



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

Name of designated centre:	Glenamoy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	22 August 2018
Centre ID:	OSV-0002382
Fieldwork ID:	MON-0021676

About the designated centre

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

Glenamoy is a large single storey bungalow located on a large campus on a busy road near a large town. The centre provides residential care to individuals with an intellectual disability 24 hours seven days a week. The care is delivered by nursing staff, social care workers and health care assistants. The house accommodates six residents. The house layout includes one large sitting room that includes soft furnishings, a kitchen with a separate dining area, six individual bedrooms, a shower room and a bathroom. There is also a utility room which contains laundry facilities and there is a conservatory attached to the end of the house. The conservatory leads out onto a garden area which is landscaped and accessible to the needs of the residents living in Glenamoy. There is a staff office for the storage of files and documentation. There is a service vehicle driven by staff that is available to transport residents to their daily day services or preferred daily activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
22 August 2018	09:00hrs to 17:00hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet with five residents on the day of inspection. Residents spoken with and met with did not have the ability to communicate their feelings verbally, and used non verbal means of communication. Residents met, appeared very comfortable and happy in their home and in the company of the staff working with them. Two satisfaction questionnaires were completed by residents' family members prior to the day of inspection. These reflected the residents and their family members high level of satisfaction with the service provided.

Positive, warm and meaningful interactions were observed between staff and residents on the day of inspection. Care and support provided was person centred and was tailored to suit the residents choice and preferences. Residents were provided private space in their home to listen to their preferred music and to watch their television program of choice. Residents were supported to maintain relationships with family members and to attend their preferred activities on a daily basis.

The inspector had the opportunity to speak with one family member on the day of inspection who provided very positive feedback on the service provided. The individual communicated that their family member was well supported and safe living in Glenamoy. They felt comfortable raising any concerns regarding their family members care to the person in charge and had positive interactions with the staff there.

Capacity and capability

The inspector found that the registered provider and person in charge were endeavouring to provide a good quality and safe service for residents in the centre. The majority of actions had been followed through since the previous inspection.

The provider had a nominated representative who carried out unannounced quality and safety audits and used these to inform improvements. The person in charge held a full time post and was an registered nurse for intellectual disability (RNID) with robust experience in providing care for individuals with intellectual disabilities. The person in charge had adequate protected time to oversee and monitor the service being provided.

There was sufficient staff with the appropriate skills, qualifications and experience to

meet the assessed needs of the residents at all times. There was a planned and actual working day and night staff rota that accurately reflected the staff on duty on the day of inspection. The staffing levels were accurately reflected in the statement of purpose. There was a staff picture rota in place on the wall in the dining area for residents to see who was on duty that day. Arrangements were in place to ensure continuity of care for the residents. Nursing care was provided where appropriate for residents to meet their different and diverse assessed health care needs.

The education and training available to staff enabled them to provide care that reflected up to date evidence based practice. All staff were up to date in mandatory training on the day of inspection including manual handling, fire safety and safe guarding. Staff were suitably trained and qualified to safely administer medication. Care was devised in line with training and best practice. Staff spoken to were knowledgeable about the training they had received and felt well supported by the service to address any training needs they may have. However, some staff needed training in providing positive behavioural support. This was important to delivering effective care as all residents had a positive behavioural support plan.

Residents' admissions were in line with the statement of purpose. All residents had a contract of care in place for the provision of services. This was reviewed and signed by the resident or the resident's representative where appropriate, on admission. There was a picture format available to residents whom could not communicate verbally. The contract was an agreement with the service that included details regarding the care, support and service to be provided. This agreement also outlined the fees to be charged where appropriate.

Residents and their families were made aware of the complaints process and were aware of who the complaints officer was. The complaints process was clear and a copy of same was displayed in the designated centre. Staff, residents and family members spoken with were supported to raise concerns and any concerns raised were addressed in a serious and timely manner by the person in charge. The person in charge maintained a clear log of complaints and compliments. Any measures required for improvement in response to complaints were implemented by the person in charge. Residents had access to advocacy services if required.

The statement of purpose was in place and included all information set out in Schedule 1. The inspector observed this provided an accurate description of the care being provided. The statement of purpose was regularly reviewed and changed as appropriate to the service provided. The statement of purpose was available to residents or their representatives.

All Schedule 5 written policies and procedures were in place. A copy of these policies were made available to all staff. These policies were reviewed and updated when appropriate at intervals not exceeding three years and these updated copies were then available. Staff spoken with appeared knowledgeable on service policy and procedures which was guiding staff practice.

