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:	Glendhu Group - Community Residential Service Dublin
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	10 September 2018
Centre ID:	OSV-0003962
Fieldwork ID:	MON-0021849

About the designated centre

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

Glendhu comprises of two joined semi-detached houses in a quiet residential area located in a suburb of a busy city. There is a shared front garden with a parking area and access to the shared back garden via a gate at the side of the building. Each house has a wheelchair accessible front door and there is access between the two houses via a door in the dining area of both houses. One house has four bedrooms upstairs. Three of these bedrooms are for residents and are single occupancy and one is used for staff sleepovers. Downstairs there is a bedroom that is occupied by one resident. There is also a storage area and adapted bathroom with a large walk in shower area to accommodate residents with reduced mobility. There is a kitchen and a seperate dining area come sitting room. There is access to the back garden from both houses with a paved area with an outdoor dining table and chairs for the residents to sit out in. The second house is a mirror image of this. All bedrooms are single occupancy. There is a team providing care 24/7 that consists of nursing staff along with social care workers and healthcare assistants. There is a service vehicle that is operated by staff working there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 September 2018	09:30hrs to 18:00hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet and speak with five residents on the day of inspection. Some of these residents could communicate their views verbally and others used non verbal methods to communicate. Residents spoken with on the day, appeared very happy living in Glendhu. One resident, who had been living there for ten years, communicated that they liked living there and that all the staff were very good to them. They also communicated that they knew who to go to if they wanted to raise a concern and staff were very responsive if this happened.

The inspector observed positive and meaningful interactions between staff and residents. Staff were supporting residents with activities of daily living and to attend day services. Care and support was being delivered with a person centred approach and was individualised to meet the needs of the residents. Residents were offered opportunities to express choice and independence in their daily lives.

Six questionnaires were completed by residents with some assistance from staff. These all communicated the residents' satisfaction with the service provided. No complaints or concerns were communicated through these questionnaires.

Capacity and capability

Overall, the registered provider and person in charge demonstrated good capacity and capability when delivering a good quality service to the residents. There was a strong management structure in place with clear lines of reporting and accountability. In general, concerns raised on the previous inspection had been addressed. Improvements were noted on this inspection in relation to staff training and local policies and procedures.

The person in charge was a registered nurse for intellectual disability (RNID) with a full time post in this designated centre with adequate protected time allocated to manage the monitoring and oversight of the centre. They had a level six qualification in management and extensive experience providing care for individuals with an intellectual disability. They had four years experience in a supervisory role prior to becoming person in charge. They had a keen interest in continued professional development and strived to provide a rights based and person centred approach to the delivery of care. The registered provider had ensured that all documents specified in Schedule 2 were in place for the person in charge and were up to date.

Staff had received relevant training and demonstrated good knowledge and competence when spoken with around the areas of training, in particular around

safeguarding and fire safety. This resulted in positive outcomes for the residents through the care being delivered. However, some staff were still awaiting refresher training. Two staff members required refresher training for safeguarding and one staff member required refresher training for fire safety. The inspector acknowledges there was a schedule in place to address these training needs. Not all staff were trained in the management of challenging behaviours, this was relative to the care of one resident in particular who demonstrated behaviours that challenge on a regular basis and had a behavioural support plan in place for the management of these behaviours. No staff were trained in the use of LÁMH which was a non verbal method of communication used by one resident. The inspector acknowledges this was not the residents only method of communication.

The registered provider and person in charge had ensured there was a statement of purpose in place that contained all information set out in Schedule 1. This statement of purpose accurately described the care being provided and a copy of this was available to residents and their representatives if requested. This was revised when required and updated to reflect the service being provided.

The complaints procedure was prominently displayed at the entrance to both houses. Staff and residents were familiar with the designated officer. One resident spoken with, voiced they felt comfortable raising concerns with staff and was happy with the response to any concerns they had raised. There was a complaints log in place detailing any open complaints or concerns. All complaints were responded to in a serious and timely manner by the person in charge.

