



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

Name of designated centre:	Glen 2
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:	10 May 2018
Centre ID:	OSV-0001439
Fieldwork ID:	MON-0021307

About the designated centre

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

Glen 2 is a campus based residential centre which provides full time care and support for 18 adult ladies with moderate to severe intellectual disability and/or a physical disability. Six ladies live in each of the three purpose built bungalows in the centre. Each bungalow is homely and comfortable and each of the ladies has their own bedroom which is decorated in line with their wishes. The centre is situated on the outskirts of Dublin City, close to a local village with access to local amenities such as a pub and restaurant within walking distance, a large park and local shopping centres. Residents have access to a number of vehicles to access their local community and leisure activities. Two of the houses are nurse led and one is a social care led house. Residents are supported by staff in the centre 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Current registration end date:	01/11/2018
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
10 May 2018	08:30hrs to 17:35hrs	Marie Byrne	Lead

Views of people who use the service

On the day of inspection, the inspectors met and spoke with 15 residents in the centre. Residents appeared happy and comfortable throughout the inspection. The inspector reviewed residents' personal plans and observed residents engaging in meaningful activities in line with their identified likes and goals.

The inspector observed numerous interactions between residents and staff and found residents' independence being encouraged at all times. Residents appeared comfortable with the care and support offered by staff. Staff described residents' care and support needs and showed the inspector pictures and documentation relating to what makes a good day for residents.

The inspector reviewed a number of satisfaction questionnaires which had been completed by residents with the support of staff, or which were completed by residents' representatives. Overall, these surveys indicated that residents were satisfied with the care, support and level of activities in the centre. They also indicated that overall, residents' representatives were also satisfied with the care and support for residents in the centre. They were particularly complimentary towards the staff and the support they offered their relative, the grounds and facilities, and how welcome they were made to feel in the centre. There was some level of dissatisfaction with the remoteness of the centre and lack of public transport close to the centre, but the residents' representative did indicate that the provider was attempting to minimise the impact of this for residents by providing transport in the centre. There was also a level of dissatisfaction with the laundry service in the centre, and the management of a complaint relating to staffing consistency in the centre.

Capacity and capability

Overall, inspectors found that care and support in the centre was person-centred and that staff were supporting residents in a warm and caring manner. However, there were areas which required improvement including staffing numbers, staff training in line with residents' needs, staff supervision, and compatibility of residents in the centre. Also, there was no person in charge in the centre for a number of months. The provider had put arrangements in place for a person participating in the management of the designated centre to take responsibility for the day-to-day management of the centre, and they were in the process of recruiting a person in charge.

There was an annual review of the quality and safety in the centre and six monthly

visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews and that the areas identified for improvement were in line with those identified by the inspector during the inspection. The registered provider representative and person participating in the management of the designated centre were meeting on a regular basis. In addition they were completing a number of audits in the centre on a regular basis including care plan audits, medication audits, meal time audits, financial audits and infection control audits. They were utilising a quality enhancement plan to track actions from audits and reviews in the centre which were leading to improvements in care and support for residents in the centre. They were also sending out yearly questionnaires to residents' representatives and utilising the information gathered in these questionnaires to also improve care and support in the centre. Staff meetings were held regularly and there was good attendance at these meetings. A broad range of topics were discussed at these meetings and there was evidence of actions and follow up from these meetings which were contributing to the quality and safety of care provided for residents in the centre.

In the annual review areas for improvement were identified from a review of residents' experience of care and support in the centre. There was evidence that a number of improvements had been made following this, including a review of mealtime experiences and meal choices, increased links and access to the local community, improvements to personal plans to include quality of life and activities record, and the development of a personal directed plan which detailed residents' skills, contributions and goals.

The inspector found that improvement was required in relation to staffing numbers to support residents with their care and support needs in the centre. The provider had recently increased staffing numbers in two bungalows in response to safeguarding and compatibility issues between a number of residents. However, the whole time equivalent numbers in the centre had not increased sufficiently to facilitate this. There were also two nursing vacancies in the centre, one for a CNM2 who would be the person in charge and another for a staff nurse. The provider was attempting to minimise the impact on residents of these vacancies by using regular agency staff to cover required shifts, and by converting some whole time equivalent hours to a care staff position.

The inspector found that although there were not sufficient staffing numbers, there was an appropriate skill mix of staff to provide care and support for residents. The inspector met with eight staff, the person participating in the management of the designated centre and the registered provider representative during the inspection and found that they were all knowledgeable in relation to residents' care and support needs. The staff team were in receipt of support, and had access to some training to ensure they had the skills and competencies to meet residents' needs. However, a number of staff in the centre required training in line with residents' behaviour support needs. All staff in the centre had completed mandatory trainings identified by the provider such as fire safety, manual handling and safeguarding training.