The registered provider had ensured there was adequate insurance in place that adequately insured residents against injury and any other risks in the centre

including loss or damage to property.

Regulation 15: Staffing

There was enough staff with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times. There was a planned and actual working staff rota.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up to date evidence based practice. However, some staff required training in providing positive behavioural support.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured there was adequate insurance in place that adequately insured residents against injury and any other risks in the centre including loss or damage to property

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents admissions and the service provided were in line with the centre statement of purpose. All residents had a contract of care in place for the provision of services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in Schedule 4. This was reviewed and changed as appropriate to the service that was provided.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and their families were made aware of the complaints process and were aware of who the complaints officer was. Residents and family members were supported to raise concerns and any concerns raised were addressed in a serious and timely manner by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were in place, were implemented and made available to staff and reviewed when required in line with the service provided.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the registered provider and person in charge were ensuring a good quality and safe service was being delivered to the residents. However, some improvements in relation to maintenance of documentation in the centre, and in relation to fire safety were needed. The provider had put measures in place to address the majority of the actions from the previous inspection, renovations had been completed. However, measures in relation to fire safety were still outstanding. There was a service wide plan in place for this and the inspector recognises that any issues observed have been addressed since the inspection date.

Safe and effective care was being delivered by staff who were very familiar with the residents' care needs. The inspector observed positive interactions between staff and residents, with staff offering choice and using respectful approaches to care. The inspector observed that some aspects of this appropriate care was not reflected

in the residents' personal documentation. Discussion with staff and review of bowel charts, reflected good practice in relation to the care of individuals with specific care needs. However, this appropriate care was not reflected in the plan of care around these specific care needs and would not guide care for new or unfamiliar staff working with the residents.

Residents were supported to maintain, and at times, improve their health to a very high standard. Nursing care was provided where appropriate and residents had good access to multi-disciplinary health care professionals provided by the service including physiotherapy, occupational therapy, psychiatry, dietician, speech and language therapy and nurse specialists. Referrals to members of the multi-disciplinary team were completed when appropriate. Residents had regular reviews with their general practitioner and any health care concerns were addressed in a serious and appropriate manner by staff working with them. The inspector observed that at times, there were gaps evident in the maintenance of documentation of meeting health care needs. Specifically in relation to the fluid administration via a percutaneous endoscopic gastrostomy (PEG). While nursing staff and the person in charge were assured the individual was receiving an adequate fluid intake, this was not documented adequately in the residents' daily notes which raises the risk of omission of administration or inconsistency of administration when the resident was at day service as directed by the individuals dietician.

All staff were fully trained in the safeguarding and protection of vulnerable adults. Residents were safeguarded and were safe, staff fully understood their role in adult protection and the appropriate procedures to recognise and report any signs of harm that could occur. Staff were familiar with national policy and knew who their designated officer was should they have to report concerns. There were no safeguarding concerns observed by the inspector on the day of inspection.

There were arrangements for the assessment, management and ongoing review of risk. The person in charge had implemented a risk register that had recognised all risks identified in the centre on the day of inspection. Risk assessments were completed where appropriate. A comprehensive assessment had been carried out for the management of emergency medication for an individual with epilepsy. The measure in place following this assessment was appropriate and ensured the reduction of risk and the safety of the resident. The service vehicle was certified as road worthy and suitably insured. There was an incident report log in place that identified an incident of high risk. Ongoing reviews and risk assessments were conducted by the person in charge and the Clinical Nurse Manager 1 (CNM1) in conjunction with this log.

The physical environment, facilities and resources were managed to minimise the spread of infection to residents, staff and visitors. Changes were made by the provider and the person in charge on the day of inspection to the storage of incontinence wear to adequately address infection control concerns. However, the management of one health care associated bacterial infection was not adequately addressed in one associated care plan to prevent spread and protect the adult following recovery.

In general, arrangements were in place to take adequate precautions against the risk of fire. Suitable fire equipment including smoke detectors, fire extinguishers, emergency lighting and fire panels were in place that were regularly and adequately serviced. There was a procedure in place to safely evacuate all residents and staff in the event of a fire. Residents had individual personal evacuation plans (PEEP's). Regular fire evacuation drills were completed by staff and residents that were completed in timely manner and simulated night and day time staffing levels. However, there were no seals on the doors in place, preventing adequate containment in the event of a fire. The inspector recognises there was a service plan to address this issue, and this plan has been adhered to since the inspection date.

