Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0003962
Fieldwork ID:	MON-0026587

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 separate 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:	7

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
Thursday 15 October 2020	10:00hrs to 14:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with five residents who were availing of the services of the centre. The residents informed the inspector that they were happy residing in the centre and were very complimentary of the staff team and the supports they were in receipt of. Residents stated that they felt safe in the centre and were aware of how to raise any concerns should they need to. The inspector met a family member of one resident who also felt that the service being delivered was safe and that residents were appropriately protected. They too were complimentary of the staff team and had been informed on how to make a complaint or express a concern if they needed to. During the course of the inspection, residents were observed to be engaged in a range of activities both within the centre and in the local community which included karaoke, art work, attending a hairdresser for a hair cut and helping with some household chores.

Capacity and capability

The inspector identified mixed findings of compliance with the regulations during this inspection. While there were some clear examples of good practice and person-centred care and support being delivered, there were also findings which highlighted the need for considerable improvements to ensure regulatory compliance. Of the areas which required improvement, a number were identified as being of particular importance including fire safety, staff training and governance and management.

The inspector met with the person in charge of the centre who facilitated the inspection. They had been recently appointed to the person in charge role and the inspector found that they were very knowledgeable of the individual needs of residents and the strengths and weaknesses of the centre. Despite this, the inspector found that the registered provider had appointed the person in charge despite them not having a minimum of three years' experience in a management or supervisory role in the area of health or social care as required by the regulations.

A review was completed of the centre's staffing arrangements and the inspector found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed in the centre. Recent measures taken by the registered provider resulted in improvement in the continuity of care and support for residents. Staff were observed to attend to residents' needs in a timely and sensitive manner and interact in a respectful and kind way. 'Actual' and 'planned' staff duty rosters were found not to be appropriately maintained in the centre and in some instances there were no names recorded for relief staff members who worked in the centre. In other cases, only partial names were recorded and on some occasions it

was not clear who the shift leader was.

The inspector reviewed staff training records and found that there were significant deficits in four of eight training areas described as mandatory by the registered provider. These calculations took account of a recent amendment made to the organisation's staff training policy which allowed for a grace period of three months due to the impact of the COVID-19 pandemic. In the case of fire safety training, the inspector found that only two staff members of a team of 17 had completed training or refresher training. In the case of food safety, the inspector found that none of the 17 staff team members had completed this training or were up to date with refresher training in this area. Other areas with deficits included the administration of emergency epilepsy medication and training on the management of behaviours of distress which in both cases only four staff members had completed or were up-to-date with refresher training.

The arrangements for the supervision of staff were reviewed by the inspector. While there were recent improvements in the informal supervision of staff members, the inspector found that there were no formal arrangements in place for staff supervision. The registered provider had prepared a draft policy on staff supervision, however, this document was found to provide no clear guidance on the frequency of staff supervision meetings.

A review of the arrangements for the governance and management of the centre was completed by the inspector. It was found that there was an absence of a clearly defined management structure which identified specific roles and details of responsibilities for all areas of service provision. For example, the new person in charge had recently commenced in the centre approximately two weeks prior to the date of the inspection and during that time had not received a formal handover or induction from their line manager. The inspector also found that there was an absence of effective management systems in the centre to ensure that services provided were appropriate, consistent and effectively monitored. Some examples included the lack of systems to track staff training, and the follow up of actions required to address issues as they arose including risk controls or fire evacuations. In addition, the inspector found that there were no arrangements in place for the performance management of the staff team employed in the centre.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as required by the regulations.

A review of complaints management was completed by the inspector and it was found that the registered provider had established satisfactory systems in this regard. There was a complaints policy in place and a record of all complaints were maintained. The inspector found that three complaints had been made since the last inspection and all were appropriately followed up on by the registered provider and promptly addressed to the satisfaction of the complainants.

