



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

## Issued by the Chief Inspector

Name of designated centre:	Sliabh Glas
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	16 July 2020
Centre ID:	OSV-0002518
Fieldwork ID:	MON-0029749

## About the designated centre

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

Sliabh Glas promotes each individuals' right to privacy, dignity, respect and choice. We endeavour to enable each individual to reach their full potential as members of the community whilst recognising and valuing the achievements of all and to develop, promote and maintain appropriate relationships with the family  
Residents are supported by a staff team of registered nurses, health care assistants and a personal assistant.

Sliabh Glas House & Flat is dormer style bungalow with separate annex, providing a residential service with 24-hour support to for six adults with an intellectual disability. Within the main house. Each resident has their own bedroom, residents share communal areas which include the kitchen, utility room and living room. Residents also have access to two bathrooms; one with a bath and one with a walk-in shower. The separate annex flat provides accommodation for one resident, and has an open plan kitchen living area as well as two bedrooms and shared bathroom.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 16 July 2020	09:05hrs to 14:10hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

Due to the impact of Covid-19, the inspection of Sliabh Glas was only conducted in the main part of the centre and did not include a visit to the two bedroom flat adjacent to the main building. Furthermore, due to current public health advice on visitors to residential settings, personal protective equipment such as face masks was worn by the inspector during the course of the inspection.

During the inspection, the inspector met four residents currently living in the main building of the centre. Throughout the inspection, residents were observed to be happy and relaxed as well as comfortable with all supports provided by staff on duty. Residents also told the inspector that they were happy living at the centre and got on well with all of the staff.

Residents also told the inspector about what they enjoyed doing at the centre and how COVID-19 related restrictions had effected their day-to-day lives. Residents were very much aware of COVID-19 and spoke about how they kept themselves safe when engaging in activities in the community following the easing of restrictions. Residents also spoke about what they did during the 'lock down' and spoke about watching football matches on the television, painting the centre's garden shed and growing vegetables. Residents said that they missed not going to their day services , the local public house and visiting family, but understood why this had not occurred during the 'lock down' restrictions.

## Capacity and capability

Governance and management systems in place at Sliabh Glas ensured that care and support provided to residents was to a good standard and ensured that their assessed needs were met at all times. Residents were supported to achieve their personal goals although these had been subject to changes due to the effects of COVID-19 public health restrictions. However, following the easing of public health restrictions, residents were beginning to access their local community more and engaging in activities which reflected their likes and interests.

The centre's governance arrangements were robust in nature with a clearly defined management structure. The centre's person in charge was suitably qualified and experienced as described in the regulations and was both knowledgeable about residents' assessed needs and the day-to-day management of the centre. In addition, the person in charge was also responsible for another designated centre in the local area, but had implemented a range of management systems to ensure that Sliabh Glas met residents' needs, operated in line with the provider entity's policies and procedures and met the requirements of the regulations. These

management systems included a range of scheduled audits throughout the year which looked into the effectiveness of care and support provided at the centre. Audits were undertaken by the person in charge as well as a delegated staff nurse and examined practices such as fire safety, infection control, residents' personal plans and safeguarding arrangements at the centre. The outcomes of completed audits were analysed by the person in charge with clear, time bound action plans being developed to address any areas where improvement was required. The inspector further found that where action plans were in place, actions had been completed in a timely manner or if delayed a clear rationale was recorded such as 'the impact of COVID-19 restrictions'.

In addition to local management audits, the person in charge completed both an annual review into the care and support provided as required under the regulations and the provider's own 'Quality Improvement Plan' (QIP) for the centre, both of which examined all aspects of the centre's practices and further highlighted areas for improvement. The annual review clearly showed where actions had been addressed with many being completed ahead of the agreed time frames. The provider's own QIP was updated regularly and submitted to senior management for review and discussion on progress to date in the achievement of actions identified.

The registered provider ensured further oversight through the undertaking of six monthly unannounced visits to the centre which as with the annual review and QIP looked at all aspects of the centre and their effectiveness in meeting residents' assessed needs.

The person in charge ensured that residents' needs were met by an appropriate number of suitably skilled staff, which comprised of both nursing and health care assistants. Staffing arrangements were also subject to review and responsive to changing resident need or highlighted risks. For example, due to an identified safeguarding risk, night-time staffing at the centre had changed in January 2020 from a sleep over to a waking night staffing arrangement. Furthermore, due to the closure of day services in response to COVID-19 restrictions, residents' assessed needs were also supported by a number of additional staff who had been redeployed to the centre temporarily.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the registered provider's training department. Training records and discussions with staff showed that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management for both nursing and non-nursing staff, positive behaviour management and fire safety. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care. Further evidence of the provider's commitment to ensuring that staff practices were up-to-date was evidenced through staff participation in online training and PowerPoint presentations associated with the management of an outbreak of COVID-19, with all staff completing training in areas such as the use of personal protective equipment (PPE), signs and symptoms of COVID-19, and hand hygiene

techniques.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Risks identified at the centre were captured within the risk register and risk management interventions implemented which clearly showed both existing and additional measures to mitigate the risk and safeguard residents and staff. Staff were knowledgeable about risk interventions at the centre, and management plans were subject to regular review, to ensure their effectiveness and suitability. In response to the management of an outbreak of COVID-19, the person in charge had ensured that a risk assessment was completed on the care and support provided at the centre as well as the management of other associated risks such as the supply of PPE or staff shortages. The person in charge had also completed a COVID-19 contingency plan for the centre which was subject to regular review to ensure it reflected current public health guidance. The COVID-19 contingency plan clearly reflected how the centre and registered provider would respond to all aspects of an outbreak of COVID-19 if it occurred at the centre.

