



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

Name of designated centre:	Greenville House
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 and 18 December 2018
Centre ID:	OSV-0002113
Fieldwork ID:	MON-0025582

About the designated centre

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

The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and six cottages and can accommodate 13 residents. The main house can accommodate five residents and the bungalows can accommodate either one or two residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
17 December 2018	10:00hrs to 19:00hrs	Cora McCarthy	Lead
18 January 2019	10:00hrs to 13:00hrs	Cora McCarthy	Lead
17 December 2018	10:00hrs to 19:00hrs	Lucia Power	Support
18 January 2019	10:30hrs to 13:00hrs	Lucia Power	Support

Views of people who use the service

The inspectors met with nine residents during the course of the inspection. The residents were very comfortable in the presence of staff and with the support they were providing. Some residents communicated in a non-verbal manner and therefore could not tell the inspectors their opinions of the service. However, the inspectors observed residents and noted the positive interactions that took place between residents and staff. Other residents communicated very clearly that they were happy residing in the centre and with the care and support received. Residents were seen to be relaxed in the company of staff and there was a warm atmosphere in this home throughout the inspection. Residents were observed at mealtime and there were positive interactions throughout and appropriate support provided to residents who required it. Staff on duty in the centre interacted with residents in a warm and caring manner.

The centre was decorated with the residents' personal items such as photos of family members. The residents individual bungalows and the main house were decorated for Christmas and were very homely.

Capacity and capability

The inspectors found the capacity and capability of the provider supported the delivery of a safe quality service.

The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities. However there was a lack of certainty around the management of the designated centre; the lines of authority and accountability, specific roles, and responsibilities for all areas of service provision.

The registered provider had employed a suitable skill mix of staff and a planned and actual roster was in place. However the staffing numbers required review in line with the statement of purpose. The person in charge had obtained all documents required by schedule 2 of the regulations. A staff training matrix was available for the inspector to view. The inspector identified gaps in staff training in the safeguarding of vulnerable adults and medicines management.

The inspectors reviewed quality assurance measures taken by the provider to audit service provision. While the annual report had been completed the two annual unannounced inspections had not been carried out by the provider and the actions from the annual report had not been followed up.

The admission policy states that each resident should have a contract for the

provision of services in place. The provider did not have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable skill mix of staff and a planned and actual roster was in place. However the staffing numbers required review in line with the statement of purpose. The person in charge had obtained all documents required by schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training, however the inspectors did identify gaps in training in the safeguarding of vulnerable adults and medicines management. The person in charge scheduled training during the course of the inspection and inspectors viewed the proposed training schedule and found it satisfactory.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A Directory of Residents was in place and contained the information required by schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to view. However the practice whereby staff were vetted by a recruitment agency required review, inspectors identified a staff member whose vetting was out of date.

Judgment: Substantially compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, cleaning rosters, staff meetings and management meetings. However two annual unannounced inspections had not been carried out by the provider and the actions from the annual report had not been followed up. There was also a lack of certainty around the management of the designated centre; the lines of authority and accountability, specific roles, and responsibilities for all areas of service provision.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admission policy states that each resident should have a contract for the provision of services in place. The provider did not have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged.

Judgment: Not compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. The contents of this was seen to match practices observed within the centre during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up.

Judgment: Compliant

Quality and safety

Overall, the inspectors observed that the quality and safety of the service received by the resident was good.

The inspectors found that the assessments of the residents' health and social care needs were completed to a good standard, were effective in meeting the needs of the residents and that the health and well being of the residents was promoted in the centre. There was a staff member identified to support each resident and specific goals had been set with all residents.

The residents had communication plans in place and were supported to communicate in accordance with these. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Throughout the inspection process staff were observed to interact positively with residents and to provide person centred support.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. There was an organisational risk register available for the inspector to view which included behaviours that challenge. However inspectors did identify gaps in support for staff around interventions and review and update of

positive behaviours support plans was required.

The provider had implemented a new medicines management practice however the service policy did not reflect this change. There was limited guidance and inadequate training for staff in the implementation of this new practice. The inspectors also identified that there was an increase in medication errors. Inspectors also identified gaps in medicines management training for staff.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of a day service and community facilities. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in the local community. There were supports in place for residents to develop and maintain personal relationships.

The inspectors observed that the centre was maintained to a good standard and was warm and homely.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 11: Visits

The person in charge had ensured that residents were free to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

Overall the provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate arrangements were in place for good fire safety management. This included fire training, as well as suitable checks and fire detection and alarm systems and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP whom they were happy with. The provider had implemented a new medicines management practice however the service policy did not reflect this change. There was limited guidance and inadequate training for staff in the implementation of this new practice. The inspectors also identified that there was an increase in medication errors in the last seven months. Inspectors also identified gaps in medicines management training for staff.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. However one resident required detailed monitoring of food and fluid intake, inspectors received assurances on the day of inspection that this would start immediately. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that where therapeutic interventions were necessary for the management of behaviours that challenge, referrals had been made, however the inspectors did identify gaps in support for staff around interventions and review and update of positive behaviours support plans was required.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. However inspectors did identified gaps in training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the each resident in accordance with their wishes consented to decisions regarding their care and support. All residents had exercised choice and control over their daily life and there was evidence that service user were facilitated to vote if requested.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenville House OSV-0002113

Inspection ID: MON-0025582

Date of inspection: 17 and 18/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Safeguarding and medication management training took place on two occasions in January 2019. Staff identified as requiring training have been refreshed.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The recruitment agency furnished the organisation with up to date garda vetting for the staff member in question on 15th January 2019. It emerged that the staff member's garda vetting had not lapsed. However, it was not held onsite. The person in charge is in discussions with the recruitment agency to allow the organisation to hold garda vetting reports onsite whilst not being in breach of the agency's data protection policy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Reg. 23 unannounced bi-annual audit was carried out on 19/12/2018. Management reporting lines and organisational structure is under review with a date for change implementation of 18/03/2019. This will be reflected in the statement of purpose and forwarded to The Regulator.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and</p>	

<p>contract for the provision of services:</p> <p>A working group has been convened to develop an updated contract for the provision of services. It is expected that a final document will be rolled out to service users by 19/03/2019</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>As at January 22nd, any staff member with responsibility to administer medication has received medication management training. The medication policy has been reviewed and updated to reflect the changes in medication management practice. This has been operational since 3rd February 2019 A standard operating procedure relating to the new practice has been circulated to the staff team and a copy is held on the medication policy. The person in charge met with the pharmacist to outline the requirement for additional safety measures to be applied i.e. double signing, separation of PRN and regular medications in the Patient Identifier Chart, increased frequency of pharmacy auditing.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Detailed monitoring of the service user in question commenced on 19/12/2018 and is ongoing. Further to this, the service user has attended a dietician on 06/02/2019 – awaiting written report.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A campus wide audit of positive behaviour support measures and interventions was carried out by the person in charge and the PBS specialist on 5th January 2019. All identified amendments and updates have been completed. Subsequently, a priority list and action plan has been developed by the PBS specialist in conjunction with the person in charge.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	22/01/2019
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/01/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	18/03/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the	Not Compliant	Orange	01/04/2019

	fees to be charged.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has 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.	Not Compliant	Orange	03/02/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	06/02/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	05/01/2019