Regulation 14: Persons in charge

The newly appointed person in charge was found to have a clear understanding and vision of the services to be provided in the centre, however, they did not have three years' experience in a management or supervisory role in the area of health of social care as required by the regulations.

Judgment: Not compliant

Regulation 15: Staffing

The inspector found that in some cases the names of relief staff were not recorded on staff duty rosters. In other cases only partial staff names were recorded. In addition, on a number of occasions the inspector observed that the shift leader was not clearly identified on the staff duty rosters.

Judgment: Not compliant

Regulation 16: Training and staff development

There were significant deficits observed in staff training courses described by the registered provider as mandatory. In addition, the inspector found that there were no formal supervision arrangements in place in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

There was an absence of a clearly defined management structure in the centre which identified specific roles and details of responsibilities for all areas of service provision. In addition, effective management systems had not been developed to ensure that services provided were appropriate, consistent and effectively monitored. There was an absence of arrangements for the performance management of staff as required by the regulations.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider was found to have established satisfactory systems to manage complaints in the centre.

Judgment: Compliant

Quality and safety

The inspector completed a walk-through of the centre in the company of the person in charge. The centre was clean throughout, well maintained and decorated in a homely manner. Each resident was found to have their own bedroom and there were adequate numbers of bathroom and showering facilities which were adapted to meet the needs of residents. The centre was accessible for residents and the varying needs which presented. Equipment used in the centre such as stair lifts were maintained and serviced on a regular basis.

A review of the arrangements for managing risk was completed by the inspector. There was a risk management policy in place which met the requirements of the regulations and there was a comprehensive risk register maintained in the centre. The inspector found that all presenting risks had been identified and assessed, however, some risk assessments were found not to reflect the presenting levels of risk in the centre. For example, while the risk associated with fire had been assessed it was rated as a low risk with a 2/25 risk calculation. The inspector found that this risk rating did not appropriately consider the absence of appropriate control measures such as staff training, clear guidelines for supporting residents and the excessive time taken to evacuate the centre in previously completed fire drills. In addition, while reviewing incident and accident records, the inspector observed that a number of incidents which had occurred in the centre from July 2020 had not been escalated through normal procedures to the clinical nurse manager and as a result had not been followed up on.

The inspector reviewed the measures taken by the registered provider to protect against infection and found that a framework had been put in place to prevent or

minimise the occurrence of healthcare-associated infections including COVID-19. The registered provider had developed policies, procedures and guidelines for use during the pandemic. Staff members had access to some stocks of personal protective equipment in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included documents such as a COVID-19 response plan, a business continuity plan, cleaning and disinfection guidelines, visiting procedures and guidelines, and a COVID-19 local induction checklist.

Fire safety precaution measures were reviewed by the inspector. Records of completed fire drills demonstrated that on at least one occasion it took a prolonged period of time to evacuate staff and residents from the centre and it was unclear what follow up action had been taken to address this concern. In addition, on other occasions a number of residents were recorded to refuse to evacuate the centre during a fire drill with no follow up actions recorded. The inspector found that there was an absence of clear guidance on how to support residents evacuate in the event of a fire or similar emergency. While there were fire containment measures in most parts of the centre there was an absence of such measures in three areas which included a resident's bedroom and two kitchen spaces. Due to the concerns identified relating to the safe evacuation of residents and staff from the centre, an immediate action was issued to the registered provider during the course of the inspection. Subsequently, the registered provider submitted written assurances to the inspector which outlined the completion of a number of additional fire drills and associated commitments.

The inspector reviewed the arrangements in place in the centre to protect residents from experiencing abuse. There was a policy in place and staff members were aware of what constituted abuse and the actions to take if they witnessed or suspected the occurrence of abuse in the centre. While a number of low grade safeguarding incidents had occurred in the centre between residents, the inspector found that these had been appropriately managed and followed up on in line with local and national policies and procedures. All residents spoken with by the inspector confirmed that they felt safe while availing of the services of the centre.

