Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Glenanaar
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	16 October 2018
Centre ID:	OSV-0002380
Fieldwork ID:	MON-0021675

About the designated centre

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

Glenanaar is a residential home for six adults with an intellectual disability. It is located within a campus setting in North County Dublin. The residents in Glenanaar have a variety of complex needs that require full nursing care. The centre is fully wheelchair accessible and can provide support to residents with mobility needs. The service provided is nurse led; and a team of nurses, social care workers, and healthcare assistants provide full time care and support to residents. There are a range of amenities in the locality for residents to utilise including good local transport links. In addition, Glenanaar has a bus which they can use to access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
16 October 2018	08:30hrs to 16:40hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet all six residents during the inspection. Throughout the inspection residents appeared relaxed and comfortable with the support offered by staff and to be engaging in activities of their choosing. The inspector observed elements of residents' day including meal times, transition times to and from day services. Staff described how residents like to spend their time including their preferred activities both at home and in their local community. Residents had the opportunity to have a day off to stay at home or engage in activities of their choosing if they so wish.

Residents and their representatives' experience of care and support in the centre were captured in satisfaction questionnaires prior to the inspection. The feedback in these questionnaires was mostly positive, with residents and their representatives indicating that they were satisfied with how happy and safe residents were in their home, levels and access to activities both at home and in the community, choice and control in their daily life, how complaints were managed and the support from staff to achieve their goals. Areas for improvement were identified in relation to arrangements for visits and the times meals were served. The centres' annual review also indicated that residents and their representatives were satisfied with the care and support in the centre. Residents identified in this report that that they wanted increased responsibility in relation to taking on some daily living skills and that they wished to continue to receive support to use their community to access activities they enjoyed. Families did not raise any areas of concerns in the annual review.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including the annual review and six monthly visits by the provider. These reviews were identifying areas for improvement and there was evidence of follow up and the completion of these actions.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the service manager. The person in charge and service manager were meeting regularly and completing a quality enhancement plan. Staff meetings were held regularly and agenda items were found to be resident focused. Audits including medication audits, vehicle maintenance, health and safety audits, finance audits, and infection prevention and control audits were being completed regularly. There was evidence that the completion of actions following some of

these reviews were bringing about positive changes in relation to residents' care and support.

Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing. Staff members were knowledgeable in relation to residents' care and support needs and actively supporting them to develop skills to become more independent and to engage in meaningful activities.

Staff had completed training and refreshers in line with residents' assessed needs and had also completed additional area specific training such as person centre planning training, area specific training from the speech and language therapist, diabetes training and intensive interaction training. Staff were in receipt of regular formal supervision completed by the person in charge.

There were a number of staffing vacancies including 0.4 nursing vacancy and a 0.5 vacancy for approved additional support hours. The provider had recognised that they needed to put additional staffing support in place at particular times in line with residents' needs to ensure their safety and comfort at these times. The provider and person in charge were attempting to minimise the impact of staffing vacancies for residents by using regular relief and agency staff. There was an area specific induction provided for each new member of staff to the area.

Residents were protected by the Schedule 5 policies and procedures in place. These policies and procedures had been reviewed in line with the timeframe identified in the regulations. Area specific policies and procedures were developed as required.

The inspector found that complaints were well managed. There were policies and procedures in place and a local complaints officer had been nominated. The complaints procedure was available in an accessible format and on display. The inspector reviewed a number of complaints and found there was clear evidence that they were fully investigated and the actions taken as a result of complaints were clearly recorded including the satisfaction levels of the complainant.

Regulation 15: Staffing

The inspector found that staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. There were a number of staffing vacancies which required to be filled in order to ensure residents were supported at particular times in line with their needs to ensure their safety and comfort.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. A training needs analysis was completed regularly and training was provided as necessary. Staff were in receipt of regular formal supervision.

Judgment: Compliant

Regulation 22: Insurance

Residents were protected by appropriate insurance in place against personal injury and property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A suite of audits were being completed regularly and there was evidence that the actions completed following these reviews were positively impacting on residents' lives and their home.

Judgment: 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 34: Complaints procedure

There were complaints policies and procedures and a local complaints officer in

place. Complaints were logged and being progressed in a timely manner. The satisfaction levels of the complainant were recorded before complaints were closed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were in place and had not been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. The centre was well managed and residents appeared happy and comfortable with the support they received from staff. They were engaging in meaningful activities and working towards goals.

