



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

Name of designated centre:	Glen 1
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	07 June 2018
Centre ID:	OSV-0004907
Fieldwork ID:	MON-0021930

## About the designated centre

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

The aim of Glen 1 is to provide 24 hour residential care to 18 adults who are supported and cared for in a person centered approach in all aspects of daily living, this is carried out in accordance with The Daughters of Charity ethos and core values, underpinned by quality, evidence based practice. The designated centre consists of three bungalows which are purpose built. There is a main living room to share with other residents and a smaller sitting room where residents can meet family and friends or have some personal space. There is a shared dining space and kitchen where residents can prepare or choose snacks or meals. There are two bathrooms and one toilet. Each bungalow has a shared garden area which leads into the main centre grounds. Each bungalow has six bedrooms each with their own sink. There is a Orchard restaurant within the inner garden of the main centre which is accessible to all residents, staff, families, friends and volunteers and offers a wide variety of food to suit all dietary requirements. The restaurant kitchen provides the main meals for the bungalows; however residents are supported by staff to cook meals in their own homes and to attend the restaurant. The Sacred Space is located within the inner garden of the main centre which is accessible to all residents and staff. This is a quiet reflection room were residents can express their spiritual needs.

**The following information outlines some additional data on this centre.**

Current registration end date:	25/11/2018
Number of residents on the date of inspection:	18

## 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
07 June 2018	08:30hrs to 17:00hrs	Marie Byrne	Lead
07 June 2018	08:30hrs to 17:00hrs	Michelle McDonnell	Support

## **Views of people who use the service**

The inspectors met and spoke with all the residents of the centre, one family member and a visitor. A number of residents communicated with inspectors independently, whilst others were supported by staff to interact with inspectors. Residents spoken with described activities they had enjoyed doing, what they liked to do in the home and special events they had attended. All residents appeared happy and at ease in the centre and the family member and visitor were very complementary about the service provided.

During the inspection some of the residents showed inspectors their rooms and showed them photo books of activities they had taken part in. On the day of inspection residents were observed to be participating in activities of their choice and showed that they were enjoying these activities. The residents had lived with each other for a number of years and some residents were observed to be enjoying the company of each other during various activities.

The inspectors received six satisfaction questionnaires which had been completed prior to the inspection by residents and their representatives. Overall, these questionnaires were complementary towards the care and support in the centre. They were particularly complimentary towards the staff team, the gardens in the centre, how residents' choices are facilitated in the centre and how welcome visitors were made. Areas for further development were identified as; more meal options, the addition of a pedestrian crossing to the local park, more availability of regular staff, more support to engage in activities in the local community including more drivers to facilitate these activities.

## **Capacity and capability**

Overall, the inspectors found that the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. Through their own audits the centre had identified areas for improvement in the centre such as, filling staff vacancies, staff training and development, update of policies and procedures, further development of social goals for residents and the review of residents' assessment of need in line with their changing needs. The provider had put measures in place to complete most of the actions required following the last inspection.

The provider had submitted documentation in relation to the new person in charge in the centre. The inspectors found that the person in charge was knowledgeable in relation to the residents' care and support needs and their responsibilities in relation to the regulations. They were completing audits in the centre and tracking the

progress of actions developed from these audit. They were also completing informal supervision with some staff in the centre in the absence of formalised supervision in the organisation.

Overall, the inspectors found that the centre was well managed and that this was bringing about positive outcomes for residents. There were clearly defined management structures in place which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge who in turn reported to the service manager. During the inspection, the inspectors got the opportunity to meet and have conversations with the person in charge, members of the staff team and the service manager. The person in charge and service manager were meeting regularly to discuss residents' needs, personal plans, audits, budgets, health and safety, safeguarding, complaints and compliments, and other issues as they arise. Staff informed the inspectors that they were well supported by both the person in charge and service manager in the centre.

The inspectors found that residents in the centre were supported by a skilled and competent workforce. Staff who spoke with the inspectors were found to be knowledgeable in relation to residents' specific care and support needs. They had completed a number of training courses and refreshers. However, a number of staff required positive behaviour support training in line with residents' needs. Residents appeared happy, relaxed, and comfortable with the care and support they were offered by staff in the centre. Throughout the day inspectors observed residents led their own day whether that be, having breakfast in bed, going back to bed for a rest, spending time in their favourite spaces, or choosing to engage in meaningful activities in their local community.

