Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Glen Ri Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	10 and 11 July 2019
Centre ID:	OSV-0005862
Fieldwork ID:	MON-0027498

About the designated centre

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

Glen Rí Service comprises of two single storey houses in Ballina Co. Mayo. The service provides a residential service to six male adults with a moderate to severe Intellectual Disability with an age profile of 36-60. Each house comprises of a hallway, three bedrooms, a kitchen and dining area, a utility room, a bathroom, and sitting rooms. Some of the people being supported also have secondary diagnoses including neurological conditions and dementia. Supports are provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people are able to attend events of their choosing as desired. Social support ensures that people we support access community and social outlets such as shopping, educational events, concerts, sporting events dependent on the expressed wish of each person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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
10 July 2019	15:30hrs to 20:30hrs	Thelma O'Neill	Lead
11 July 2019	09:30hrs to 17:00hrs	Thelma O'Neill	Lead
10 July 2019	15:30hrs to 20:30hrs	Nan Savage	Support
11 July 2019	09:30hrs to 17:00hrs	Nan Savage	Support

What residents told us and what inspectors observed

Inspectors met with five of the residents during both days of the inspection. All residents who could speak told inspectors, they were happy living in the centre and staff were good to them. They said they that the quality of their lives had greatly improved since moving from the congregrated setting in December 2018. They told inspectors about how they are now involvement in the local community and had opportunities to meet friends and neighbours that they knew from their childhood. They said that they had the opportunities to pursue social activities that they liked to participate in during the week and at the weekends.

Capacity and capability

The Health Service Executive (HSE) is the registered provider of this centre and the centre was registered as a designated centre in December 2018. This inspection was conducted to complete a full inspection of the centre and to assess if the service was meeting the care and support needs of the residents.

There was a clearly defined management structure in this centre. The centre was managed locally by a person in charge, who worked full-time and divided her time between the two house. She had the qualification and experience to manage community residential services. She was supported by a team of experienced nurses and social care staff, who were familiar to the residents and their care and support needs.

The provider had ensured there were sufficient resources available to meet residents care and support needs. However, inspectors found that improvements were required in areas such as managing behaviours of concern, safeguarding procedures, notifications, complaints, visiting arrangements at the centre and maintaining schedule two documents.

The provider had a statement of purpose which contained all the requirements of schedule one of the regulations. In addition, the provider had ensured that all staff working in the centre had received the required training to support residents living in the centre. The person in charge told inspectors that she had regular support and supervision meetings with the staff; however, evidence of these meetings was not furnished to inspectors when requested. Furthermore, on review of staff files, inspectors found three staff did not have up to date garda vetting as required by schedule two regulations.

Inspectors also reviewed the policies and procedures available to staff to guide their work practices. All the Schedule five policies and procedures were available in the

centre, however, inspectors found that the visitor's and complaints policies required updating. Inspectors also found that the provider had not notified the Chief inspector of all required events under the regulations such as residents' falls.

Inspectors also found on review of the management of complaints that they were not managed fully in line with organisational policies and procedures. Although a complaint's log was maintained in the centre, residents concerns reported to staff were not recorded as required. For example, staff members did not record how the complaints were managed, or the complainant's satisfaction with the outcome.

The provider had developed a resident's guide, which was individualised to each resident, user friendly, and easy read.

Regulation 14: Persons in charge

The person in charge worked full-time and divided her time between the two houses. In addition, she was suitably qualified and experienced as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there were sufficient staff support available in the centre to meet residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 21: Records

The provider had not ensured that all staff had up-to-date garda vetting in place.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured that the centre was consistently and effectively monitored to meet regulatory requirements. Also the management team did not furnish evidence to inspectors when requested of support and supervision meetings with staff, or demonstrate to inspectors how they effectively managing staff performance. In addition, inspectors found that not all documents required under Schedule two of the regulations were up-to-date.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and it met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents recorded for residents in this centre since opening. However, some residents had sustained falls in the centre, that were not notified to the chief inspector, as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors found there were two concerns reported to staff that were not recorded in the complaints log as required. For example, staff members did not detail how the complaints were managed or the complainant's satisfaction with the outcome . Furthermore, the centre's complaints policy required updating to reflect the current service provided.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The complaints policy and the visitor's policy required updating to reflect the current practices in the centre.