The centre was warm, clean, well maintained and comfortable. Improvements had recently been made in the centre including the addition of a multisensory room. Flooring in the majority of the house had been replaced and this flooring was durable, easy to clean and residents could mobilise with ease in areas where it was in place. However, this flooring was not in place in all areas such as residents' bedrooms. Residents' bedrooms were decorated in line with their wishes and had personal items and family pictures on display. In line with the findings of the latest infection control audit in the centre a number of armchairs and couches in the living room were damaged and in need of replacement.

It was evident that residents were supported to make decisions about their lives and for some this was done using pictures and objects of reference. Residents' meetings were held regularly. Residents had access to an independent advocate if they so wished and there was accessible information available and on display in relation to advocacy services.

Residents' personal plans were found to be person-centred. Each resident had assessment of needs and support plans were developed in line with their assessed needs. Residents' goals were developed with the support of their keyworkers. Each step towards achieving their goals was recorded and tracked in their personal plan. There was evidence that residents and their representatives' involvement in the development and review of personal plans. Each keyworker was completing a monthly report which summarised how the month was for the resident. It reviewed

their health, accidents and incidents, restrictive practices, complaints, day service, family contact, progress in relation to their goals, allegations of abuse, changes in medicines and a summary of meaningful activities they were engaging in. These reports were influencing agenda items for discussion at staff meetings, staff supervision and meetings between the person in charge and service manager.

The inspector found that residents had access to appropriate facilities for occupation and recreation in line with their interests. They were supported to develop and maintain relationships and links with their local community. They were engaging in a variety of activities weekly, both in the centre and in their local community such as swimming, music sessions, home visits, attending events, meals out and holidays.

Residents' healthcare needs were appropriately assessed and care plans were developed in line with these assessed needs. Each resident had access to appropriate allied health professionals in line with their assessed needs. Meal times were observed to be a positive and social event.

Residents' positive behaviour support plans clearly guided staff practice to support them. There was evidence that they were reviewed and updated regularly in line with residents' changing needs. Residents had access to the support of relevant allied health professionals to help them to manage their behaviour. There were a number of restrictive practices and evidence that these were regularly reviewed by the multidisciplinary team to ensure the least restrictive measures were used for the least amount of time. Restrictive practices were logged and in addition to the annual multidisciplinary team review they were reviewed quarterly by the person in charge and a member of the psychology department. The person in charge was monitoring the impact of restrictive practices on all residents in the centre.

The inspector found that the provider and person in charge were proactively protecting residents from abuse. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents.

Residents had communication support plans in place which outlined how they liked information to be presented, how they received information, how they made decisions and how staff could support them to understand. They had communication passports in place and transfer information booklet which contained essential information should residents require transfer to hospital. Pictures were in use throughout the centre such as picture menus. Objects of reference were used to assist residents to make choices and decisions.

There were suitable arrangements in place to detect and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Works had been completed since the last inspection including the installation of a number of fire doors and closing mechanisms in key areas. However, more works were required in relation to fire containment and the provider had a clear plan in place for when these works would occur. Each resident had a personal emergency evacuation procedure and there was evidence that these were reviewed regularly and changes made in line with learning

from fire drills.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly. Incident review and tracking was evident in residents' monthly reports and there was evidence of learning following incidents.

Residents were protected by appropriate policies and practices in relation to the ordering, receipt, storage and disposal of medicines. However, medication audits were being completed and regularly identifying discrepancies in medication stocks. The person in charge and service manager were aware of these discrepancies and discussing them at staff meetings and their management meetings. However, discrepancies were still occurring. The provider and person in charge were in the process of getting the medication press moved from its current location in the staff office due to levels of possible distraction for staff preparing medicines for administration.

Regulation 10: Communication

Each resident was supported to communicate in line with their needs and wishes. They had communication passports and support plans in place and access to the support of allied health professionals if required. Objects of reference were used to assist residents to make choices in their day-to-day lives.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to appropriate facilities for occupation and recreation in line with their interests. They were supported to develop and maintain relationships and links with their local community.

