



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

Name of designated centre:	Glenview
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 January 2019
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0025465

About the designated centre

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

In this centre the provider' stated aim is to offer supports to residents to experience life in a home-like environment and to engage in activities of daily living typical of those which take place in a domestic setting. Additional supports are in place in line with residents assessed needs. The centre is situated in a town in Co.Meath and can support up to five adults. Glenview is a split level house and can only accommodate residents with minimal mobility issues.

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
04 January 2019	09:30hrs to 15:30hrs	Andrew Mooney	Lead
04 January 2019	09:30hrs to 15:30hrs	Sarah Mockler	Support

Views of people who use the service

The inspectors spoke with with 5 residents in order to listen to their views. Inspectors observed residents in their home, reviewed documentation and had discussions with staff.

The residents that spoke to the inspectors said they were very happy in their home. A resident brought inspectors around the the centre and was very proud of their home. Residents told inspectors they were supported to attend community classes of their choice, meet with relatives and to access their wider community. Residents appeared very comfortable in the company of staff and knew them well.

Capacity and capability

The inspectors found that the governance and management of the centre led to positive quality of life outcomes for residents. This is reflected in the high level of compliance found on this inspection.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. The local manager was very familiar with the needs of residents and had implemented appropriate management systems to ensure a good quality service was delivered. The provider utilised a a suite of audits to identify service deficits and developed time bounded action plans to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months and these informed the annual review of the quality and safety of the centre.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection inspectors observed staff interacting in a very positive way with residents. The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, in some instances staff had not received appropriate refresher training in a timely manner and this was an identified area for improvement.

Regulation 15: Staffing

There were enough staff with the right skills, qualification and experience to meet the assessed needs of the residents. There was an actual and planned staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have received relevant training and have implemented this training into practice resulting in positive outcomes for residents, however some staff had not completed refresher training within the required time frames.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, improvements were identified as being required in the area of medication management.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Any incidents that did occur were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal and administration of medicines required improvement. Systems were not in place in the centre to ensure that short term medications were recorded and discontinued in accordance with the centres medication management policy. Furthermore, the responsible staff in the centre failed to ensure there was sufficient guidance for staff to safely administer a PRN medicine (a medicine only taken as required). This lack of guidance could result in a risk of the daily maximum dosage of the medication being exceeded. Additionally, the storage of out of date medication was not in accordance with the requirements of the regulations.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Residents were supported to access and be part of their community, in line with their personal plans. There was also a comprehensive personal plan review process in place.

Residents' assessed healthcare needs were supported very well. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

Each resident was assisted and supported to communicate in accordance with their needs and wishes. Inspectors observed staff communicating effectively with residents and staff were focused on residents when having these communications.

Appropriate supports were in place to support residents' with their assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Where restrictive procedures were required they were applied in accordance with national policy and were reviewed regularly.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Regulation 10: Communication

Each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant
Regulation 13: General welfare and development
Residents were provided opportunities to participate in activities in accordance with their interests.
Judgment: Compliant
Regulation 26: Risk management procedures
Arrangements were in place to ensure risk control measures were relative to the risk identified. Furthermore, appropriate systems were in place to identify, record, investigate and learn from any serious incidents involving residents.
Judgment: Compliant
Regulation 28: Fire precautions
Suitable fire equipment was provided and serviced when required. There was adequate means of escape including emergency lighting and there was a suitable procedure for the safe evacuation of residents and staff.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The practice relating to prescribing and storing of medicines was not in accordance with the regulations.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
here was a comprehensive assessment that met the needs of residents. The

outcome of this assessment was used to develop a plan of care and this was recorded as the personal plan. Personal plans were adequately reviewed in line the regulations.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where residents were harmed or suffered abuse.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Glenview OSV-0002418

Inspection ID: MON-0025465

Date of inspection: 04/01/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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> <p>Staff who needed refresher training have received their training on the 11th of February. Audits of training needs to be carried out by the PIC on a monthly basis, training department now provides some elements of our core training online</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Meeting was held with the G.P Operations Manager and nursing staff to discuss the Kardex being used and to make changes to ensure all relevant information required is documented correctly.</p> <p>All Kardex will be updated to reflect same</p> <p>Medication audits will be updated to reflect the learning from the inspection</p>	

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	11/02/2019
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	28/02/2019
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	28/02/2019