



Office of the Chief Inspector

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

Name of designated centre:	Glasthule
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	27 June 2019
Centre ID:	OSV-0004136
Fieldwork ID:	MON-0027211

About the designated centre

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

Glastule designated centre is located in a suburban area of South County Dublin and is comprised of three individual units. It provides 24 hour residential care to persons with intellectual disabilities and has capacity for supporting 14 individuals. All three units are community based and provide supports through a social care approach. The centre is managed by a person in charge who is supported in their role by a social care leader and a staff team which is made up of social care workers and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
27 June 2019	10:40hrs to 14:10hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

Residents were not present in the centre at the time of the inspection. Due to the nature of this inspection, the inspector conducted a focused review of a number of areas including safeguarding and protection, residents' rights, positive behavioural supports, general welfare and development, and governance and management.

Capacity and capability

This was a risk based inspection and was completed in response to the receipt of a significant number of notifications of a safeguarding nature which were reported to have impacted negatively on residents who were availing of the services of one unit of this centre. The inspection focused on five regulations relating directly or indirectly to the notifications which had been received by the Office of the Chief Inspector of Social Services. Overall, the inspector found satisfactory arrangements had not been put in place to address concerns in the centre and protect residents from experiencing further incidents of a safeguarding nature.

The inspector reviewed the arrangements in place for the governance and management of the centre and found that overall, there were significant improvements required in the identification of risks. In addition, there was an absence of an appropriate response to some matters of a serious nature including the protection of residents.

The management team including the person in charge, a social care leader and a residential coordinator were met with by the inspector during the inspection. Through a review of documentation and discussions, the inspector found that the management team were aware of the number of incidents of a safeguarding nature which were occurring in the centre and particularly in one of the three units. The management team demonstrated appropriate awareness of the individual needs of residents and awareness of their responsibilities as outlined in national policy, the regulations and legislation. The inspector found that the person in charge had developed a safeguarding and incident register for logging and tracking those which occurred in the centre. In addition, they demonstrated a willingness to address the identified failings and to improve the quality of care and support being provided to residents in a time efficient manner.

There were a suite of audits completed in the centre along with annual reviews and six monthly unannounced visits to the centre by persons on behalf of the registered provider. However, the inspector found that while some of the concerns had been identified through these processes, there was an overall lack of oversight as to the

seriousness of these matters and as to their impact on the quality of care and support being provided to residents. For example, in a report of an unannounced six monthly unannounced visit to the centre (dated 28 January 2019), the author rated regulation 8 (protection) as being fully compliant despite a number of residents allegedly experiencing ongoing and reoccurring psychological abuse in the centre. This limited oversight was further compounded by the absence of detailed analysis of the incidents which had occurred, and by the absence of a formulated plan which addressed the evolving needs of all residents involved.

Regulation 23: Governance and management

- Appropriate management systems were not in place in the centre to ensure that the services provided were safe, appropriate to residents' needs, and effectively monitored.
- There was an absence of effective oversight of the services being provided in the centre and as a result the registered provider had not completed appropriate analysis of incidents or formulated a plan to identify and address the evolving needs of residents.

Judgment: Not compliant

Quality and safety

The inspector reviewed the general welfare and development of residents and overall found that while individuals were supported to live active lives and partook in a wide variety of activities and meaningful activities, appropriate care was not provided by the registered provider to some residents due to the frequency of alleged incidents of a safeguarding nature that they experienced. The inspector found that there was clear evidence of this in the areas of safeguarding and protection, positive behaviour support, governance and management of the centre, in the assessment of residents' needs and in the placement of residents in the centre. Documents reviewed by the inspector were found to have catalogued the impacts of the alleged incidents of a safeguarding nature and as a result the inspector found that some residents were not experiencing a good quality of life while availing of the services of the centre.

A review was completed of the behavioural supports in place for residents. The inspector found that in some instances, support plans did not outline strategies for managing and responding to all behaviours of distress displayed by residents. While residents who required them had positive behavioural support plans in place, members of the management team confirmed that such plans did not address all identified needs which some residents presented with. There was an overall absence

of up-to-date and appropriate guidance for staff members to manage specific behaviours being displayed by some residents. In addition, the inspector found that a number of members of the staff team had not completed specific training in the management of behaviour that is challenging. A review of training records found that in the unit which was the focus of the inspection, only 25 per cent of the staff team had completed this training while in the centre collectively 46 per cent of the staff team had completed the aforementioned training.

The inspector reviewed the arrangements in place to protect residents from experiencing abuse and found that appropriate follow up measures had not been put in place for some residents. A review of incident and accident records found identified 70 incidents categorised as alleged verbal or psychological abuse since January 2019. While the registered provider had complied with requirements outlined in national policy in the management of these incidents, effective safeguarding plans were not in place due to the reoccurring nature of the incidents and overall trends. The inspector found that the registered provider had failed to protect some residents as a result of the absence of a satisfactory plan for addressing this matter.

Regulation 13: General welfare and development

The inspector found that in some cases they had failed to provide residents with appropriate care and support in accordance with the assessed needs and the wishes of individuals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

- There was an absence of up-to-date and appropriate guidance for staff members to effectively support residents with behaviours of distress.
- A number of members of the staff team had not completed specific training in the area of positive behaviour support.

