



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

## Issued by the Chief Inspector

Name of designated centre:	Glen Haven Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	28 June 2021
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0033266

## About the designated centre

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

Glen Haven Services is located on the outskirts of Galway city and is close to local amenities, public transport and areas of interest. The centre provides residential care to five male and female residents over the age of 18 years, who present with mild to moderate intellectual disabilities.

The centre comprises of one two-storey dwelling which provides residents with their own bedroom, en-suite and shared bathroom facilities, a kitchen and dining area and sitting rooms. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents.

**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
Monday 28 June 2021	11:00hrs to 16:30hrs	Thelma O'Neill	Lead

## What residents told us and what inspectors observed

On arrival at the centre the inspector met four residents, they were all in the sitting room engaging with their day support staff and listening to a webinar on the television. The told the inspector that they now have their day programme from home since the pandemic began and showed the inspector details of the daily activities. The residents told the inspector they were watching a webinar set up by Ability West for all residents in the service and it occurred weekly and provided residents with health and social information by internal and external professionals and it was facilitated by a local DJ from the local radio station. They all told the inspector they enjoyed it very much and they could engage in the webinar if they wished.

Residents also told the inspector they had good involvement in the community and described social and leisure activities that they took part in and enjoyed. They said that they enjoyed the meals provided in the centre and that food was bought and prepared in line with their preferences. The residents said they were involved in planning and purchasing groceries for the house and this was observed by the inspector when another resident arrived back with a staff member with the grocery shopping. There were weekly house meetings for the residents to discuss issues and plan activities for the coming week. All of the residents told the inspector they were very happy living in this centre, and it appeared that they all got on very well together. Staff working with the residents were very familiar with the residents and their likes and dislikes and this ensured the residents individual care and support needs were well attended to in this centre.

One resident had moved to this centre recently and he told the inspector he was very happy with the move and had settled very well into the centre. It was evidence from speaking with him and the other residents they were all suitable and compatible living together in this centre.

Each resident had their own bedroom and one resident offered to showed the inspector his bedroom upstairs and it was a double bedroom and was suitably decorated and individualised, and he said he was happy with his personal space and had adequate space to store his personal possessions. Three residents sleep upstairs and one staff member and two residents bedrooms were located downstairs. The house was recently redecorated and was now very modern and had the space and facilities to meet residents care and support needs. However, while on a walk round of the centre, the inspector found one of the resident's did not have a safe escape route from their bedroom, as the escape route was through another room which could impede the resident's escape in the event of fire. An urgent action was issued to the provider to assess this issue by a competent fire person and address the risks as a matter of urgency. The inspector also saw the intumescent strips and smoke seals on some of the fire doors were not in place.

Although there was a serious fire risk identified on inspection, the person in charge

gave the inspector assurances that this issue would be addressed as a matter of urgency. Overall this centre was found to be person-centred and the services and facilities were suitable for the care and support needs of the residents.

## Capacity and capability

The inspector found there was a good level of compliance with the regulations and there was good governance arrangements in centre. The provider had applied to renew the registration of this centre with the Health Information and Quality Authority, and the findings from this inspection will inform this decision. The person in charge was responsible for managing one designated centre and had an active presence in the centre. She had the skills required and the experience necessary to manage the designated centre. She was very familiar with all of the residents and ensured their care and support needs were well met.

The provider had ensured that staff were suitably trained and competent to carry out their roles. Staff had received a wide range of training relevant to their work, including training in medication management, fire safety, behaviour support and safeguarding.

There was a consistent staff team working in the centre, some who had worked with the residents for over 20 years and was very familiar with them. It was evident from observing staff interact with the residents they had a very good relationship and residents were content communicating with staff their specific need and wishes.

The service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided to residents who lived at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices, such medication audits, infection control and finances were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits.

The provider had also developed a detailed plan to reduce the risk of COVID-19 entering the centre, however, there was no contingency guidelines in place to guide staff in the event of residents having to self-isolate due to COVID-19 in the centre, or if they have to move to another isolation centre. Additional training in various aspects of infection control had been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up-to-date.

## Regulation 14: Persons in charge

The person in charge worked full-time in this centre and had the qualifications, skills and experience necessary to to manage the designated the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staff working in the centre, who had the qualifications, skills and experience to support residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured staff had access to appropriate training, including refresher training as part of their continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The provider failed to identify significant fire risks in the centre, as part of their unannounced audits of the centre.

Also, the provider failed to ensure the centre had an appropriate COVID-19 contingency plan in place that identified the procedures for staff to follow, in the event a resident refusing to self isolate in their bedroom, and there was an absence of details of the alternative measures available, such as moving to an isolation unit.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in place and it was updated to reflect the facilities and services provided in the centre.

Judgment: Compliant

## Quality and safety

Overall, the the quality and safety provided in this centre was to a high standard; however, improvements were identified in some areas such as fire safety, assessments of need and protection against infection.

The premise was suitable to meet the care and support needs of the residents and the provider had completed a lot of renovations to the upstairs and exterior of this premise over the past year, which allowed for the house to better meet the needs of the residents. A new kitchen was ordered and would be installed in the coming months.

The provider had arrangements in place for the assessment, management and ongoing review of risk in the centre. Residents' individual risks were assessed and appropriate control measures put in place, also a centre specific risk register was in place, which identified ongoing risks being managed in the centre. Although fire safety risks were not identified in the centre's risk assessments, this non-compliance is being actioned under Regulation 28 (Fire Precautions).

