



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

Name of designated centre:	Glebe
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 October 2018
Centre ID:	OSV-0003615
Fieldwork ID:	MON-0021809

About the designated centre

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

St John of God Community Services Company Limited By Guarantee have a statement of purpose in place that offers a description of the service provided in Glebe (Glebe House). This document outlines the following description of the service. Glebe house is home for five male residents. Glebe House opened in January 2013. Four of the five residents in the designated centre transferred from the campus in St. Mary's Drumcar. St John of God North East Services is a voluntary organisation and is funded by the Department of Health. Glebe House was inspected in February 2018 and HIQA had concerns at this time regarding the governance and management, safeguarding and risk management practices. This unannounced inspection took place to review these areas further in terms of actions taken since this previous inspection.

The following information outlines some additional data on this centre.

Current registration end date:	04/04/2020
Number of residents on the date of inspection:	5

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
03 October 2018	09:30hrs to 13:30hrs	Conor Brady	Lead

Views of people who use the service

Residents spoken to on the inspection date presented as content and well cared for. Residents were found to be well supported by staff and presented as comfortable with the staff members on duty who were supporting them. Residents who communicated verbally spoke with the inspector briefly and indicated they were happy with their care.

Residents were observed going for walks and on outings. In reviewing documentation such as residents personal plans, activity schedules and the house diary it was determined that there was a lot of social activity and outings occurring in this house. Residents had their own pets and cared for them carefully and led meaningful lives.

Staff on duty presented as competent and demonstrated a good knowledge of residents needs, wishes and preferences.

There was an increased awareness on resident safety, safeguarding and risk management apparent on this inspection.

Capacity and capability

The governance and management in this centre was found to meet the requirements of the Regulations. The actions outlined on the previous inspection were found to have been implemented.

The person in charge was found to be appropriately competent and qualified in this centre. Auditing systems were in place regarding key areas of care and support. Management and supervision of care delivery was found to be in place. Improved systems of risk management and safeguarding had been implemented since the previous inspection.

Staff on duty were knowledgeable in these key areas and risk assessments and control measures were updated, reviewed and in place.

Safeguarding training had been provided for staff and residents and was a feature in meeting minutes and management guidance and practice. Safeguarding concerns had been appropriately addressed.

Regulation 14: Persons in charge

A qualified, competent and full time person in charge was in place.
Judgment: Compliant
Regulation 15: Staffing
Staffing systems of supervision and performance management were in place. Numbers and skill mix reviewed on inspection demonstrated compliance.
Judgment: Compliant
Regulation 23: Governance and management
Provider oversight had ensured the implementation of actions issued in February 2018 and moved the centre into compliance in these key areas.
Judgment: Compliant
Quality and safety
<p>Overall the inspector found that in the quality and safety areas of risk and safeguarding, this service had demonstrated good improvements. The provider and person in charge had taken appropriate action following the previous inspection and addressed the areas of concern.</p> <p>Safeguarding training, refresher courses and specific resident awareness courses were completed. Risk management systems had been improved with risks clearly identified, reported and control measures implemented.</p> <p>Staff on duty demonstrated good levels of competence on this inspection in these key areas. The person in charge could clearly evidence the changes made to improve safeguarding and risk management practices in the centre. The person in charge was found to be overseeing practice and supervising the levels of care and support delivered to a good standard.</p> <p>A number of maintenance issues required attention from the registered provider in terms of internal and external decoration, equipment, flooring and curtains requiring repair and replacement.</p>

Regulation 17: Premises

A number of maintenance issues required attention from the registered provider in terms of internal and external decoration, equipment, flooring and curtains requiring repair and replacement.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management policies, procedures and practices were in place and were much improved since the previous inspection.

Judgment: Compliant

Regulation 8: Protection

Safeguarding systems were in place and had improved since the previous inspection. The provider had implemented the changes highlighted to HIQA regarding safeguarding procedures, response and practices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glebe OSV-0003615

Inspection ID: MON-0021809

Date of inspection: 03/10/2018

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Consent will be sought from private landlord to carry out decoration, maintenance and minor works and a schedule of work required will be agreed with Operations Manager.	

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
17 (1) (b)	Provide premises which are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	30 November 2018