Judgment: Not compliant

Regulation 8: Protection

- The registered provider failed to ensure that some residents were protected

from all forms of abuse in the centre.

- Appropriate follow up action was not taken in response to a significant number of and reoccurring incidents of alleged psychological abuse which were reported to have taken place in the centre with a view of preventing further reoccurrence.

Judgment: Not compliant

Regulation 9: Residents' rights

- The inspector found that the centre was not operated in a manner which respected the disability of some residents.
- There was an absence of evidence to demonstrate that the registered provider had explored the matter of consent with residents, particularly in relation to those who were subject to alleged safeguarding incidents on a regular basis. The issue of compatibility of residents had not been reviewed in a satisfactory manner.
- Similarly, the inspector found that some residents did not enjoy the freedom to exercise choice and control in their daily lives as a result of the significant number and reoccurring nature of the alleged safeguarding incidents which were reported to have taken place.
- Residents were not supported to access independent advocacy services despite experiencing a significant number of alleged safeguarding incidents.
- The inspector found that the registered provider did not ensure that residents' dignity was respected in relation to their personal and living space, personal communications and relationships.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Glasthule OSV-0004136

Inspection ID: MON-0027211

Date of inspection: 27/06/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>23(1)(c) Review at location has been completed to further identify risks with the risk assessment process being implemented for the identified risks. Meeting with Clinical Safety Manager on 31/07/2019 with followi up meeting scheduled to review the completed risk assessments on 08/08.2019. 09/08/2019</p> <p>Monthly in-depth analysis in place to identify patterns and trends in relation to incidents. This analysis informs the individual safeguarding plans. 02/08/2019</p> <p>Personal and compatibility profiles have been completed for residents who’s assessed needs are not being met in full in this location. This has included input from Multi-Disciplinary Team members. 02/08/2019</p> <p>Location personal and compatibility plan has been completed with a phased approach to provide all residents who currently live in this location with living environments that meet their individual assessed needs. 01/11/2019</p> <p>23(2)(a) Person in charge communicated with Programme Quality and Safety, Quality Manager. The following actions agreed and in place; 1. as part of their monitoring role, the Programme, Quality and Safety Department unannounced visit reports shall take into consideration the impact that all forms of abuse have on other residents living in locations in this designated center. 2. the recently introduced governance system “Quality and Governance Log” that includes safeguarding will form part of the review of regulation 8 and will be used to inform these reports and as required, to put a plan (as agreed) in place to address any concerns identified during the visit. 02/08/2019</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>13 (1) Personal and compatibility profiles has been completed for residents who's assessed needs are not being met in full in this location. This has included input from Multi-Disciplinary Team members. 02/08/2019</p> <p>13 (1) Location personal and compatibility plan has been completed with a phased approach to provide all residents who currently live in this location with living environments that meet their individual assessed needs. 01/11/2019</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>7 (1) Functional assessment underway at time of inspection with behavior support plan being reviewed and updated. Staff team will be inducted to behavior support plan. Behavior support plan will be in place by 02/08/2019</p> <p>7 (2) Positive behavior support training completed on 22/07/2019. An additional date has been scheduled for 27/08/2019. An additional date is being scheduled for October 2019 to ensure all permanent and relief staff are trained. 31/10/2019</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>08(2) Location personal and compatibility plan has been completed with a phased approach to provide all residents who currently live in this location with living environments that meet their individual assessed needs. 01/11/2019</p> <p>08(3) Monthly in-depth analysis in place to identify patterns and trends in relation to incidents. This analysis informs the individual safeguarding plans. 02/08/2019</p>	

08(3) Review at location has been completed to further identify risks with the risk assessment process being implemented for the identified risks. 02/08/2019

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
09(1) Personal and compatibility profiles has been completed for residents who's assessed needs are not being met in full in this location. This has included input from Multi-Disciplinary Team members. 02/08/2019

09(2)(a) Location personal and compatibility plan has been completed with a phased approach to provide all residents who currently live in this location with living environments that meet their individual assessed needs. 01/11/2019

09(2)(b) Person directed plans will be reviewed with residents to ensure their wishes in relation to their living circumstances are documented and actions will be identified following this. This will include correlating the information that residents have expressed through the complaints process. 09/08/2019

09(2)(b) Referrals have been completed to the Human Rights Committee. 02/08/2019

09(2)(d) Referrals have been completed to the National Advocacy Service. 02/08/2019

09(3) Person directed plans will be reviewed with residents to ensure their wishes in relation to their living circumstances are documented and actions will be identified following this. This will include correlating the information that residents have expressed through the complaints process. 09/08/2019

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	01/11/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/11/2019
Regulation	The registered	Not Compliant		02/08/2019

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.		Orange	
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	02/08/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	31/10/2019
Regulation 08(2)	The registered	Not Compliant	Red	01/11/2019

	provider shall protect residents from all forms of abuse.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Red	01/11/2019
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	02/08/2019
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	01/11/2019

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	09/08/2019
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	02/08/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	09/08/2019