



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

Issued by the Chief Inspector

Name of designated centre:	The Glens
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0004880
Fieldwork ID:	MON-0025156

About the designated centre

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

In this centre the provider aims to provide an individualised service to a maximum of nine residents with a disability on a full-time residential basis. The service is delivered in two separate locations; a semi-detached house and an apartment block comprised of three apartments; the location of each facilitates access to all of the amenities available in the large busy town. A team of social care staff provide residents with their required supports; a twenty-four hour staff presence is maintained in each location. Residents present with a diverse range of needs and abilities and the support provided is informed by an individual assessment of need including domains such as healthcare, education and employment and meaningful social and community inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
09 October 2019	13:00hrs to 18:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

The inspector met with the nine residents on the day of inspection and spent time with them all both individually and as a group. Residents told the inspector about their daily lives. They spoke of their great satisfaction of having such comfortable homes and their expressed wish was to remain in their current home for their lifetime. Residents spoke with ease about what they enjoyed and took pleasure from. For example, some residents had employment and this was clearly very fulfilling for them. In other instances residents had volunteer roles in the community. It was evident from awards that one resident received, that their involvement in volunteer work was well regarded within the community. All of this contributed to a sense of a seamless integration between living in a designated centre and being a part of the local community.

Residents spoke of meeting friends, enjoying dining out and especially enjoying holidays and trips away. Residents invited the inspector to their homes and were happy to show them their apartment or house and the facilities their homes had. It was clear residents took pride in their homes. All houses and apartments were very well maintained, beautifully decorated and comfortably furnished. Residents said they helped to choose furniture and were involved in other decorative aspects of their individualised accommodation.

One resident showed the inspector their outdoor flower garden which they tended to themselves. Bowling and swimming was an activity enjoyed by a number of residents. Throughout all the homes were family photographs and photographs of outings and holidays. Residents were particularly keen to talk about these photographs and what they meant to them. Each home was different and yet each home had the same sense of homeliness and a sense of a place where those who lived there were content.

Capacity and capability

This centre had an announced inspection in May 2018. At that time, a high level of compliance was found. On this unannounced inspection (October 2019), the inspector found the same level of high compliance. The centre was well governed and the provider had consistent, effective systems for monitoring and improving the quality and safety of the service. This approach to the governance and management of the service contributed significantly to the high level of reported satisfaction from residents.

There was clarity on roles, responsibilities and reporting relationships. The management team consisted of the person in charge, the residential services manager, the regional manager in addition to a social care leader in each house. These arrangements created a working environment which worked effectively.

The person in charge was employed full-time and was suitably qualified and experienced. In the absence of the person in charge appropriate cover was provided. As noted at the time of this inspection, the functioning of the centre continued without interruption to the residents in times when the person in charge was on leave.

The provider carried out an annual review of the quality and safety of the service and undertook a six monthly unannounced visit to the centre. These reviews were centre specific. Progress on the implementation of the action plans resulting from these reviews, was monitored. For example, the one action from the previous HIQA report had been addressed. In addition to these formal reviews, the person in charge also conducted audits of residents' files to ensure they were kept up to date and reflected the needs and wishes of residents.

The inspector found that staffing levels and arrangements were adequate to meet the number of and the assessed needs of the residents. The aim was to ensure that residents had independence but were also provided with staff support when or as needed. These staffing arrangements were adequately flexible to cover times of increased resident need. Staff turnover was low thus minimising the impact for residents of having staff unfamiliar to them and vice versa.

Regular staff meetings were held and minutes maintained of such meetings. A staff supervision system was in place providing a structure to further support staff in being actively involved in the running of the centre and resulting in positive outcomes for residents. For example, each staff meeting devoted time to reviewing the file of one resident. This meant all staff were up to date on what the residents goals were and how these goals were being achieved.