There was a vacancy in the centre for a clinical nurse manager. The provider had recently interviewed for this position and a successful candidate had been identified. While they were in the process of recruiting to fill this position, they were attempting to minimise the impact of the vacancy on residents in the centre by re-deploying staff from other centres run by the provider, using regular relief staff and through minimal use of agency staff. The provider had recognised that in line with a number of residents' changing needs they needed to review their assessments of need with the view to reviewing staffing numbers and skill mix to better meet these residents' needs.

There was an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative. The inspectors found that learning and improvements were brought about as a result of the findings of these reviews. There were also quality assurance systems in place in the centre such as regular audits and tracking of the actions developed from these audits. The inspectors found that these actions were bringing about positive changes for residents in relation to the quality and safety of care in the centre. Staff meetings were held regularly in the centre and the agenda was found to be residents focused.

There was an effective system in place to record, investigate and inform the complainant in relation to complaints. There were posters prominently display and accessible policies and procedures available for residents and relatives. These

included a picture of the service manager and the appeals process. Recent complaints had been managed in line with policies and actions required were communicated to all relevant people. Some residents were involved in the local advocacy group, and in documentation reviewed and on speaking to staff and relatives, advocacy was continuously being implemented in order to support choices and safety for each resident.

#### Regulation 14: Persons in charge

The provider had submitted documentation in relation to a new person in charge in the centre. The inspectors found that the person in charge was involved in the day-to-day management and oversight in the centre. They were knowledgeable in relation to residents' care and support needs and their regulatory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

The inspectors found that staff in the centre were suitably qualified and had the right skills to support residents with their care and support needs. There were planned and actual rosters in place. There was a vacancy in the centre which was in the process of being filled. The provider was attempting to minimise the impact of this for residents by using regular relief and agency staff. Residents were observed to receive assistance in a caring, respectful and safe manner throughout the inspection.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff in the centre had access to some training and refreshers. However, a number of staff required positive behaviour support training in line with residents' assessed needs. The person in charge was in receipt of supervision from the service manager and they were informally supervising some staff in the centre. However, none of the staff team were in receipt of formal supervision in the centre.

Judgment: Substantially compliant

#### Regulation 21: Records

A sample of staff records were reviewed in relation to this regulation and were found to contain the requirements of Schedule 2.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that the centre was well managed and bringing about positive outcomes for residents. The centre had effective leadership, governance and management arrangements in place. There were clear lines of authority and accountability and staff had specific roles and responsibilities. There was an annual review of care and support in the centre and six monthly visits by the provider. There was an audit schedule in place and evidence of follow up on actions from these reviews.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was found to be reflective of the service provided to residents on the day of inspection and to contain all the requirements of schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy and procedures which were in place were effective, accessible and allowed for an appeals process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

There were a number of schedule 5 policies and procedures which were not available in the centre on the day of inspection. These were discussed with the person in charge. Also, there were a number of schedule 5 policies which had not

been reviewed in line with the timeframe identified in the regulations.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found that residents lived in well designed, clean and comfortable homes in the centre. Privacy, dignity and well-being were prioritised for each resident in the centre. Areas for improvement were identified in relation to personal possessions and storage of large items in the centre. The provider had put measures in place to complete all the actions required following the last inspection.

The premises were purpose built and the design and layout were meeting residents' specific care and support needs. Each resident had their own bedroom which was decorated in line with their wishes and preferences and there was plenty of storage for their personal items. The centre was found to be clean throughout and well maintained. Improvement was found to be required in relation to storage of large items in the centre.

Residents' healthcare needs were appropriately assessed and care plans were in place in line with these assessed needs. Each resident had access to appropriate allied health professionals in line with their assessed needs. Meal times were observed to be a positive and social event and residents were observed to receive assistance with their meals in a sensitive manner in line with the recommendations in their personal plans.

Residents in the centre were protected by policies, procedures and practices in place relating to health and safety and risk management. There was a system in place for keeping residents safe while responding to emergencies. There were also systems in place to identify, record, investigate and learn from adverse events incidents in the centre.

There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was evidence that equipment was maintained and regularly serviced. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were updated in line with learning from fire drills.