Regulation 14: Persons in charge

There had been no person in charge in the centre for a number of months. A person participating in the management of the centre was identified by the provider as taking responsibility for the day-to-day management of the centre and the provider had started the recruitment process to fill the vacancy. However, the provider had not identified a person in charge in line with the requirements of the regulations.

Judgment: Not compliant

Regulation 15: Staffing

There were staffing vacancies in the centre including a clinical nurse manager and staff nurse post. Also, in line with compatibility issues between a number of residents which was leading to safeguarding risks in the centre, staffing numbers in two bungalows in the centre had been increased. However, whole time equivalent numbers in the centre had not increased sufficiently to facilitate these changes.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff in the centre had access to some training and refreshers in line with residents' assessed needs. However, staff in the centre required training to support residents with their behaviour support needs. The provider had recognised this in their annual review of quality and safety. Staff were in receipt of informal supervision from the person participating in the management of the designated centre. However, there was no formal supervision occurring in the centre to ensure staff were being fully supported to ensure they carry out their roles and responsibilities to the best of their abilities.

Judgment: Substantially compliant

Regulation 21: Records

The inspector found that the required records were in place and maintained in line with the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to monitor the quality and safety of care in the centre including an annual review of quality and safety of care and six monthly visits by the provider. There was evidence of tracking of actions following these reviews which were leading to positive outcomes for residents. There were good communication systems in place in the centre and there was evidence of regular audit and staff meetings which were bringing about improvements relating to residents' home and their safety. There was evidence of some oversight and monitoring in the centre; however, there was no person in charge appointed to provide consistent and effective monitoring of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a number of incident reports in the centre and found that they had all been notified in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were happy and comfortable in the centre. Residents' homes were clean, well designed and well maintained. Their wishes and goals were explored and documented, and they were supported to reach their goals through appropriate care planning processes. However, improvement

was required in relation to keeping residents safe due to compatibility issues between a number of residents. Improvement was also required in relation to storage of large equipment in the centre.

The premises was designed and laid out to meet residents' needs. Each of the ladies had their own bedroom which was decorated in line with their wishes and preferences. They had access to adequate private and communal space including a visitors room. All of the bungalows were clean and well maintained. However, there was not sufficient storage for large items such as walkers, wheelchairs and hoists in the centre.

Residents were being supported to enjoy a good quality of life. They had personal plans in place which identified their strengths, skills and needs. There was a keyworker system in place and evidence of review and update of personal plans to ensure they were effective. Each resident had annual multidisciplinary team meetings and also person directed plan meetings to review their wishes and goals. There was evidence of regular review of residents' meaningful activities including the use of a monthly quality of life and activities record. The inspector reviewed these records for a number of residents and found that they were engaging in regular meaningful home and community based activities. These activities varied from skills development programmes to trips to the local community to the hairdresser, beautician, slimming class, choir, cooking classes and the swimming pool.

Residents in the centre were being supported to enjoy best possible health. Their 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 and had an annual medical review by the centres' physician. Staff who spoke with the inspector described residents' healthcare needs and how to best support residents to stay healthy. The inspector also met with one residents' clinical nurse specialist who described all the supports in place for this resident and how they worked closely with the resident and the staff team to regularly review the residents' health status.

The inspector found that the provider had put measures in place to support residents to manage their behaviour. Residents' had referrals made to a clinical nurse specialist or psychologist as necessary. Behaviour support plans were in place for some residents and had a criteria in place to guide staff in relation to the appropriate interventions to best support residents. Staff who spoke with the inspector were found to be knowledgeable in relation to residents' behaviour support plans. They described the importance of implementing these plans consistently and recognising when residents' behaviour may escalate. Restrictive practices were regularly reviewed in the centre to ensure they were effective, necessary and the least restrictive.

The inspector found that the provider had put some measures in place to keep residents in the centre safe. Safeguarding plans were developed as necessary in conjunction with the designated officer. The provider had recognised compatibility issues in relation to some residents in the centre following some safeguarding

concerns. They had put additional staffing in place in two bungalows in the centre in response to these safeguarding concerns. However, due to the identified compatibility issues between residents incidents were still occurring.

Residents in the centre were protected by policies, procedures and practices in place relating to risk management and health and safety. There was a risk register in place and evidence that risk assessments were developed and reviewed as necessary in line with residents' changing needs. There was a system in place to record, investigate and learn from incidents in the centre. The inspector reviewed a number of incident reports in the centre and found that they had all been notified in line with the requirements of the regulations.

The inspector found that the provider had measures in place against the risk of fire in the centre including equipment for detecting, containing and extinguishing fires. Fire drills were completed regularly and each resident had a personal evacuation plans were in place. There was evidence of learning and improvements following fire drills. There was a fire folder in place in each bungalow which contained all the relevant information including evidence of regular checks, servicing and maintenance of fire equipment in line with the regulatory requirements.

Residents were protected by the policies, procedures and practices in relation to medicines management. Medicines were supplied by the local pharmacist and medication audits were completed in the centre by nursing staff and now the local pharmacist.

