in the locked medicines cupboard and had not been returned to the main office in line with the centre's policy. Staff on duty on the day of inspection had not been aware that this money had been stored there and recorded appropriately.

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):

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

Findings:

There were effective communication assessments within the centre which had been developed with the residents and their representatives, and where required, by speech and language therapists. Each resident had their own detailed communication plan in place which was included within their 'key to me' documentation. Each resident had a television in their bedrooms. However further work was required in the assessment of, and access to, assistive technology.

The inspector reviewed a range of residents' 'Key to Me' documentation. These included comprehensive communication plans for each resident, including for those residents who were non-verbal, detail of cues they may use to express enjoyment, dissatisfaction, distress and their general wellbeing. The inspector noted that these plans were regularly reviewed and updated, and where necessary, a speech and language therapist had supported the resident to develop these. Each of the plans was in an accessible format and available to the resident.

The inspector observed staff and resident interactions and found that staff were demonstrating awareness of these plans in their communication with residents, using both verbal and non-verbal communication methods to effectively interact and engage with residents. Staff were relaxed and positive in their communications and there was a tangible warmth and respect observed between the residents and staff in all interactions.

All residents had personal televisions in their bedrooms and had access to the radio. However assessments for the use of assistive technology were limited to those for the purposes of mobility and comfort, and did not include consideration of interactive assistive technology to promote communication or personal enjoyment.

Judgment:

Substantially 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):

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

Findings:

Each resident at the centre had a written agreement which clearly detailed the cost and terms of their care and support. There was a clear admissions, transfers, discharge and

temporary absence policy and procedure in place in the centre. However, minor improvements were required to ensure that all residents or their representatives had signed their written agreements.

The inspector reviewed all the written agreements in the centre and noted that the provider had updated these following the findings of a previous inspection. Each agreement clearly described the terms of the residents' stay, a breakdown of the charges and any additional charges that the resident may need to pay for, including activities or personal items. All written agreements for the residents' care reviewed by the inspector, had been signed by the resident or their representative.

There had been no recent admissions or transfers from the centre, however the inspector noted that temporary absences from the centre had been recorded for residents, describing the reasons for the absence and when the resident returned. In the sample of records reviewed, the inspector found that these absences were also recorded in the residents' daily notes.

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):

No actions were required from the previous inspection.

Findings:

The provider had made significant improvements in the assessment and planning of residents' social care needs. There was evidence of comprehensive multidisciplinary assessments and reviews of residents' needs and personal plans were regularly updated. Personal plans were found to be individualised with specific, measurable and time limited goals. The achievement of goals was regularly reviewed and the residents' experiences of these were evaluated and recorded on a regular basis. Overall most residents and their representatives were involved in the development of their assessments and personal plans.

The inspector reviewed a sample of the residents' assessment, review and personal

planning documentation and found that each resident had a personal plan in place which clearly described their goals and aspirations. These plans, in the main, had been developed in partnership with the resident and their representative and included a range of activities. All of the personal plans reviewed included activities within the centre and in the local and wider community. These activities covered a range of personal outcomes including, vocational, educational and social outings. Residents who were non-verbal were able to access sensory activities, including a visiting massage therapist for relaxation.

Each resident had a 'key to me' folder which included extensive information about the resident, their likes and dislikes, their communication needs, intimate and personal care plans and their personal goals and aspirations. These documents had been developed with multidisciplinary professionals, the resident and their representatives. Where the resident or their representative had not been included in these discussions, the reasons for this were recorded, and where possible the views of the residents' representatives were included separately.

Within the 'key to me' folders there were pictures of activities the resident had undertaken and individual evaluations of the resident's experience and enjoyment of these. After each activity staff at the centre recorded the residents observed and reported levels of participation, enjoyment and behaviours on an 'activities response record'. Findings from these evaluations, such as whether these appeared to be positive experiences or activities the resident appeared to dislike, were noted by the inspector, to inform discussion in review meetings about residents goals and personal aspirations

Access to educational courses for residents was promoted and links had been made with a local educational facility. There was evidence that residents were accessing and undertaking educational courses based on their personal aspirations and goals. Residents' that had expressed specific interests, were supported to explore these activities, and these were planned with residents in their regular residents' meetings.

Documentation was clear and accessible formats had been developed for each resident, and had been regularly reviewed and updated.

Judgment:

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):

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

Findings:

The centre comprised of two bungalows located close to the main campus building. These bungalows were suitable to meet the assessed needs of residents with accessible ramps and doorways provided for residents with limited or assisted mobility needs. There was suitable storage available for each resident in their own rooms. Most rooms were of a suitable size for single occupancy, however one room was shared, which limited the private space for two residents. Improvements were required in the use of residents communal areas by staff for office and storage space within the designated centre.