Judgment: Substantially compliant

Quality and safety

Inspectors found residents quality of life had significantly improved since moving to this centre. They were living in a house they called home and had free access around the premise and were supported to attend regular daily activities in the local community, which were not always available to them when they lived in the congregated setting. However, inspectors found improvements were required in the management of risks, protection, assessments of individual needs, managing behaviours of concern and fire safety.

There were good reviews of residents' health and well-being maintained in the centre. The provider arranged for the residents to receive appropriate health care for each resident in response to their medical needs. Residents had moved to new general practitioner's practices since living at the centre, and staff told inspectors that the residents were very happy with the service they had received from their new doctor.

While residents were actively pursuing activities in the community, inspectors found that some residents' support plans were not updated since they had moved to the centre, which was required to be completed within 28 days of admission.

Some residents living in the centre displayed behaviours of concern, and the provider had procedures in place to reduce and manage the frequency of these behaviours. The person in charge told inspectors that the number of incidents of aggression and violence displayed by residents since moving to the new centre had significantly decreased, which had a positive impact on residents' quality of life. However, inspectors witnessed a resident displaying a behavioural outburst during the visit to the centre, and on review, inspectors found that the resident's behaviour support plan did not provide clear guidance to staff on how to safeguard other residents and visitors to the centre during incidents of this nature.

In general, safeguarding concerns were well managed at the centre; however, there were peer-to-peer safeguarding risks identified for three residents in the two houses, and inspectors found that safeguarding plans were not in place to guide

staff on how to prevent and manage these concerns.

Inspectors visited both houses in the centre, the premises were found to be to a very high standard, and suitable for their purpose. However, one house did not have suitable arrangements in place for residents to meet their friends and relatives in private, with current arrangements having an impact on other residents' use of the centre and personal space. The houses were clean and suitably decorated. Residents' personal possessions were located throughout the centre in line with their wishes.They also had free access to their money and were supported by staff to access and manage their finances in line with their assessed needs.

The provider had procedures in place to review risks associated with the centre, but inspectors found that some risks assessments had not been updated to reflect changes in need such as fall management, behaviours of concern, medication errors and fire safety.

Inspectors found issues with the procedures in place for fire safety in the two houses. While there was appropriate fire safety equipment in the centre, inspectors found in one house that the fire extinguisher was located in a closet in the hallway and it's location was not clearly identified. Residents' personal evacuation plans did not reflect staff support required, and fire drills were not completed under all conditions such as, when there were minimal staffing levels. These measures were required to ensure residents could be evacuated safely from the centre in the event of a fire. However, following the inspection, the person in charge has since completed fire drills in both houses under minimum staffing levels and has confirmed to inspectors that all residents were evacuated safely from the centre.

Procedures for the ordering, prescribing, storing and administering medication to residents were in place at the centre. Although inspectors noted that there were a large number of medication errors reported at the centre, the person in charge had put preventable measures in place once identified to minimise the risks of further re-occurrence.

Regulation 11: Visits

The staff and residents in this centre were very welcoming to visitors, and the houses were built and maintained to a very high standard. However, one of the houses, did not have a room available to receive visitors. This was required to ensure that visitors did not impact on residents personal space or routines, and potentially upset residents resulting in displays of behaviours of concern.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had access to their personal possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to opportunities to participate in activities in accordance with their interests, capacities and wishes.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and layout to meet the aims and objectives of the service and assessed needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a residents' guide which provided the required information for residents regarding their rights and roles and responsibilities in relation to living in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' individual risk assessments required updating to reflect the actual risks in the centre such as falls management, behaviours of concerns and medication errors. Furthermore, the centre's risk register did not accurately reflect all identified risks and required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety measures required improvements in areas such as, evacuation plans, fire drills and the storage of fire equipment. Residents personal evacuation plans did not reflect the support required during an emergency. In addition, fire drills were not completed with minimum staffing levels, to ensure residents could be evacuated safety in the event of a fire and a fire extinguisher was not visible as it was stored in a closet.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a significant number of medication errors in the centre in the first six months of operation, however, the person in charge had put appropriate measures in place to manage the risks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some residents' support plans had not been updated to reflect their changing support needs. In one house, inspectors found residents social care plans and individual goals had not been completed since admission, which was required under the regulations within 28 days of admission.