The inspector found that residents in the centre were being supported to makes decisions about their lives and had access to advocacy services if required. Residents' privacy and dignity were maintained through appropriate practices in the centre. Residents were consulted about how the centre is panned and run through regular residents meetings and daily communications with staff.

Regulation 17: Premises

Overall, the centre was found to be clean, well maintained, well decorated, and designed and laid out to meet residents' needs. However, there was not sufficient storage for large items in the centre as outlined in the body of the report.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were appropriate systems in place for hazard identification and the assessment of risks. Appropriate measures were in place to control identified risks. There was a risk register in place and evidence that it was reviewed and

updated in line with residents' changing needs. There were systems in place for identifying, recording and investigating incidents in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were appropriate infection control policies, procedures and practices in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had recently reviewed documentation relating to fire management systems in the centre. There was a fire folder in place in each home in the centre which contained the information required by the regulations. There was evidence of servicing of equipment, residents' personal evacuation plans and evidence of regular fire drills both day and night. There was also evidence of learning and follow up from fire drills including the update of residents' personal evacuation plans as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies, procedures and practices relating to medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which clearly identified their health, personal and social care and support needs. There was evidence of the involvement of residents, their representatives and the multidisciplinary team in the development and review of these plans. The provider had recently put measures in place to improve the layout of residents' personal plans to ensure information could be more

easily accessed.
Judgment: Compliant
Regulation 6: Health care
Residents' healthcare needs were appropriately assessed and they had access to the relevant members of the multidisciplinary team in line with their assessed needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had recently put measures in place to review a number of residents' behaviour support needs. The inspector reviewed a number of residents' positive behaviour support plans and they were found to be detailed in relation to the management of their behaviour including de-escalation and intervention techniques.
Judgment: Compliant
Regulation 8: Protection
The provider had identified compatibility issues between a number of residents in the centre which were leading to peer-to-peer incidents which were negatively impacting a number of residents in the centre. They had identified that a number of residents needed to be supported to transition from the centre and were putting plans in place to source more appropriate accommodation for these residents. In the interim they had increased staffing numbers in two of the houses in the centre. However, peer-to-peer incidents were still occurring.
Judgment: Not compliant
Regulation 9: Residents' rights
The inspector found that residents' in the centre were supported to participate in and consent to decisions relating to their care and support. There was a rights awareness checklist in place for each resident and evidence that residents were

supported to exercise choice and control in their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glen 2 OSV-0001439

Inspection ID: MON-0021307

Date of inspection: 10/05/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • On going advertisement of the CNM2/PIC for the Designated center (interview x 2 candidates took place 05-07-2018 -no successful candidate at interview) • An organizational meeting is arranged for 06-07-2018 to discuss the essential criteria of PIC within the organization ,the criteria to apply for this position is under review to allow for other grades of staff to apply for this role within the organization • Plan and commitment to have a PIC in place with the suitable qualification in line with the requirements of the regulations 	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Additional hours approved to support safeguarding within the Designated Centre • Staff nurse vacancy –recruited May 2018 , intern will commence full employment when PIN registration received. • On going advertisement of the CNM2/PIC for the Designated center • An organizational meeting is arranged for 06-07-2018 to discuss the essential criteria of PIC within the organization ,the criteria to apply for this position is under review to allow for other grades of staff to apply for this role within the organization • HCA recruited and has commenced within the Designated Centre June 2018 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and</p>	

<p>staff development:</p> <ul style="list-style-type: none"> • Staff identified within the Designated center are scheduled to attend Behavior Management training (July 2018) • 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 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • On going advertisement of the CNM2/PIC for the Designated center • An organizational meeting is arranged for 06-07-2018 to discuss the essential criteria of PIC within the organization ,the criteria to apply for this position is under review to allow for other grades of staff to apply for this role within the organization • Plan and commitment to have a PIC in place with the suitable qualification in line with the requirements of the regulations 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A full review will take place of storage within the Designated center by the PIC and Service Manager, items such as wheelchairs and hoists belonging to residents will be stored in Residents bedrooms. • 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 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Additional staff in place to support safeguarding within the Designated Centre • No further incident have occurred since the increase with additional hours • A full review is currently taking place of the living arrangement for a number of residents, a Individual Preference and needs assessment has been completed for Residents and residents identified have been referred to ADT (26-06-2018) 	



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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	30 th October 2018
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30 th October 2018
Regulation 14(3)(a)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a minimum of	Not Compliant	Orange	30 th October 2018

	3 years' experience in a management or supervisory role in the area of health or social care.			
Regulation 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Not Compliant	Orange	30 th October 2018
	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.	Not Compliant	Orange	30 th October 2018
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Yellow	30 th October 2018

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	31 st December 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30 th November 2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30 th December 2018
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30 th October 2018
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	Substantially Compliant	Yellow	30 th November 2018

	personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	Completed 07-05-2018 On-going review