Regulation 17: Premises

The inspector found that the centre was clean throughout, well maintained and decorated in a homely manner in line with the wishes of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

While presenting risks had been appropriately identified in the centre, the assessment and management of some risk was not appropriate. In addition, a number of incidents which had occurred in the centre from July 2020 were not followed up on.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had developed policies, procedures and guidelines for use during the COVID-19 pandemic to prevent or minimise the occurrence of the virus in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drill records highlighted concerns regarding the ability of the registered provider to safely evacuate all residents and staff from the centre in the event of a fire. There was a lack of clear guidance on how to support residents in the event of a fire or similar emergency. While there were fire containment measures in place in most areas of the centre, these did not include a number of areas including a resident's bedroom and two kitchen spaces.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents who were availing of the services of the centre.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0026587

Date of inspection: 15/10/2020

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: • The appointed CNM1 is currently enrolled in a recognized management course. REG 14(2) • The PPIM for the centre will be the PIC until the CNM1 in the centre comes into compliance with the regulation. The PPIM and CNM1 will work closely on the management and oversight of the centre. REG 14(3)(a)	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The manager will ensure that all relief staff names will be recorded in full on actual rosters. REG 15(4) • The manager will ensure that the names of all staff, relief and regular are recorded in full for all shifts, on the actual and planned rosters. REG 15(4) • The manager will ensure that the role of shift leader is clearly identified on actual and planned rosters. REG 15(4) • The manager will ensure that Actual and Planned rosters are labelled appropriately and clearly. REG 15(4)	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• The PIC/manager will ensure that a training needs analysis tool is completed that will identify any deficit in mandatory training and that any deficits identified will be addressed and action taken in an appropriate and timely manner REG 16(1)(a)
• All required training will be completed by 21/12/20
• The Manager will complete supervision training.
• The PIC/manager will commence a formal staff supervision schedule calendar to ensure supervision meetings are held and documented in accordance with regulation. Regulation 16(1)(b)

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC and Manager will review roles and responsibilities and ensure these are clear to all the team.
• The PIC and Manager will ensure there are audit tools in place to monitor, assess and address all areas of care thereby ensuring that the service provided is safe, consistent, and appropriate to needs of the service users. REG 23(1)(c)

• The PIC and Manager will ensure that Annual Performance Development Reviews (PDR'S) and probations are scheduled and completed. REG 23(3)(a)

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The PIC and Manager will ensure that a system is in place to assess, manage and review site specific risks and reassess risk ratings on a regular and ongoing basis ensuring that risk ratings applied are consistent with and reflective of incidents related to that specific risk. Regulation 26(2)

• The PIC and Manager will ensure that all incidents recorded are assessed and reviewed

and that any outcomes from review of the incidents reported are actioned and followed up in a timely manner. Regulation 26(2)

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The PIC/Manager will review each PEEP following each fire evacuation and update same accordingly in line with any issues or areas of concern identified during the evacuation. Regulation 28(2)(b)(ii)

• The Fire Officer has reviewed Fire containment in the designated centre and is assured it is meeting the Fire Safety Community Dwelling Houses Regulation Sept 2017. Regulation 28(3)(a)

• The PIC/Manager will ensure that 2 fire drills are carried out, day and night, monthly. Any issues of areas of concern arising from these evacuations will be actioned immediately. Regulations 28(3)(d)

• All staff are now in receipt of mandatory fire training. All staff will be offered the opportunity to partake in bimonthly fire evacuations, day and night referenced under Regulation 28(3)(d). Regulation 28(4)(a)

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	09/11/2020
Regulation 14(3)(a)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care.	Not Compliant	Orange	09/11/2020

Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	09/11/2020
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.	Not Compliant	Red	31/12/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	04/01/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	09/11/2020

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	30/04/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	09/11/2020
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	09/11/2020
Regulation 28(3)(a)	The registered provider shall make adequate	Not Compliant	Orange	09/11/2020

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	19/10/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Red	30/11/2020