Residents had care plans in place and there was an update on personal planning being implemented in the centre. These showed appropriate reviews and personal plans had annual multidisciplinary involvement. Assessed needs and goals from these were observed to be in practice in the centre during the inspection. For example, some residents had photo books which showed activities that they had taken part in. There were also upcoming plans for a birthday with the resident being supported to celebrate both through the centre and through an event planned by family.

The personal plans reviewed showed what supports were in place with behaviours that may challenge. The system in use was clear in guiding staff in how to support each resident. During the inspection, inspectors observed these guidelines in place, for example staff responding to non verbal prompts from a resident in relation to putting on specific music; activities required to lessen incidents were shown on activity logs and residents were observed using the quiet rooms independently. Where there had been an incident it was seen to have been documented and reviewed and information had been shared with the appropriate staff. There were a small number of restrictive practices that had been reviewed and then removed as alternatives had been sourced. Where there were still restrictions these had been reviewed and residents were being supported to lessen the restriction if it did not apply to them, for example support in using the magnet to exit at doors.

Throughout the inspection there was evidence that the rights of the residents were promoted and protected. Residents were observed making choices about how they spent their day, where they chose to be in the centre and what activities they took part in. The provider was aware and had systems in place to address the issue that residents consent or named bank account was not in place for all residents.

There were effective measures in place to safeguard residents. Staff spoken with were able to describe the process of responding to an allegation of abuse. A previous safeguarding issue had been appropriately investigated and resolved.

#### Regulation 12: Personal possessions

The provider was aiming to ensure all residents had access to a bank account in their name.

Judgment: Compliant

#### Regulation 13: General welfare and development

The provider had ensured that residents were able to participate and had access to a range of facilities and activities in line with their assessed needs, interests and capabilities.

Judgment: Compliant

#### Regulation 17: Premises

The premises were clean, well maintained, fit for purpose and meeting residents' assessed needs. However, there was no appropriate storage in place for large items

in the centre.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had in place a residents guide containing all the information required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices in the centre. There was appropriate hazard identification and assessment of risks throughout the centre. There were also measures and actions in place to control risks. The centre had emergency plans in place and there was evidence of learning following incidents in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were appropriate fire management systems in the centre. Equipment was maintained in line with the requirements of the regulations. Fire procedures were on display in the centre and there was evidence of regular fire drills in the centre. Staff had received fire safety training and there was evidence that residents' personal evacuation plans were updated following learning from fire drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents in the centre had a personal plan in place and there was evidence of continual monitoring and annual reviews of these plans.

Judgment: Compliant

#### Regulation 6: Health care

Residents in the centre were supported to enjoy best possible health. They had relevant assessments and care plans in place and access to relevant members of the multidisciplinary team in line with their assessed needs.

Judgment: Compliant

#### Regulation 7: Positive behavioural support

Positive behaviour support was in place in the centre and staff were able to support residents with the plans that were in place.

Judgment: Compliant

#### Regulation 8: Protection

Residents were protected in the centre from abuse and any allegations of abuse were investigated and suitably resolved.

Judgment: Compliant

#### Regulation 9: Residents' rights

Residents were supported to make choices about their daily lives and advocacy was frequently used to support residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glen 1 OSV-0004907

Inspection ID: MON-0021930

Date of inspection: 07/06/2018

## 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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• Interviews for CNM1 position took place on Tuesday 05<sup>th</sup> of June 2018 and the successful candidate has now commenced in the role of CNM1 since 24<sup>th</sup> June 2018.</li><li>• A business case has been submitted on 03-07-2018 to replace the staff nurse post which has become vacant due to the filling of the CNM1 post</li></ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• Staff identified within the Designated center will be prioritized and scheduled to attend the Managing Challenging Behavior(MCB) training</li><li>• The PIC will introduce the Supervision template in operation within the Centre and this will be introduced to the staff working within the Designated Centre</li></ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  All policies and procedures under schedule 5 of the regulations will be reviewed and updated by their authors by the 30/11/18.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- A full review will take place of storage within the Designated Center by the PIC and Service Manager.
- Storage underneath the stairs will be allocated as additional space to store items and mop buckets will be moved to accommodate this within the bungalow
- Wider discussions to take place with Director of logistics and Maintenance Manager with regard to purchasing additional storage for outside of the bungalow for larger items |

## **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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	24 <sup>th</sup> June 2018 Completed
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	December 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are	Substantially Compliant	Yellow	November 2018

	appropriately supervised.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	December 2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/11/18.
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/18.