



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

Name of designated centre:	The Glens
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	14 & 15 May 2018
Centre ID:	OSV-0004880
Fieldwork ID:	MON-0021922

About the designated centre

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

In this centre the provider aims to provide an individualised service to a maximum of ten residents on a full-time residential basis. The service is delivered in two separate locations; a semi-detached house and an apartment block comprised of three apartments; the location of each facilitates access to all of the amenities available in the large busy town. A team of social care staff provide residents with their required supports; a twenty-four hour staff presence is maintained in each location. Residents present with a diverse range of needs and abilities and the support provided is informed by an individual assessment of need including domains such as healthcare, education and employment and meaningful social and community inclusion.

The following information outlines some additional data on this centre.

Current registration end date:	30/09/2018
Number of residents on the date of inspection:	9

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
14 May 2018	09:15hrs to 18:00hrs	Mary Moore	Lead
15 May 2018	09:15hrs to 14:00hrs	Mary Moore	Lead

Views of people who use the service

There were nine residents living in the centre and over the course of the inspection the inspector met eight of the residents; one resident was on leave at home. This engagement with residents was varied and led by residents; some residents conversed with ease and confidence while others communicated effectively through gesture and facial expression. Nine HIQA (Health Information and Quality Authority) questionnaires were also completed by residents and their representatives. All of the feedback received was positive.

The inspector saw that residents were relaxed and confident in their environment and reported a high level of satisfaction with the supports that they received and with their quality of life. Residents described full and active lives with consistent engagement with peers and the local community. This engagement included social activities, voluntary work, paid employment and further education. There was a constant level of activity as residents came and went to participate in their planned activity.

Residents were informed by staff as to the inspector's presence; residents while anxious to present their home with pride and in a positive light were relaxed and engaged and happily recalled visits from previous inspectors.

Residents said that they loved their home, that there was nothing that concerned them and nothing that they would change.

Capacity and capability

The inspector found that this was a well governed service where the provider itself had consistent, effective systems for monitoring and improving the quality and safety of the service. This resulted in a high level of regulatory compliance and a high level of reported satisfaction from residents and their representatives.

The management structure was clear and there was clarity on roles, responsibilities and reporting relationships; all persons participating in the management of the centre articulated clear accountability for the quality and safety of the service.

The management team consisted of a social care leader in each house, the person in charge, the residential services manager and the regional manager. It was evident from these inspection findings that this management structure worked; the consistency of the findings reflected individual capacity and collective, effective team

work.

The person in charge was employed full-time and was suitably qualified and experienced; the inspector found that the person in charge was consistently engaged in the operational management and administration of the centre. The person in charge had good, quality support from the social care leaders based in each house.

The provider was complying with the requirement of the regulations to conduct an annual review of the quality and safety of the service and to undertake a six monthly unannounced visit to the centre. In addition to these structured reviews the inspector found that both quality and safety were consistently monitored, for example medicines practice was regularly audited as was the management of resident's personal monies. The reports of the structured reviews from December 2017 and April 2018 were reviewed by the inspector who saw that residents and their representatives were invited to contribute and provide feedback; the feedback was positive. The reviews were centre specific in that they focussed on particular challenges within the service, the adequacy of existing arrangements and actions to promote further improvement. The progress on the implementation of action plans was monitored and there was evidence of their implementation, for example revised staffing arrangements.

The inspector found that staffing levels and arrangements were currently adequate to meet the number of and the assessed needs of the residents. The aim was to ensure that residents had independence but were also provided with the staff support that they needed.

As mentioned above, the inspector saw that the provider monitored the adequacy of staffing levels and had increased levels in response to specific resident needs and to enhance the governance of the centre. For example the appointment of an additional social care leader and the presence of two staff up to 22:00hrs. The occupancy of the centre also fluctuated as some residents took regular home leave.

The inspector saw that a team of regular and experienced staff were employed. A sample of staff files was reviewed by the inspector and reflected good recruitment practice with evidence of appropriate knowledge and experience for the role and vetting including references and Garda clearance.

Staff training records were reviewed and all staff had completed mandatory training in safeguarding, fire safety and responding to behaviours that challenged. Additional training supported good practice and included infection prevention and control, medicines management, first-aid and epilepsy awareness.

The statement of purpose, a record the provider is required to produce and that describes the centre, the service provided and the aim of the service was reviewed. The record contained all of the required information and was an accurate reflection of the centre and the service and supports that were actually delivered.

On admission each resident was provided with a contract for the provision of services; contracts were seen to be signed by residents and/or their representatives.

The contracts seen by the inspector clearly described the supports and service to be provided and the fees to be charged; these fees were seen to co-relate with the monies paid.

The provider had accessible procedures for the receipt and management of complaints; there was a low-reported incidence of complaints and this would equate with feedback received from residents and their representatives. Both groups also reported that they would have no hesitation in approaching staff or the management team if they had a concern. The inspector reviewed the one complaint record that was on file and saw that staff supported the resident to progress their complaint; a record was maintained of the actions taken, the outcome and complainant satisfaction. The inspector did however recommend that the provider monitor the review of complaint management to ensure that the person who managed the complaint was not also the person who reviewed the appropriateness of its management.