Space within the centre had been maximised for the use of residents with individual bedrooms, which were accessible by the resident throughout the day, a large well decorated lounge area and a comfortable kitchen. The intimate care needs of residents were met through the provision of both assisted and unassisted bathing and toileting facilities. These were adequate to meet the assessed needs of the residents. Each bungalow had a fully fitted kitchen and laundry facilities. The main area of the bungalows had been personalised with paintings and pictures completed by the residents. Residents spoken to were proud of their paintings and showed the inspector one painting that had recently won a community prize in a competition.

Although there were regular domestic cleaning routines, within the assisted bathrooms the inspector noted that the shower bed was stained and had not been regularly cleaned or maintained. The inspector met with nursing and housekeeping staff and found that the responsibilities for who should clean clinical and non-clinical equipment had not been effectively established or communicated within the centre. For example, the cleaning of a suction machine was found to have been inadequate.

There were minor dilapidations in the centre including a broken shower holder, a broken plug socket in a resident's bedroom, and broken cupboard doors in both kitchens which needed repair, however overall the centre was in a good state and was regularly maintained.

Areas for staff were limited, with the nursing station and medicines cupboard located within the residents' dining area, which made the area less homely, cluttered and less accessible for residents. In addition there was no area for staff to have confidential conversations with other staff or residents within the centre. External storage had recently been built for both bungalows to store equipment and wheelchairs in the centre when not in use.

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):

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

Findings:

There were effective procedures in place for the evacuation of the centre in the event of a fire, each resident had a personal emergency evacuation plan (PEEPs) and equipment in place to support evacuation. Each of the PEEPs had been tested during a recent fire drill. However improvements were required to the infection control procedures, stock control measures and the storage of hazardous chemical within the centre. An immediate action was issued to the provider requiring them to ensure that no out of date consumable medical devices or medication was stored or in use within the centre.

The person in charge had recently completed fire drills within the service using minimum staffing levels. Evidence reviewed by the inspector demonstrated that all residents were safely evacuated from the centre in just over 1 minute. During the drill it was noted that staff from other units responded to the alarm and were able to support the evacuation of all residents.

Each resident had a PEEP. These had been developed in partnership with the resident, their representative and staff within the unit and evacuation equipment for each resident, where assessed as required was in place. The PEEPs clearly described the method of evacuation both during the day and night, any behavioural cues that the resident may have, the number of staff required to support evacuation and any support needs both during and after the evacuation that the resident may have. These PEEP's had been reviewed and updated following the recent fire drill within the centre.

A review of the maintenance records for the fire alarm system and fire equipment found that all equipment was regularly serviced and maintained. The emergency lighting system had been recommended for an upgrade by the maintenance company and was due to be upgraded the week of the inspection.

There were effective risk assessments undertaken within the centre which highlighted any individual or organisational risks and the controls and actions to be taken to mitigate these.

The inspector reviewed the storage and stock control of clinical equipment and cleaning materials within the centre. During this review, it was noted that there were substantial medical supplies held within the centre for use in the treatment of residents' health care needs. The inspector found a significant majority of the medical equipment was expired. There was evidence that these expired products were in use in the treatment of residents within the centre. In addition, bottles of therapeutic oxygen stored and in use within the centre had expired. This was in major non-compliance with the regulations. The provider was issued with an immediate action to have the expired products

removed from the centre and to ensure that there were effective stock control measures in place to prevent a re-occurrence. This issue was reviewed by the inspector, prior to the end of the inspection, who found all expired stock had been removed from the centre. In addition the provider was required to provide a written response and action plan which detailed the stock control measures and procedures that would be implemented in the centre to ensure that this issue could not reoccur in the future.

Hazardous cleaning products in the centre had not been stored in locked cupboards, and were found in the kitchen cupboards. These had been removed and stored correctly prior to the end of the inspection.

Judgment:

Non Compliant - Major

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:

There were policies in place for the prevention, detection and response to abuse within the centre. Staff had received training, and were aware of their responsibilities regarding the prevention and reporting of abuse. Behavioural management plans had been developed, where required, were overseen by the multidisciplinary team and agreed by the behaviour support specialist. Restrictive practices were in place in the centre and were reviewed and monitored on a daily basis with the residents.

There were effective systems in place for the prevention, detection and response to abuse within the centre, there were no current on-going safeguarding concerns at the centre at the time of the inspection. Disclosures made were acted upon and responded to sensitively and in line with the provider's policy and procedures.