Judgment: Compliant

Regulation 17: Premises

The houses was warm, comfortable, clean and well maintained. The inspector found that the design and layout was meeting the number and needs of residents in line

with Schedule 6 of the regulations. However, there were a number of armchairs and sofas which required replacement in the living room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents were protected by appropriate risk management polices, procedures and practices. General and individual risk assessments and the local risk register were reviewed regularly in line with learning following incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans. Works had been completed to install a number of fire doors in key areas since the last inspection. However, suitable arrangements were not in place in relation to fire containment due to the quality of some of the doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage and disposal of medicines. However, medication audits were regularly showing discrepancies in medication stocks for all residents. The provider was aware of this and in the process of putting measures in place to reduce the risks associated with these discrepancies.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were found to be person-centred and each resident had

access to a keyworker to support them to develop their goals. They had an assessment of need and support plans in place in line with their identified need. There was evidence that these were reviewed as necessary in line with residents' changing needs and to ensure they were effective.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required them had positive behaviour support plans which outlined proactive and reactive strategies. Residents had access to allied health professionals as required. There was evidence that restrictive practices were reviewed regularly with the relevant members of the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding polices, procedures and practices in the centre. 100% of staff had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and participating in the planning and running of the designated centre. They had access to advocacy services if required and were supported to choose how to spend their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glenanaar OSV-0002380

Inspection ID: MON-0021675

Date of inspection: 16/10/2018

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Regulation 15 (1). The register provider ensures that there is appropriate skill mix of staff based on the assessed needs of our residents. • The PIC and Service Manager will review the roster to ensure the roster meets the needs of the residents • There is ongoing recruitment to vacancies, a new recruit has been identified and is being processed by the HR department. • The PIC has completed the competency based recruitment training and is involved in the recruitment process to ensure potential employees are suitable to the designated center to meet the specific needs of our residents. • Staff vacancies currently are being covered by regular staff, relief staff who work in the designated centre regularly. If agency staff are needed staff aim fill the shift with an agency staff who has worked in the centre before to meet the needs of our residents. • All agency staff are fully briefed on all area of Health and safety and PBSP to ensure quality of care for all residents.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The designated centre is laid out to meet the aims and objectives of the service and the number of residents. • The premises is of sound construction and kept in a good state of repair externally and internally • Regulation 17(1) (c): The centre is clean and well maintained and a cleaning roster is in place. • 5) The registered provider ensures that the designated centre is equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents • (6) The registered provider ensures that the designated centre adheres to best practice in achieving and promoting accessibility. and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	

• The PIC will liaise with residents and staff in relation to any suggestions they may have in relation to décor of the designated centre. • Staff are currently getting quotes for sitting room furniture to replace the damaged sofas. A capital request form will then be sent up for approval to seek the appropriate funds to replace the furniture.

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • 28. (1) The registered provider has robust and effective fire safety management systems are in place, ensuring adequate precautions against the risk of fire in the designated centre. This includes suitable fire fighting equipment, building services, bedding and furnishings. • The registered provider ensures maintenance of all fire equipment, means of escape, building fabric and building services. • All fire precautions are regularly reviewed and fire equipment is tested including emergency lighting. • Arrangements are in place to ensure detecting, containing and extinguishing fires, giving warning of fires and evacuating where necessary in the event of fire and identifying a safe location. • Some Fire doors have been fitted- the outstanding fire doors have been risk rated are on a schedule of works that has been completed by the Fire safety Manager and TSD. Funding will be allocated in January 2019 it is envisaged that all fire doors will be fitted by 30/06/2019,	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Regulation 29 (a) The person in charge ensures that the designated center has appropriate and suitable practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Residents are protected by appropriate policies and procedures, all staff have read the schedule 5 policies. • Medication audits are carried out daily, weekly, monthly to ensure any medication discrepancies are identified and actions taken to reduce future potential discrepancies. • The Pic and staff team discuss drug incident /error discrepancies at staff meetings to identify actions which aim to reduce further discrepancies. • The Pic has put in place a log of medication discrepancies to identify any trends. • Through regular discussions with staff and service manager "protective time" has been identified as a key area to be addressed. The Pic has requested to move the medication press from its current location to an area that will allow for more protected time for staff to administer medication safely. • Technical services department has been contacted to move the medication press to a more appropriate area.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/01/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	30/06/2019

	extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	07/12/2018