The provider had effective systems for reporting and reviewing accidents and incidents. The objective was to provide a safe, quality service and keep residents safe; the inspector saw that the review of accidents and incidents informed and improved safety, for example the introduction of medicines compliance aids in response to medicines incidents and the provision of personal alarms in response to falls.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and timely application for the renewal of registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were appropriate to the number and assessed needs of the residents. Residents received continuity of care and supports.

Staff files were well presented and contained all of the required records.

A planned and actual staff rota was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframe; refresher training was scheduled. Staff had also completed training that supported them to safely meet resident's needs.

Judgment: Compliant

Regulation 21: Records

The inspector found that 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 were in place. The required records were retrieved for the inspector with ease; the required information was retrieved from the records with ease; the records were well maintained.

Judgment: Compliant

Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed and resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had systems of review and utilized the findings from these reviews to inform and improve the safety and quality of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident was provided with a contract for the provision of services. The contract detailed the terms and conditions of living in the centre including the applicable charges and services that a resident may wish to avail of but were not included in the basic fee. The charges specified were seen to concur with monies paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained and made available in the centre a current statement of purpose; the record contained all of the required information and was an accurate reflection of the centre.

Judgment: Compliant

Regulation 30: Volunteers

Where supports were provided by persons not directly employed by the provider there were persons responsible for their supervision and procedures to ensure that they were provided with the required training.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the designated centre there were effective arrangements for ensuring that the prescribed notifications were submitted to HIQA.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of its requirement to and had notified HIQA (Health Information and Quality Authority) of absence of the person in charge where that absence was of a continuous period of 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Where absence had been notified the provider had put suitable arrangements in place for the management of the centre and had given notice in writing to HIQA of these arrangements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures on the receipt, recording, investigation, learning from and review of complaints. A complete record of complaints received and their management was maintained; the management of complaints was reviewed. As the complaints officer also participated at times in reviews the inspector advised that this should be monitored and managed to ensure that they did not review the adequacy of their own management of a complaint.

Judgment: Compliant

Quality and safety

Because this centre was well-governed including the effective arrangements that the provider had for monitoring, the inspector found that residents were in receipt of an

individualised, safe, quality service.

The provision of support was based on a current comprehensive assessment of resident ability, needs and requirements; a plan of support was devised based on the findings of the assessment. The sample of support plans reviewed by the inspector was presented so as to provide a clear integrated picture of each resident, the areas where support was required and what that support was. The plan included resident's personal goals and objectives, the actions required to progress these and the staff responsible. Residents and as appropriate their representative were consulted with and participated in the development and review of the plan.

The inspector found that resident's personal objectives were delivered. On an individualised basis residents had access to a broad range of meaningful activities and community engagement; this was evident from records seen and from speaking with residents. Some of this engagement was therapeutic in nature, for example swimming and music therapy but all engagement was focussed on meeting and promoting resident general welfare and development and included access to voluntary roles and paid employment. The list of opportunities that residents enjoyed was extensive and was predominantly delivered in the local community. It was evident to the inspector that residents were enabled to lead their lives in as fulfilling a way as possible.

The inspector found that a good balance was achieved between promoting resident independence and providing them with the support that they required. Different levels of support were provided but only in accordance with the assessed needs of each resident. Residents reported having good control over their environment and routines; residents were asked if they wished to meet with the inspector and if they would like to share their home with the inspector. Residents confirmed that if religious observance was important to them that this was supported; during the inspection staff were seen to source accessible information for residents on an upcoming voting opportunity. Residents had access to advocacy and one resident discussed his participation in regional and national advocacy meetings including meetings held with bodies including HIQA.

Residents were supported to maintain and develop personal relationships with peers, family and the wider community. Residents spoke of the relationships they enjoyed with each other and the understanding they had of differing needs and abilities. Families confirmed that they were consulted with and welcome to visit the centre.

Residents were supported to have access and control over their personal finances. Where support from staff was required and provided there were procedures to ensure that such support was provided in a clear, transparent and accountable manner. The inspector saw electronic financial records, supporting receipts, balance reconciliations and management oversight.

The inspector found that the provider had measures to protect residents from harm and abuse and did take appropriate action in response to any concerns raised. The protective measures included policies and procedures, a designated person, training

for staff and education for residents so as to raise their awareness and their skills for self-protection. Records seen indicated that both staff and residents also completed relationships and sexuality training.

Residents were supported to enjoy good health. Staff facilitated residents to access their choice of General Practitioner (GP) and pharmacist. Access was also facilitated to other healthcare services including optical, dental, chiropody, psychiatry and occupational therapy. There was evidence of a health promoting ethos to care such as access to screening programmes, regular blood-profiling and seasonal influenza vaccination. Staff monitored resident body weight as in indicator of health and encouraged residents to make healthy lifestyle choices.