All service policies and procedures were in place relevant to the designated centre set out in Schedule 5. These were available for staff and residents. However, some of these had not been reviewed within intervals not exceeding three years. The inspector acknowledges there was a service wide time bound plan in place to update all service policies and procedures.

The registered provider had ensured that there was a suitable contract of insurance in place that adequately insured the residents for injury or loss/damage to property. A copy of the certificate of this was provided in the application to renew the registration of the designated centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse for intellectual disability (RNID) and had the adequate management qualifications and experience.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received relevant training and demonstrated good knowledge and competence resulting in positive outcomes for the residents. Some of the staff were still awaiting refresher training in safeguarding, management of challenging behaviour and fire safety.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a suitable policy in place that adequately insured the residents for injury or loss/damage to property.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available on the day of inspection that was reflective of the service being delivered in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints log in place detailing any open complaints or concerns. All complaints were responded to in a serious and timely manner by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

All service policies and procedures were in place relevant to the designated centre. However, some of these had not been reviewed within intervals not exceeding three

years.

Judgment: Substantially compliant

Quality and safety

In general, the registered provider and person in charge were endeavouring to provide a safe, effective and quality service for the residents. Care was being delivered in a way that allowed residents to express choice and independence in their daily lives. Care and support provided at the centre, ensured the residents could access activities to achieve personal goals.

The premises was clean, suitably decorated and in a good state of repair internally and externally. Residents had adequate private space with individual bedrooms. Two residents showed the inspector their bedroom and appeared proud and happy with their own personal space. One resident communicated that they enjoyed having their own bedroom and having it decorated to their preference. There was adequate communal space for residents in the dining areas and sitting rooms. There were laundry facilities located in a shed at the rear of the house. There was access to the back garden from both houses. There was a paved area with an outdoor dining table and chairs in place. This garden was very well maintained on the day of inspection. Staff and residents communicated they enjoyed sitting out in the garden in the warmer weather and using the barbecue that was provided there.

The person in charge had ensured all residents had an up-to-date medication prescription that was regularly reviewed with the residents' pharmacist and general practitioner (GP). All medication administrations were adequately recorded by staff on the relevant records. There was a robust staff checking system in place for any new incoming medication. There was safe and suitable measures in place for the storage of medication. There was a locked press in place in both houses that stored any medicinal products. The key for this storage was always kept by the staff nurse on duty. Any loose medications that were not in blister packs, observed by the inspector in the residents' dispensary boxes were in date. Staff had a safe procedure in place for the disposal or return of any out of date or unused medication. However, protocols around the administration of medication used as required (PRN) in particular for bowel care and epilepsy, were not guiding practice for unfamiliar or new staff members. There was no evidence of expiry dates on some of the medication packaging and therefore staff were not administering medication in line with the ten rights of medication.

Each resident had a personal emergency evacuation plan in place (PEEP) that allowed each resident to evacuate the premises safely in the event of a fire. Staff and residents spoken to were familiar with these plans. Fire drills were carried out on a monthly basis, simulating staffing levels at both day and night. Emergency lighting, smoke detectors and fire fighting equipment were in place all around the

centre and these were all serviced adequately on a regular basis. Staff were completing checks of exit routes and doors daily. One resident needed a chair lift to safely evacuate the building at night, the battery for this was checked daily by staff. There were no fire doors in place and therefore, no suitable measures in place for the containment of fire. The inspector acknowledges there was a service wide time bound plan in place to address these concerns by December 2018.

There were systems in place for the assessment, management and ongoing review of risk. There was a risk register in place that identified any risks observed by the inspector in the designated centre. The registered provider and person in charge ensured there were appropriate risk measures in place in response to these risks identified. These risks included the use of the barbecue in the summer, management of slips/trips and falls and management of epilepsy. There was a service vehicle in place that was road worthy, regularly service, insured and equipped with appropriate safety equipment.