The provider also had a robust system in place for the recording and review of accidents, incidents and 'near misses' at the centre. Records included measures implemented in response to the event, including where additional supports had been introduced such as waking night staffing to reduce the possibility of the described events re-occurring. In addition, the person in charge completed both a monthly audit and quarterly analysis of all recorded events which was used to identify any trends or areas for further improvement, which was also submitted to senior management for review. In addition, where events required notification to the Chief Inspector under the regulations, the person in charge had ensured this was completed within the set regulatory time frames.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in accordance with the regulations. In addition to Sliabh Glas, the person in charge was also responsible for another designated centre in the local area. To facilitate this additional responsibility, appropriate management systems and resources were in place to ensure that she could undertake her roles and responsibilities, and enabled her to be present at the centre throughout the week to oversee its day-to-day management and ensure compliance with the regulations and policies of the registered provider.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met in a timely manner and they were supported to participate in activities of their choice and achieve personal goals. Where residents' needs had changed or risks had been identified, staffing arrangements had been reviewed and changed to ensure they were responsive in nature. In addition, following the last inspection of the centre, the inspector reviewed a sample of staff files maintained at the centre and found that all documents required under Schedule 2 of the regulations were present including copies of staff garda vetting disclosures.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to regular training, which ensured they were suitable skilled to support residents' assessed needs and their practices reflected current developments in health and social care. In addition, training arrangements had been put in place to ensure that staff were kept up-to-date on public health guidance and infection control practices relating to the management of an outbreak of COVID-19 at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

Clear governance and management arrangements were in place at the centre which ensured that practices were effective in meeting residents' assessed needs. Where areas for improvement were identified as a result of completed management audits, clear action plans were developed which were subject to regular review to ensure the required action was achieved.

Judgment: Compliant

### Regulation 34: Complaints procedure

Arrangements for the management of complaints received at the centre were comprehensive in nature. Information was available on how a complaint could be made as well as information on how to access advocacy services if required. Where complaints had been received, these were investigated in a timely manner and subsequent outcomes recorded, including the complainant's satisfaction with



the outcome.

Judgment: Compliant

## Quality and safety

Due to impact of COVID-19 restrictions, the inspection did not include a visit to the separate two bedroom flat in the grounds of Sliabh Glas and was conducted solely in the main premises of the centre. However, from discussions with staff and documents reviewed from across the centre, the inspector found that residents received a good standard of care and support which was in accordance with their assessed needs, preferences and interests. Care and support arrangements in place at Sliabh Glas ensured that residents were kept safe from harm and were supported to achieve their personal goals, engage in community activities and maintain relationships with families and friends although the manner and method by which this had been undertaken had been subject to change in light of the impact of public health guidance and associated restrictions.

Prior to the implementation of COVID-19 restrictions, residents were supported to participate in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. Residents attended day services in their local area, which from conversations they enjoyed, but were aware of the reason why they had to close due to COVID-19. Residents also showed the inspector a newsletter which one of the day services had developed which shared photographs of activities residents were doing during the 'lock down' as well as recipes, a resident from Sliabh Glas was featured in the newsletter which they were very proud of.

Residents spoke to the inspector about activities they had done during the 'lock down' which included indoor activities such as playing board games, watching television and listening to music, as well as gardening projects, with some residents being involved in painting the centre's garden shed and growing vegetables. Residents also spoke about how they were looking forward to visiting their local public house for a drink, but understood this may be delayed due to public health restrictions, however they said that following the easing of restrictions they had been able to start going on local walks, visit the nearby town and shops and go on bus trips around the surrounding area.

Each resident had an up-to-date and comprehensive personal plans which guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care was provided. From discussions with staff, the inspector found that staff were knowledgeable on residents' needs and where specific support interventions were required they were informed of the rationale leading to its implementation such as safeguarding risks.

Residents were also informed of how their assessed needs would be supported by staff through access to an easy-to-read version of their personal plan which included information such as their 'circles of support' , likes and dislikes, communication needs and daily activity plan. Personal plans also included the annual goals residents were working towards. Personal goals reviewed by the inspector reflected residents' likes and interests and documentation included the stages to be achieved along with clear time frames and staff responsible for supporting the resident to achieve their goal. Goal progress was regularly updated and where obstacles had been encountered such as the impact of COVID-19 restrictions this was recorded.