The provider had measures that ensured that residents were protected by safe medicines management. Staff had attended training; prescriptions were current and legible; staff maintained a record of each medicine administered and completed weekly stock balances. Medicines management was the subject of regular audit as was the administration of any PRN (as required) medicines. There were systems for responding to any medicines related incidents and there was a low reported and recorded incidence of these. Staff reported that they were in the process of completing risk assessments and assessment's of capacity to inform resident self-administration of medicines.

Residents' requirements included support in the management of behaviours that challenged; at the time of the last inspection residents' needs were found to be not compatible in this regard. The inspector found that the provider had approached this issue comprehensively and in a multi-disciplinary (MDT) manner. While measures put in place had not fully resolved the matter it was significantly improved. The measures implemented were evidence based and informed by the functional analysis of behaviours and incidents and MDT recommendations; measures were designed to meet individual needs and prevent the occurrence and/or escalation of behaviours. Guidelines on appropriate staff responses were clearly set out in a practical plan. The plan and its effectiveness were seen to be regularly reviewed by the staff team. However, given the previous identified failing, the impact of behaviours on peers and the input from various members of the MDT, delegated responsibility for oversight of the plan, its review and update (for example a recent review had made further suggestions based on what was working and not working) was required to ensure coordination, as was oversight of practice to ensure the consistency of staff responses.

There was evidence of good communication practice that continued to evolve and a good understanding of the role of behaviours in communication. For those residents that did require assistance the inspector saw that staff utilised tools including visual cues, visual routines and manual signing both in the centre and in the community, for example during grocery shopping.

Resident safety was further promoted through hazard identification, risk assessment and fire safety measures. The inspector saw certificates attesting to the inspection and testing of fire fighting equipment, emergency lighting and the fire detection systems at the required intervals and most recently in May 2018. Staff completed in-

house checks and undertook regular simulated evacuation drills with residents; records of these drills indicated that the provider did have adequate arrangements for evacuating residents; these arrangements were set out in individual personal emergency evacuation plans (PEEPS). The inspector did however recommend consideration of one quick reference evacuation plan that synopsised the PEEP's.

The person in charge maintained and kept under review a comprehensive register of centre specific, work-related and resident specific hazards, their assessment and control so as to reduce and manage the risk. Some risks that had higher residual risk ratings had associated protocols for staff to adhere to and that were included in the residents personal plan.

Regulation 10: Communication

There was evidence of a broad understanding of how residents communicated and respect for comprehension where expressive ability was limited. Staff used assistive tools to support effective communication and continued to develop these supported by input and recommendations from the MDT. Residents were seen to have good access to a range of media including personal computers.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to develop and maintain personal relationships in accordance with their wishes. The provider was proactive in identifying and facilitating for residents initiatives for participation in the wider community. Residents received visitors in line with their choices and preferences.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have access and control over their personal space, personal possessions and finances. There was policy and procedure to ensure accountable and transparent practice where staff support was provided.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident had opportunity for new experiences, social participation, recreation, education, training and employment. Access was determined by individual needs, abilities, interests and choices and therefore supported success rather than failure. It was evident to the inspector that residents were enabled to lead their lives in as fulfilling a way as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was individualised and supported responsible risk taking as a means of enhancing quality of life while keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had medication management policies and procedures in place that complied with legislative and regulatory requirements. Staff adhered to the procedures for the safe administration of medication; medication was administered as prescribed. Records were kept to account for the management of medicines including their administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and their representative as appropriate and in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Each resident has access to the range of healthcare services that they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of a positive evidence based approach to the management of behaviour and plans that detailed how therapeutic interventions were implemented. The plan was tailored to individual needs. The plan was seen to be regularly reviewed. However, delegated responsibility for oversight of the plan, its review and update was required to ensure coordination, as was oversight of practice to ensure the consistency of staff responses.

There was policy and procedure on the use of restrictive practices. Residents however enjoyed routines and an environment free of unnecessary restrictions.

Judgment: Substantially compliant

Regulation 8: Protection

There are policies and supporting procedures for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The provider was aware of and respected resident capacity to make decisions. The privacy, dignity, rights and diversity of residents were seen to be respected and promoted. Different levels of support were provided in accordance with individual needs and choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	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 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Glens OSV-0004880

Inspection ID: MON-0021922

Date of inspection: 14 & 15 /05/2018

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The person in charge will ensure that all staff has up to date knowledge and skills, to respond to behaviour that is challenging and to support residents to manage their behaviour. This will be achieved through ongoing training and an up to date comprehensive behaviour support plan.</p> <p>The person in charge will ensure that staff receive training in the management of behaviour that challenge, including de-escalation and interventions techniques. The P.I.C shall ensure that all staff are up to date for training in the management of behaviour that challenge and all have a consistent approach in de-escalating and implementing interventions techniques</p> <p>The registered provider in conjunction with the P.I.C and P.P.I.M 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.</p> <p>The P.I.C and the P.P.I.M. shall ensure that there is over sight of the Behaviour Support Plan to include input from all Allied Health professionals.</p> <p>The P.I.C and the P.P.I.M. shall ensure this plan is reviewed and updated on a quarterly basis or more frequently if required or identified through monthly team meetings.</p> <p>31/07/2018 </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 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	31/07/2018