



Office of the Chief Inspector

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

Name of designated centre:	Greenville House
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0002113
Fieldwork ID:	MON-0027260

About the designated centre

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

The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and six cottages and can accommodate 13 residents. The main house can accommodate five residents and the bungalows can accommodate either one or two residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
--	----

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
23 July 2019	14:00hrs to 17:00hrs	Lisa Redmond	Lead
23 July 2019	14:00hrs to 17:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

On the day of the inspection, inspectors had the opportunity to meet three of the residents currently residing in the designated centre. Inspectors observed residents relaxing in the designated centre, while another resident was observed watching staff prepare their dinner.

Although the residents could not tell the inspectors their views, they appeared relaxed in the designated centre. A number of residents were out on social activities at the time of the inspection, with supports provided by staff members.

Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and found that significant progress had been made since the last inspection, however a number of areas still required improvement. Inspectors met with the person in charge on the day of the inspection. The person in charge spoke with inspectors about the governance and management systems in place to ensure effective oversight of the designated centre. This included local operational team meetings, senior operational team meetings and governance and management meetings, which occurred on a regular basis. An annual review of the quality and safety of care and supports in the designated centre had been carried out; however this review had not provided for consultation with residents and their representatives.

The person in charge informed inspectors that a memorandum of understanding was in place with a recruitment agency, which ensured that agency staff were appropriately Garda vetted and had received mandatory training. Staff spoken with on the day of inspection also noted that the use of agency staff had reduced significantly since the last inspection. Inspectors reviewed the designated centre's training matrix and noted that a number of staff members had not received refresher training in fire safety, managing behaviour that is challenging and the safeguarding of vulnerable adults.

Inspector viewed a number of residents' contacts for the provision of services in the designated centre. These agreements included the details of the services to be provided to each resident and the fees to be charged. The person in charge informed inspectors that although contracts had been sent to all residents and their representatives, a number of these had not been returned to the registered provider. It was evident from the documentation observed that the person in charge was actively engaging with residents and their representatives regarding the return of the contracts for the provision of services.

The inspectors also reviewed the designated centre's statement of purpose. The statement of purpose contained the information required under Schedule 1.

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Substantially compliant

Regulation 21: Records

The provider had ensured that the records of information and documents in relation to staff specified in Schedule 2 were available for the inspectors to view.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that the annual review of the quality and safety of care provided to residents, provided for consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that an agreement in writing, relating to the terms on which the residents will reside in the designated centre was provided to residents and their representatives. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for each individual resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Quality and safety

Inspectors reviewed the quality and safety of care and supports in the designated centre and found that a number of improvements had been made since the last inspection. It was evident that the health and well-being of residents was promoted and supported in the designated centre. Inspectors viewed a number of residents' personal health plans and found that they provided comprehensive guidance for staff, ensuring effective health care for all residents, in line with their assessed needs. One staff member spoke about the protocol in place for one resident who is susceptible to regular infections. It was evident that staff members were knowledgeable about the health needs of residents.

Inspectors reviewed the designated centre's medication policy and found it to be comprehensive in nature. It was evident that the designated centre had suitable practices in relation to the storage of medication. Liquid medications which had been opened were labelled and dated to ensure that they were disposed of safely, in line with best practice. Staff members informed inspectors that they had adopted double signing practices to ensure that medications were administered to residents as prescribed. However, it was noted that medications had not been reviewed by a general practitioner as specified in the patient information chart.

Improvements were noted in the management of behaviour that is challenging since the last inspection. Inspectors viewed behaviour support plans in place for residents. These plans provided clear guidance for staff, including the reactive and proactive strategies in place to support residents in managing their behaviours. Evidence of regular review and multi-disciplinary input was observed within the documentation observed by inspectors.

The registered provider had ensured to that systems were in place to protect residents from abuse. A designated officer had been appointed to ensure that appropriate safeguards were put in place to support and protect residents. Staff spoken with were aware of the procedures relating to the safeguarding of residents.

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medications.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided to each resident, in accordance with their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

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
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Greenville House OSV-0002113

Inspection ID: MON-0027260

Date of inspection: 23/07/2019

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: The identified staff have updated their training.</p> <p>Refresher training has been provided to staff as follows: 31/07/19 Safeguarding Vulnerable Adults 12/08/19 Fire Safety 21/08/19 Managing Actual and Potential Aggression</p> <p>Further refresher training is scheduled as follows: 25/09/19 Safeguarding Vulnerable Adults Training 04/10/19 Fire Safety 10/10/19 Managing Actual and Potential Aggression 21/10/19 Positive Behaviour Support</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An unannounced Reg. 23 visit has been scheduled for Greenville in October 2019 this will provide for consultation with residents and their representatives.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

A site wide review is to be carried out by Greenville's community pharmacist on 25/09/19 whereby the relevant Patient Information Charts will be updated. Medications can subsequently be reviewed by GPs. This will take place within two weeks of the pharmacist's review.

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	21/10/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2019
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 ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	09/10/2019