There was a clear policy on the management of behaviours that challenge. The inspector reviewed behaviour management plans in place in the centre and found that these had been developed with the support of the multidisciplinary team, the residents and their representatives and the behaviour support specialist. These plans were clear and detailed the strategies and interventions that could be used to de-escalate and

reduce the stressors contributing to behaviours that are challenging.

Within the centre a number of residents had been assessed for lap belts on wheel chairs and bedrails. These had been assessed fully by an occupational therapist and were regularly reviewed.

Staff interviewed were aware of the behaviour management plans and any restrictive practices that were in place in the unit. Staff were able to clearly describe how they used the recommended behaviour management techniques, within behaviour management plans, to de-escalate behaviours that challenge.

Judgment:

Compliant

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):

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

Findings:

All notifications for incidents were recorded and maintained within the centre in line with guidance. Notifications had been submitted in a timely manner and any recommended actions identified, as a result of investigations, had been implemented.

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):

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

Findings:

The provider had undertaken a series of actions to improve the areas of non-compliance found at the last inspection and these had resulted in significant improvements in the general welfare and development of residents since the last inspection. Improvements had been made in the centre in relation to access to educational and vocational activities. Residents were able to participate in a variety of activities both within the day service and in local educational services.

Each resident's file reviewed included an assessment of their educational and vocational goals, some residents had plans in place to develop skills in the use of computers and technology, while another resident was undertaking a course at a local education facility. These activities and courses were regularly reviewed and adjusted, based on the evaluations of activity responses and resident feedback. Each resident had a clear and accessible weekly plan which included activities both during the week and at the weekend.

There was evidence that residents were engaged in their weekly activities. Sufficient staffing and transport were provided to ensure that these activities were accessible. While the local day service was adjacent to the designated centre, each resident had plans in place to access wider community based activities, in line with their personal goals and aspirations.

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):

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

Findings:

Significant improvements had been made in the assessment, review and planning for health care needs within the centre. Each resident had a comprehensive health care plan in place, where required, which was regularly reviewed. Access to health care services such as a General Practitioner, dentist and chiropody were clearly documented. Residents' had been referred to specialist services such as a dietician in a timely manner, where required, and recommendations from specialist assessments had been included and addressed within the residents health care plans. How residents made choices about meals had been reviewed since the last inspection. However, improvements were required to how the centre monitored and reviewed the risks associated with the development of pressure areas..

The inspector reviewed a number of health care plans for residents. These were clearly documented and linked to the assessed needs of residents within the centre. There was evidence that these plans were regularly reviewed and updated, by the allocated named nurse for the residents, on a three monthly basis. Health care needs for the residents in the centre varied significantly and care plans were found to be individualised and specific to each resident. Where a resident had a specific need requiring specialist review, these had been completed and recommendations arising from these reviews had been included in care plans. Progress and monitoring of these care plans was recorded regularly and discussed within multidisciplinary reviews.

Some residents were non-ambulatory and required specialist equipment, including pressure relieving equipment, which was in place within the centre. However, the inspector noted that regular assessments of the risks associated with the development of pressure areas, for some residents, had not been completed.

During a previous inspection it was found that residents' choices in relation to meals was limited, due to the provision of meals from a central kitchen. While the centre continued to have meals provided from a central kitchen for the lunch time meals, a pictorial menu had been developed in the centre where residents were able to choose which meal they would like on a daily basis. The inspector spoke to residents and staff about this. Residents told the inspector that if they did not like any of the daily choices then staff at the centre were able to make an alternative, of their choosing, from the food stores available in the centre. All other meals were prepared in the centre. The inspector found a range of ready meals and other fresh and canned or dried foods were available in the fridge, freezer and cupboards in the kitchen. One resident had their own cupboard in the kitchen, where they were able to keep food that they had personally selected for their own consumption.

The centre had a range of foods stored for residents with specific dietary requirements, including thickener and dietary supplements. Residents who required these had been assessed by a speech and language therapist and dietician, and the dietary plans had been subject to regular review.

Residents' weights were regularly reviewed within the centre in keeping with their individual care plans.

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:

The management and control of medications within the centre required improvement. Actions from the previous inspection, relating to the development of centre specific policies and procedures and improved recording of medications on medication cards had not been completed. During this inspection it was found that the arrangements for the control and storage of medications within the centre were inadequate.

The inspector reviewed the medication management arrangements in place within the centre, and found that many medications were being stored outside of a secure medicines cupboard, in communal areas of the centre. The inspector noted that liquid medications which had been opened had not, in all cases, had the date they were opened recorded on the bottles. There was evidence that medications for the topical use were used on multiple residents, and were not prescribed to individual residents on the medication record cards.