Judgment: Substantially compliant

Regulation 6: Health care

Staff had completed comprehensive assessments of residents' health and well-being and they had robust health support plans in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors observed a resident displaying a behavioural outburst during the inspection and on review, the behavioural plan did not adequately guide staff to known triggers in the management of challenging behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

A number of minor safeguarding incidents had occurred in the centre, but there was no safeguarding plans in place to identify risks and manage safeguarding concerns in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had the freedom to exercise choice and control in their daily life.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glen Ri Service OSV-0005862

Inspection ID: MON-0027498

Date of inspection: 10 and 11/07/2019

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Evidence of Garda Vetting for Three staff supplied to HIQA registration via registered post on 18/07/2019. This was supported by a cover letter for the attention of Thelma O'Neill, Case Holder.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regular support and supervision meetings continue in the service between the PIC and each member of the staff team. There is a supervision schedule in place. The MCL Supervision policy has been revised to include the occasions where specific sections of notes will be shared and this includes during HIQA inspections.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The restrictive practice referred to was notified in Quarter one – NOT – 0212205.	

To maintain compliance all future notifiable events will be notified to the Inspector in the timeframe outlined in the regulations.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints procedure is revised to reflect accurate recording of the complaint, management of the complaint, level of satisfaction for the complainant and the right of the complainant to appeal.

The complaints guideline is on the agenda for the Team Leaders Meeting on 23/09/2019, with the view to reviewing and updating to reflect individual designated Centre's and repurpose the guideline into a policy in line with the HSE National Policy 'Your Service, Your Say'.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The complaints guideline is on the agenda for the Team Leaders Meeting on 23/09/2019, with the view to reviewing and updating to reflect individual designated Centre's.

The Bespoke Visitors Policy for the designated Centre is under review and will be presented to the Team Leaders Meeting on the 23/09/2019 for feedback and forwarded to the PPG group for approval.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
The specific house identified has an individual large apartment comprising of a large kitchenette/living room with ample space and privacy to receive visitors. There is a

second living room and kitchen in the main house providing additional space for visitors.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Falls Management: An audit was carried out by the Falls officer 14/08/2019. Risk Assessments have been updated accordingly.

Behaviors of Concern: Area Manager and PIC met with CNS and staff member to review the existing Behavior support plans. Following the incident on the day of the inspection this support plan has been updated to reflect triggers to behaviors of concern, proactive strategies, reactive strategies and the impact of the behavior on peers or visitors.

Medication errors: Risk Assessment complete.

Risk Register: Individualised and General risks logged in a Risk register completed.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Drills: Minimum staffing Fire Drill completed on 15/07/2019. Schedule of drills will continue in each house.

Equipment: The Fire Officer has approved the location of the fire extinguisher. Weekly checks carried out by staff on shift. Visual sign placed on the outside of the door.

PEEP: Updated to include staff support required for each person. Reviewed following any change in need and after each fire drill.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual Planning Meeting (Annual Review) are scheduled for all residents.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Behavior Support Plan was updated following a review meeting on 19/07/2019. This will be reviewed regularly.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: The Designated Officer reviewed the two minor potential safeguarding incidents. A safeguarding risk assessment has been developed to ensure the safety of all residents in the Centre. The controls are: Three staff members on duty during the working day and one waking staff member during night. MDT working in conjunction with the staff team to best support the Centre 24hr General Practitioner/West Doc Service. PIC/ Team Leader allocated to the accommodation. Assistance and guidance, if required from the Night Supervisor. Meaningful and Individualised Activities with a staff member on a daily basis Responsive roster operating in the Centre All staff trained in Studio III behavioural management techniques. Bespoke Behaviour Support Plans where there is a requirement. This is reviewed regularly.

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 11(3)(a)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; suitable communal facilities are available to receive visitors.	Substantially Compliant	Yellow	08/01/2019
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.	Not Compliant	Orange	18/07/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Not Compliant	Orange	16/08/2019

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	16/08/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/08/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/07/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	15/07/2019

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	15/07/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	23/07/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each	Substantially Compliant	Yellow	23/07/2019

	quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/09/2019
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	30/09/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	10/10/2019

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	19/07/2019
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	10/07/2019