Generally, residents' needs were met in a practical sense. There was evidence of assessments and personal plans being reviewed and updated as required on a regular basis. Personal care planning (PCP) meetings were held annually. Goals were set and reviewed at these meetings. The meetings were attended by the residents, their families, nursing staff, management and sometimes members of the multi-disciplinary team. Staff when spoken with, had good knowledge of the residents' care needs and supports to put in place for one resident with a long term degenerative disorder. However, aspects of residents' personal plans did not evidence this staff knowledge and the good care being provided. Residents' assessments were not reflective of residents' specific care needs and did not guide staff to devise comprehensive plans of care.

Generally, healthcare needs were being addressed, however the inspector observed some gaps in documentation and in the measures in place to ensure all needs were being met. In particular for the care of an individual with specific care needs, where records of observations had not been maintained by nursing staff for four months. Staff knowledge regarding this specific condition was poor. Staff spoken to were unsure about the resident's specific care needs and were unfamiliar with the indications and side effects of the medication being administered for this particular condition. In addition, one resident's PRN medication protocol for epilepsy management included the timing of seizure activity before the administration of emergency medication, however staff did not have access to a stopwatch or timer to time these seizures.

All safeguarding issues raised were dealt with by the person in charge, persons participating in management (PPIM's) and the registered provider in a serious and timely manner. Staff spoken with had excellent knowledge around recognising abuse and safeguarding procedures and measures to follow should there be an allegation of suspected or confirmed abuse. All staff had received training in the safeguarding and protection of vulnerable adults. Safeguarding issues had been addressed in line with service and national policy. Safeguarding plans were in place where appropriate and were adhered to by staff when delivering care.

Regulation 17: Premises

The premises was clean and in a good state of repair. Residents had adequate private space with individual rooms and adequate communal space in dining areas and sitting rooms.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place that identified risks. The registered provider and person in charge ensured there were appropriate risk measures in place in response to these risks identified.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire checks and drills being carried out by staff. There were adequate arrangements in place for safe evacuation and adequate equipment for detecting and extinguishing fires. However, there were no fire doors in place and therefore, no suitable measures in place for the containment of fire. The inspector acknowledges there is a service wide plan in place to address these concerns.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was safe and suitable measures in place for the storage of medication. However, protocols around the administration of medication used as required (PRN) was not guiding practice for unfamiliar staff members. There was no evidence of expiry dates on the medication and therefore staff were not administering medication in line with the ten rights of medication.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were met in a practical sense, however residents' personal plans did not evidence this. Residents' personal plans were not reflective of residents' specific care needs.

Judgment: Not compliant

Regulation 6: Health care

Generally, healthcare needs were being addressed, however the inspector observed some gaps in documentation. Particularly regarding care of an individual with specific care needs where observations had not been checked by nursing staff for four months. Staff knowledge regarding this condition was poor.

Judgment: Not compliant

Regulation 8: Protection

All safe guarding issues raised were dealt with in a serious and timely manner. Staff spoken to have an excellent knowledge around recognising abuse and safeguarding procedures and measures should there be an allegation of suspected or confirmed abuse.

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 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	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	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glendhu Group - Community Residential Service Dublin OSV-0003962

Inspection ID: MON-0021849

Date of inspection: 10/09/2018

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will complete refresher training in fire safety. All staff will complete safe guarding training. All staff will complete training in managing challenging behaviour.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The provider is reviewing a number of schedule 5 policies currently and they will be circulated when complete.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider will ensure that measures are in place to contain fire by installing fire doors.	

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The PIC has put in place a protocol for epilepsy management for one resident including timing seizures.
The PIC has put care intervention in place for administration of Digoxin including checking residents pulse prior to administration.
The provider has obtained assurance from pharmacy that all medication dispensed are in date.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC is reviewing call care plans to ensure that assessments are reflective of residents specific care needs and that care interventions in place.
The PIC has appointed new key workers for each service user who will oversee care plans.
The PIC is arranging training in care planning and PCPs for all staff.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC has put a care intervention in place to be reviewed monthly.
The PIC has provided education for staff nurses in relation to residents specific health care needs.

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	31/05/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2019
Regulation 29(4)(a)	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	Not Compliant	Orange	22/11/2018

	ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2018
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.	Not Compliant	Yellow	31/03/2019
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	22/11/2018