Practice relating to the ordering, prescribing, storage, disposal and administration of medicines was appropriate, safe and in line with best practice. There were arrangements for the safe storage of medication. Documentation adequately reflected the administration of medication by suitably trained and qualified staff. Residents' medication kardex's were clear, regularly reviewed and accurately guided the administration of prescribed medication. Protocols were in place administration of emergency medication for the management of epilepsy. All medication observed on the day of inspection was in date. Safe arrangements were in place for the return of out of date or unused medication. Residents availed of pharmaceutical services from a local pharmacy who delivered their medications monthly. Audits were carried out by nursing staff to ensure this medication was packed as prescribed by the residents' general practitioner.

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and ongoing review of risk. The service vehicle was road worthy and suitably insured.

Judgment: Compliant

Regulation 27: Protection against infection

The physical environment, facilities and resources were managed to minimise the spread of infection to residents, staff and visitors. However the management of one infection was not adequately addressed in the associated care plan to prevent spread and protect vulnerable adults.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire equipment was in place that was regularly and adequately serviced. There was a procedure in place to safely evacuate all residents and staff in the event of a fire. However, there were no seals on the doors in place, preventing adequate containment in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Practice relating to the ordering, prescribing, storage, disposal and administration of medicines was appropriate, safe and in line with best practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Safe and effective care was being delivered by staff who were very familiar with the residents' care needs. The inspector observed that some aspects of this appropriate care was not reflected in the residents' personal documentation

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was being delivered to a very high standard and residents had good access to multi-disciplinary health care professional provided by the service. At times, there were gaps evident in the maintenance of documentation of meeting health care needs. Specifically in relation to fluid administration via PEG.

Judgment: Substantially compliant

Regulation 8: Protection

All staff were fully trained in the safeguarding and protection of vulnerable adults. Residents were safeguarded and safe; staff fully understood their role in adult protection and the appropriate procedures to recognise and report any signs

of harm that could occur.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenamoy OSV-0002382

Inspection ID: MON-0021676

Date of inspection: 22/08/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> •The Person in charge will ensure all staff have up to date knowledge and skills appropriate to their role, to respond to behavior that is challenging and to support residents •All staff have appropriate training including refresher training as part of a continuous professional development programme. •Regulation 7 (1) & (2): Positive Behaviour Support programme training is on going for all staff in the designated centre. 9 out of 11 staff members have completed PBS training, 1 staff member is currently attending and due to complete in February 2019. Last staff member will be scheduled to receive training on the March course. •The Person in charge ensure staff receive training in the management of behaviors that is challenging including de – escalation and intervention techniques. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> •The designated centre is resourced to ensure the effective delivery of care and support 	

in accordance with the personal plans.

- The physical environment, facilities and resources are managed to minimise the spread of infection to residents, staff and visitors.

The Person In Charge has liaised with the Infection Control Nurse. Together they have worked in developing an appropriate care plan to assist in the management of care if this infection should recur.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The registered provider has robust and effective fire safety management systems 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.
- There is a fire procedure in place to safely evacuate all residents and staff in the event of a fire.
- Each resident has their own individual evacuation plan in place which are reviewed annually or sooner should the need arise.
- Regulation 3 (A) Seals on new fire doors have been fitted thus allowing containment in the event of a fire.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All residents have comprehensive personal plans that are meaningful to the person; these goals are tracked and reviewed annually to ensure effectiveness, and changed if necessary.

- Regulation (1 (B)

The Person In Charge has liaised with the Infection Control Nurse. Together they have worked in developing an appropriate personal plan to assist in the management of care and protection against infection.

- All support plans are reviewed at least annually and updated as needs change.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The residents have access to a medical practitioner of their choice, where treatment is recommended the Person In Charge ensures this treatment is facilitated and a support plan is completed.

- Healthcare is delivered to a high standard and residents have access to multi-disciplinary healthcare professionals provided by the service.

- Regulation 6 (1) The Person in Charge and Person Participating in Management have liaised with the dietician with regard to necessary daily fluid intake for one resident who has a PEG. Fluids are given orally and via PEG.

- Daily flushes administered via PEG (to maintain PEG integrity) have been added to residents Medication Administration Sheet and are documented by nursing staff daily.

- The Person in Charge will ensure that support plans are reviewed and updated as required.

- This resident drinks adequately unless in ill-health. During these times staff monitors input. This is reflected in his updated personal plan.

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 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	30/05/2019
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 published by the	Substantially Compliant	Yellow	14/11/2018

	Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	29/08/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	14/11/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	06/11/2018