



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

## Issued by the Chief Inspector

Name of designated centre:	Glendoher
Name of provider:	St Michael's House
Address of centre:	Dublin 16
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0002401
Fieldwork ID:	MON-0025676

## About the designated centre

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

Glendoher is a community based home for six adults with an intellectual disability. There are currently three ladies and three gentlemen living in the centre. The centre is located in a suburban area of County Dublin with access to a variety of local amenities. Glendoher provides supports to residents under a social care model of service delivery. It is staffed by social care workers and managed by a social care leader. Should residents require nursing support it is offered through the nurse on call service. Residents are supported to participate in the local community in line with their wishes and preferences. The centre comprises of one house which is a two-storey dwelling. Each resident has their own bedroom, and there are two communal sitting rooms, a large kitchen come dining area, utility, three shared bathrooms and a large secure back garden at the rear of the property. Staff support is offered 24 hours a day, seven days a week and rosters are changed as required in line with residents' care and support needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 16 September 2020	11:30hrs to 16:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector met all six of the residents who live in Glendoher. Two of the residents spoke with the inspector and shared their views on the centre. The inspector observed residents in their home, preparing and eating meals, taking part in activities and engaging with staff.

One resident showed the inspector around their home; the inspector saw the resident's bedroom and observed that it was decorated with items of their choosing and personal objects such as family pictures. Residents showed the inspector pictures and artwork they had created that were displayed throughout their home.

Another resident shared their experience of moving to the centre and told inspectors that they were happy with how this process was managed and that they were glad to have moved there. This resident also told inspectors that they liked their new room and enjoyed choosing furnishing and decorations.

Residents appeared relaxed and at ease in their home. They comfortably used their environment and communicated their needs to staff. Residents appeared contented in each others company and engaged in friendly conversation with each other. Residents spoken with said they enjoyed living in the centre and were complementary of the staff team. Residents knew how to raise concerns if they needed to.

## Capacity and capability

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a defined management structure in place with clear lines of authority and responsibility. There were a range of monitoring systems in place to ensure that quality or safety issues were promptly identified and addressed. The provider had carried out an annual review of the quality and safety of the service and unannounced visits to the centre were carried out on a six-monthly basis; these reviews generated a quality enhancement plan. The provider had implemented all of the actions from the previous compliance plan.

The centre was staffed by a team of social care workers who were supervised by the person in charge. There were sufficient staff with the appropriate skills and

experience to meet residents' assessed needs. The person in charge maintained a planned and actual roster and staffing arrangements were found to facilitate continuity of care for residents.

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs. There were established supervision arrangements in place to monitor staff development. The person in charge received supervision from a service manager.

The inspector reviewed the most recent admission to the centre and found that admissions were based on transparent criteria and carried out in accordance with the arrangements set out in the statement of purpose. Prospective residents were provided with an opportunity to visit the premises in advance of admission; it was found that in the case of the most recent admission the resident had visited the centre for dinner and met with the other residents prior to moving to the centre.

The person in charge had given notice of all adverse incidents, as required by the regulations and had submitted a quarterly report in relation to specific incidents.

### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

### Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained.

Staff received additional training to support residents, including training in areas that the provider had determined as mandatory training; such as safeguarding adults, manual handling, and safe administration of medication.

Judgment: Compliant

## Regulation 23: Governance and management

There were defined management arrangements with clear roles and responsibilities. There were effective monitoring systems in place that ensured quality or safety issues were promptly identified and addressed. The provider had carried out an annual review of the quality and safety of the service and unannounced visits to the centre were carried out on a six-monthly basis.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Admission to the centre was based on transparent criteria and it was found that admissions were carried out in accordance with the arrangements set out in the statement of purpose. Admissions procedures took account of the need to protect residents from the risk of abuse.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had given notice of all adverse incidents, as outlined in the regulations.

Judgment: Compliant

## Quality and safety

The provider had established systems in place that ensured good quality and safe care was being provided to residents. It was found that the centre was well resourced and that care and support was delivered in a person centred manner.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. The centre was suitably resourced to meet residents' assessed needs.

Care and support was provided in accordance with evidence based practice. Support plans and care practices addressed residents' assessed needs and reflected their preferences and wishes. Residents had opportunity to engage in activities both in their home and community. Residents attended day services and some had volunteer roles in the community. While day services had been closed for a period of time due to public health guidance, the provider had adjusted the staffing complement to ensure residents could continue to engage in their preferred activities. Residents had the required support to develop and maintain personal relationships and friendships, and links with their wider community; such as support with planning and facilitating visits and use of communication devices.

There were arrangements in place to protect residents from the risk of abuse. Staff had training in safeguarding and there was an established reporting system in place. Where potential safeguarding risks were identified, these were investigated as per the provider's safeguarding policy and there were safeguarding plans put in place. There were no safeguarding risks at the centre at the time of inspection.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout. Hand washing and sanitising facilities were available for use and infection control information and protocols were available to guide staff. Staff had received relevant training in relation to infection prevention and control.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents contributed to meal planning and were satisfied with the choice and quality of food available. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities; one resident spoke about how they enjoyed cooking and using recipe books to prepare new meals.

There was a risk management policy and associated procedures in place that ensured risks were identified, monitored and regularly reviewed. There was a risk register in place that recorded identified risks and control measures in place, these included measures to manage infection control risks. Risks specific to individuals had also been assessed to inform care practices.

There were a range of fire safety management arrangements in place; fire detection and alarm systems were in place and serviced regularly. While there were fire containment measures in place; the provider had identified that further self close devices were required to improve containment arrangements. The provider had plans in place to address this before the end of the year. Inspectors found that residents took part in planned evacuations, and that learning from fire drills was incorporated into personal evacuation plans. Staff had received training in fire safety and on-site fire drill training.



### Regulation 13: General welfare and development

Residents were provided with appropriate care and support that met their assessed needs and reflected their preferences and wishes. Residents had ample opportunity to engage in activities and had access to recreation facilities in their community.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Judgment: Compliant

### Regulation 27: Protection against infection

There were adequate arrangements in place to protect residents from the risk of acquiring a health care associated infection, including specific guidance and procedures in place with regard to COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire safety management arrangements in place including detection and alert systems, fire fighting equipment and emergency lighting and signage. There were fire containment measures in place although the provider had identified that further containment measures were necessary; there were plans to address this issue before the end of the year.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were comprehensively assessed on at least an annual basis. There were support plans in place to assess all identified needs, and these were subject to planned reviews and updated where required.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff had training in safeguarding and any potential safeguarding risk identified was investigated as per the provider's safeguarding policy.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glendoher OSV-0002401

Inspection ID: MON-0025676

Date of inspection: 16/09/2020

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Scheduled works planned for the 27th and 28th October 2020 for the completion of self closing doors.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/10/2020