Prior to the implementation of COVID-19 restrictions in March 2020, residents' personal plans had also been subject to an annual review to ensure their effectiveness in meeting residents' needs. Minutes from annual review meetings sampled showed that they were attended by residents as well as their families along with centre staff and associated multi-disciplinary professional. Records further showed that all aspects of the personal plan were reviewed at the meeting and subsequent recommendations were integrated into updated personal plans.

Where residents had assessed needs which related to behaviours that challenge, a comprehensive behaviour support plans had been developed or approved by a qualified behavioural specialist, which were subject to regular review and clearly guided staff on both proactive and reactive strategies to be used to in support of residents' needs. Staff spoken to during the inspection were knowledgeable about residents' behaviour support plans and staff training records showed that following the last inspection all staff engaged at the centre had completed positive behaviour management training in accordance with the provider's policy.

Clear and robust arrangements were in place to safeguard residents from harm. Where a safeguarding risk had been identified , the inspector found that clear and detailed safeguarding plans were in place which included additional measures to mitigate the risk to those effected. Safeguarding plans were subject to regular review to ensure their effectiveness by multi-disciplinary professionals and updated to reflect any recommendations made. Furthermore, staff spoken to during the inspection were fully aware of the identified safeguarding risk and the associate actions to ensure residents were kept safe from harm. In addition, all staff had completed up-to-date 'safeguarding vulnerable adults' training ensuring their knowledge reflected current best practices in health and social care.

Infection control measures were robust in nature at the centre, and had been further enhanced in light of public health guidance on the management of an outbreak of COVID-19. The inspector observed staff wearing face masks, gloves and aprons when providing personal care to residents and being unable to maintain two metre social distancing. In addition, personal protective equipment (PPE) was readily available along with alcohol hand sanitizer at the centre, and the person in charge had a clear pathway for the obtaining of additional PPE supplies when required. Arrangements were also in place to take staff and visitors' temperatures on arrival at the centre and as referenced earlier in this report the person in charge had developed a centre specific COVID-19 contingency plan for the centre. Residents had also been supported through one-to-one and group discussions with

staff to be aware of COVID-19 and the need for the hand hygiene and cough etiquette to be observed at all times. From discussions, with residents they were very aware of actions to take to protect themselves from the risk of COVID-19 and described precautions they had experienced when in the community.

Residents also spoke about how they had maintained contact with their families during the 'lock down', and residents told the inspector that they had regular contact through the telephone and as the restrictions had eased families had visited in line with social distancing and the use of PPE. The person in charge also spoke with the inspector about plans to increase access at the internet at the centre, so that residents could further develop their use of video messaging applications to keep in touch with their family and friends.

### Regulation 13: General welfare and development

Prior to the implementation of COVID-19 restrictions, residents were supported to access their local community and be involved in a range of activities which reflected their assessed needs, interests and personal goals. During the 'lock down', activities had been centred on the home-based activities which although limited continued to reflect residents' likes. However, following the easing of restrictions since June 2020 residents had begun to access their local community and visited local shops and had taken bus trips to surrounding areas.

Judgment: Compliant

### Regulation 17: Premises

Improvement had been made to the state of the building following the last inspection in September 2017, with the replacement of the radiator and handrail in the downstairs' bathroom. The centre was in a good state of repair and well maintained. Also prior to the 'lock down', redecoration works had commenced throughout the building, however they had, had to be postponed due to the public health restrictions. However, plans were in place for these to re-start and be finished in the coming months.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented. Review

arrangements ensured that all implemented risk management interventions were regularly monitored to ensure they were effective in keeping residents safe from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was kept at a good level of cleanliness, with clear infection control protocols in place. Furthermore, infection control arrangements had been subject to regular review and change to ensure they were in line with current public health guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Effective fire safety equipment and arrangements were in place at the centre, with regular fire drills being carried out both in the main house and adjacent flat under all circumstances such as minimal staffing levels.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. Residents were supported to actively participate in the development of their personal plans through attendance at annual personal plan reviews, where the effectiveness of all aspects of the plan was assessed. In addition, residents were made aware of how their needs would be met by staff through the availability of easy-to-read versions of their personal plans.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of healthcare professionals in line with their assessed needs. Due to the impact of COVID-19, arrangements were in place to

support residents' health needs either through telephone assessments and consultations being conducted in line with social distancing guidance.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider had ensured that clear guidance on supports to be offered was in place for staff. Furthermore, following the last inspection, the registered provider had ensured that all staff had received up-to-date positive behaviour training in line with the provider's policy.

Judgment: Compliant

### Regulation 8: Protection

Clear and robust safeguarding arrangements were in place at the centre. Where safeguarding concerns had occurred, appropriate and responsive measures had been put in place to mitigate their impact. In addition, staff knowledge reflected safeguarding plans in place and all staff had received up-to-date safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

Prior to COVID-19, monthly resident meetings ensured that residents were supported to be involved in day-to-day decision making at the centre as well as being informed of changes which impacted on their lives. In light of the impact of COVID-19, meetings were now being conducted either in small groups or on a one-to-one basis with residents.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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