A review of the medication cards used to record residents' medications prescribed and administered found that these continued to be difficult to read, as found at the last inspection. In addition, where medications had been crossed out following their withdrawal, the medical practitioner had not signed the medication record. A medication administration audit had recently been completed by the person in charge and actions had been identified to address issues with the recording of medication administration.

The inspector found that there was no cold storage facility within the centre for liquid medications such as antibiotics, which required storage at below room temperature. These medications were found to be stored in the communal fridge with no controlled access.

The centre policy on medication management had not been developed at the time of the inspection, however the inspector was advised that this was currently in development and would be ratified soon after the inspection.

Judgment:

Non Compliant - Major

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:

The centre had recently develop a statement of purpose following the redesign of the Cloonamahon Service. The statement of purpose contained all the elements required in Schedule 1. However improvements were required to the statement of purpose as detailed below.

- The statement of purpose was not dated and did not have the review date for future reviews.
- The measurements of the bedrooms on the statement of purpose were incomplete.

The statement of purpose, clearly described the services and facilities available within the service and was reflective of the care provided to residents.

Judgment:

Substantially 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):

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

Findings:

The leadership and management structure within the centre had changed significantly since the last inspection, changes in the leadership structure in the centre had been received positively by staff, who described this as clearer and more accessible. Some systems and processes had been developed, while others such as the completion of the annual review, were yet to be completed. During the last inspection it was identified that arrangements for supervision within the centre needed to be developed, and during this inspection, it was found that these had not yet been implemented in the centre.

The person in charge of the centre had recently been appointed to the post. The person in charge had begun to develop an understanding of the centre and the residents'

support needs. However, she had been assigned to other projects across a number of centres by the provider which meant she did not have adequate time to be fully briefed and to identify the areas of outstanding non compliance in the centre that she was responsible for. This was raised with the provider, who agreed to review the use of the person in charge on projects within other centres on the campus.

The inspector found that an annual review of the service had not yet been completed by the provider, however this was planned in the near future due to the recent re-configuration of the centre. There had been no recent unannounced visit by the provider.

Supervision arrangements of staff within the centre had not been formalised, however arrangements for the supervision of the person in charge had been developed. The person in charge advised the inspector that following their own supervision they intended to develop a supervision structure, for all staff, within the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Suitable arrangements were in place for the management of the centre during any period of absence.

The person in charge of the centre had not been absent from the centre for a period of more than 28 days. The inspector met with the provider who described the arrangements in place should the person in charge be absent from the centre. The provider was aware of the requirement to notify the authority of absence of the person in charge.

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):

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

Findings:

The centre was staffed, and had the skill mix required, to meet the needs of the residents at the centre. There was an actual and planned rota of staffing in place which was regularly updated. Staff had completed or were planned to complete all required training by 14 December 2016. However, improvements were required to ensure that all required information within schedule 2 was held by the centre.

The inspector reviewed the staffing and skill mix of the centre and noted that this was in line with the statement of purpose, and reflected in the actual and planned rota. Staff reported that there was flexibility within the centre to increase staffing, depending on the needs of the residents, and the planned activities in and outside of the centre. For example, a planned activity at the weekend required additional staff to support residents, this had been agreed and planned on the rota.

The staff training matrix was reviewed for the centre, and it was noted by the inspector, that all staff had completed training in fire safety, safeguarding and communication strategy. 90% of staff had completed training in positive behaviour support which was on-going at the time of the inspection. 80% of staff had completed CPR training. All training was planned to be completed by 14 December 2016. The person in charge had developed a training matrix to monitor full compliance with mandatory training.

A sample of staff files were reviewed and it was found that not all Schedule 2 information was held at the centre, gaps were found in the sample reviewed in relation to:

- Full employment history
- Garda Vetting
- Evidence of qualifications
- Details of the role of the Person in Charge
- Copies of two written references for each employee

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 centre had effective systems in place for the recording of residents' information. Plans and assessments were clearly defined and well documented. Information in the centre was accessible and in easy read versions. The required policies and procedures were available in the centre, however some of these required review. Improvements were required to the information contained within the directory of residents.

The inspector reviewed the schedule 5 policies and procedures held in the centre. While all of these were available, a number of the policies required review or amendment, to meet the requirements of the regulations including:

- The policy on recruitment, selection and Garda vetting detailed the Garda vetting procedures but did not include procedures on the selection and recruitment of staff.
- The risk management and emergency planning policy was due for a review on 1 September 2016 and had not been updated.
- The procedure for the management and escalation of serious incidents was due for review on 1 June 2016 and had not been updated.
- The guidance on the administration on Buccal Midazolam had no implementation date, or date of review, and did not detail where this guidance had been ratified.
- Your Service, Your Say guidance on the management of complaints for staff was not centre specific and had been developed in 2008. This had not been subject to further review or updated since it had been developed.
- The CCTV policy did not have an approval date

During a review of the residents' files the inspector noted that correction fluid had been used on one resident's record for the administration of Buccal Midazolam which is not in line with record keeping guidance.