Although the provider did have a COVID-19 contingency plan in place, it was not centre specific and there was no guidance or a protocol for staff to follow, should a resident refuse to self-isolate in the centre, or the procedure to follow should they need to move to an isolation unit.

While the person in charge had completed assessments of residents' health care needs, some residents' health assessments did not identify all of their health care conditions, and treatments. For example, one resident was receiving treatment for a low thyroid function, but this health information was not documented in their assessments of health care needs. Also actions from a resident's annual medical check-up was not followed up, and the resident had a number of falls recently, which could be related to the resident's medical condition. These issues were not included in the resident's assessments of need.

Each resident had access to appropriate health care in line with their health care needs. There were also appropriate measures in place to protect residents from abuse and residents told the inspector they were happy living in the centre and felt safe.

## Regulation 17: Premises

Renovations to the upstairs of this centre had taken place, which allowed for the



house to better meet the needs of the residents. A new kitchen was ordered and would be installed in the coming months.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had arrangements on place for the assessment, management and ongoing review of risk in the centre. Residents individual risks were assessed and appropriate control measures put in place, also a centre specific risk register was in place, which identified ongoing risks being managed in the centre. Although fire safety risks were not identified in the centre risk assessments, this non-compliance is being actioned under Regulation 28 (Fire Precautions).

Judgment: Compliant

### Regulation 27: Protection against infection

The provider did not have COVID-19 protocol for staff to follow, should a resident refuse to self-isolate in the centre, or the procedure to follow should they need to move to a isolation unit.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider did not ensure all residents could safely evacuate from the centre, for example, one resident's bedroom did not have an adequate escape route in the event of a fire and an urgent action was issued to the provider. There was also an absence of smoke seals on fire doors in place at the centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

While the person in charge had completed assessments of residents' health care needs, some residents health assessments did not identify all of their health care conditions, and treatments. For example, one resident was receiving treatment for a

low thyroid function, but this health information was not documented in their assessments of health care needs. Also actions from a resident's annual medical check-up was not followed up, and the resident had a number of falls recently, which could be related to the resident's medical condition. These issues were not included in the resident's assessments of need.

Judgment: Substantially compliant

### Regulation 6: Health care

Each resident had access to appropriate health care in line with their health care needs.

Judgment: Compliant

### Regulation 8: Protection

There were appropriate measures in place to protect residents from abuse and residents told the inspector they were happy living in the centre and felt safe.

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glen Haven Services OSV-0004061

Inspection ID: MON-0033266

Date of inspection: 28/06/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following inspection and identification of an 'inner room' that could impede a resident's escape route; the Person in Charge initiated alterations to be made, these have been completed to the resident's bedroom. Risk assessments have been reviewed and updated to reflect the changes, along with all other relevant documentation, including Centre Emergency Evacuation Plan and Personal Emergency Evacuation Plan. This has also been reflected in the Statement of Purpose, and floor plans.</p> <p>In addition to the Provider COVID-19 contingency plan which is in place, there is a centre specific contingency plan for Glen Haven. This contingency plan includes information on self-isolation protocol within Glen Haven and the use of a self-isolation unit if required. Following the HIQA inspection on 28/06/2021, additional information and guidance was added to include situations where residents may refuse to self-isolate in Glen Haven and the procedure in place in the event that a resident requires the use of a self-isolation unit.</p> <p>The PIC initiated a comprehensive review of individual risk assessments on self-isolation, following inspection and additional information added should a resident refuse to self-isolate or require the use of an isolation unit. All reviews were completed by 27/07/2021, and reviews will continue to be overseen on a scheduled basis by the PIC.</p>	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In addition to the Provider COVID-19 contingency plan which is in place, there is a centre specific contingency plan for Glen Haven. This contingency plan includes information on self-isolation protocol within Glen Haven and the use of a self-isolation unit if required. Following the HIQA inspection on 28/06/2021, additional information and guidance was added to include situations where residents may refuse to self-isolate in Glen Haven and the procedure in place in the event that a resident requires the use of a self-isolation unit.</p> <p>Individual risk assessments on self-isolation were reviewed following inspection and additional information added should a resident refuse to self-isolate or require the use of an isolation unit. All reviewed were completed by 27/07/2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Following the inspection, details of interim arrangements and immediate actions taken were submitted on a compliance plan to the inspector on 30/06/2021 by the registered provider. Double external doors have been fitted to the resident's bedroom ensuring a safe escape route from the residents' bedroom. The Centre Emergency Evacuation Plan, Personal Emergency Evacuation Plan and floor plans have been updated to reflect this. An additional fire drill was completed on 24/07/2021 to ensure staff and resident can safely evacuate the building, the outcome of which was very positive. Risk assessments have been updated accordingly. This has also been reflected in the Statement of Purpose, and floor plans. The emergency lighting was fitted on 12/08/2021.</p> <p>An Additional fire door will be added on the ground floor and intumescent strips and smoke seals will be added to relevant doors. These works were completed on 12/08/2021.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Comprehensive medical assessment/reviews were sought from the G.P., Psychiatric services, Psychology, Physiotherapy and Occupational Therapy at the time of the fall and</p>	

will continue to be part of the falls care plan that is in place for this resident, to ensure all information is included in the resident's assessment of needs, and annual medical assessment. All such information is now included in the assessment of needs form.

The resident continues to attend the G.P. for medical appointments, a further medical health check has been scheduled for one specific resident, this took place on 9/08/2021 and any identified concerns will be followed up immediately.

## 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 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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	27/07/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	27/07/2021



	published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	12/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/08/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	09/08/2021