The inspector reviewed the directory of residents and found that this did not include all the required information as detailed in schedule 3 of the regulations and the guidance available to providers, from HIQA, on the contents of the directory of residents.

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:

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Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003364
Date of Inspection:	06 and 07 December 2016
Date of response:	13 January 2017

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:

There were inadequate safeguards in place in the shared bedroom facilities to preserve residents' dignity.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

Privacy curtains will be provided in the shared bedroom, a curtain rail around each bed. On the basis of a bedroom becoming available, the shared bedroom will be decommissioned and used for one Resident only.

Proposed Timescale: 23/01/2017

Theme: Individualised Supports and Care

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

The provider had not fully investigated one complaint in line with their complaints procedure.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

All complaints will be dealt with within the correct timelines, using "Your Service Your Say". The complaint in question above has been closed, and the complainant is satisfied.

Proposed Timescale: 14/01/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There were no assessments for the use of and access to interactive assistive technology to enhance residents' communication skills or personal enjoyment.

3. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

Referrals to be made to Speech and Language Therapist for assessment. Pic and S/N to commence Hawthorne Assessment which will include aspects of communicating with the use of assistive technology. This process has commenced and is underway.

Proposed Timescale: 10/03/2017 (for competition)

Proposed Timescale: 10/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was insufficient space for staff to have confidential conversations with other staff or residents in the centre.

Staff areas were located within the residents dining area.

There were minor dilapidations within the centre requiring repair.

Cleaning and maintenance routines for specialist equipment were not effective or in place.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

: A private space will be created to facilitate confidential conversations, within each unit of the designated centre. A schedule of maintenance works has been agreed to upgrade all areas identified within the designated centre. Cleaning schedules have been put in place and are being maintained.

Proposed Timescale: 13/03/2017

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:

There were no systems in place for the control and removal of expired medical devices within the centre.

5. 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:

Immediate stock clearance of all out of date medical and surgical supplies carried out on the 6th December 2016.

Introduction of Medication check list in place to ensure adequate stock control measures.

Introduction of Surgical Supplies checklist to ensure appropriate stock control practice. A schedule of unannounced spot checks has been put in place by the PIC. Medication audit due to be undertaken by the PIC by 16th January 2016.

Proposed Timescale: 16/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Risk assessments for the development of pressure areas for residents who were non-ambulatory had not been completed at regular intervals.

6. 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:

A complete review will be undertaken of risk assessments in place for non-ambulatory residents

Proposed Timescale: 16/01/2017

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:

Medicine within the centre was not being stored securely

Stock control measures did not ensure the date medication was opened was recorded on the medicine.

7. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All medication is now stored correctly according to the medication management policy and under the guidance of Sligo University Hospital Pharmacist.

Medication audit will be undertaken in the designated centre.

Proposed Timescale: 13/01/2017

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 was not dated and did not have a review date for future reviews

Not all bedroom measurements were included on the statement of purpose

8. 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:

Glenbow Statement of Purpose reviewed, revised and dated, for review January 2018, or earlier if so required. All bedroom measurements included.

Proposed Timescale: 11/01/2017

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:

Supervision structures within the centre had not been developed.

9. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Supervision session completed by the Person participating in management with the PIC. Supervision schedule to be put in place for 2017 and commenced by the end of January 2017.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

The annual review on the quality and safety of the service had not been completed

10. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Glenbow Annual Review has been undertaken and completed

Proposed Timescale: 06/01/2017

Theme: Leadership, Governance and Management

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

An unannounced visit to the centre had not been completed by the provider.

11. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider has a schedule of un announced visits scheduled for 2017.

Proposed Timescale: 13/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff records reviewed did not contain all the information required in Schedule 2.

12. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

A review of all staff personnel files in designated centre has commenced to ensure compliance with Schedule 2.

Proposed Timescale: 28/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies and procedures held in the centre had been subject to regular and timely review.

13. 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 complete review of Policies and Procedures within the designated centre will be undertaken.

Proposed Timescale: 30/06/2017

Theme: Use of Information

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

The directory of residents did not include all the required information in line with schedule 3.

14. 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 has been amended and updated as per schedule 3.

Proposed Timescale: 31/01/2017