The governance and management arrangements facilitated staff to engage in ongoing education. Staff confirmed this to the inspector and spoke of being facilitated to attend specific accredited courses on intellectual disability, management essentials and any other course that staff wished to pursue and which was relevant to their working environment. Staff described how there were no barriers to seeking support from colleagues and all members of the management team. Staff spoke of "never feeling alone" in their working environment and having great respect for their managers.

Staff training records were available and all staff had completed mandatory training in safeguarding, fire safety and responding to behaviours that challenged. In addition to the aforementioned accredited courses, additional training supported good practice and included infection prevention and control, medicines management, first-aid and epilepsy awareness. The training, development and quality department of the organisation was instrumental in ensuring such training and refresher training, was planned, carried out and recorded. Staff demonstrated

knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at managing and interpreting behaviours that challenge and intervening in an appropriate and safe manner.

The statement of purpose, a record the provider is required to produce and that describes the centre, the service provided and the aim of the service, was reviewed. The record contained all of the required information and was an accurate reflection of the centre and the service and supports that were actually delivered.

The provider had accessible procedures for the receipt and management of complaints. There was a low-reported incidence of complaints and this would equate with feedback received by the inspector, from residents. Residents reported that they would have no hesitation in approaching staff or the management team if they had a concern.

Incident and accidents were recorded on a data base. Analysis of this information was incorporated into the annual reviews of the service. This along with other information gathered, informed the ongoing focus on the quality of and safety of care and support.

Regulation 15: Staffing

The inspector found that staffing levels and arrangements were adequate to meet the number of and the assessed needs of the residents. The aim was to ensure that residents had independence, but were also provided with staff support when or as needed.

Judgment: Compliant

Regulation 16: Training and staff development

The governance and management arrangements facilitated staff to engage in ongoing education. Staff described how there were no barriers to seeking support from colleagues and all members of the management team.

Staff training records were available and all staff had completed mandatory training in safeguarding, fire safety and responding to behaviours that challenged. Staff demonstrated knowledge about the care and supports for residents as a result of their training.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well governed and the provider had consistent, effective systems for monitoring and improving the quality and safety of the service. This approach to the governance and management of the service contributed significantly to the high level of reported satisfaction from residents. There was clarity on roles, responsibilities and reporting relationships. The management team consisted of the person in charge, the residential services manager, the regional manager in addition to a social care leader in each house. These arrangements created a working environment which worked effectively.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information and was an accurate reflection of the centre and the service and supports that were actually delivered.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre, there were effective arrangements for ensuring that the required notifications were submitted to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was available for residents in a format that was, in so far as possible, accessible to them.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents' quality of life and overall safety was prioritised and managed in a person-centred manner with emphasis on facilitating and promoting residents' choices and preferences. Residents' social care needs were actively supported and encouraged and the residents accessed numerous external activities such as swimming, bowling, paid employment, community volunteer roles, holidays, attendance at music events and dining out. Residents were seen to be active participants in running their own homes. This included choosing the décor, deciding what provisions were needed and where to shop.

There was an emphasis on supporting residents with life-skills including independently accessing community amenities, making decisions on how to use their available finances and attending educational courses. Residents appeared confident in exercising these skills and took pride in inviting the inspector to their home and showing the inspector around their homes.

Residents were encouraged to understand and where possible manage their own health care needs. They had access to pertinent allied services such as physiotherapy, speech and language therapy and dietetic support. Residents choose their own general practitioner (GP) and attended the GP's surgery when or as necessary. In some instances, residents attended their GP independent of staff. Where indicated, psychiatric support was available. To augment psychiatric care, staff attended training on this subject. The inspector noted the sensitivity staff showed towards such health matters. This sensitivity and knowledge contributed significantly to a resident maintaining good health in this area.

Health promotion was incorporated into the daily lives of residents. For example, several residents spoke about the exercise classes or sporting activities they attended. Some competed at competitive level. Walking to and from the shop was integrated into daily life. There was emphasis on healthy eating with bowls of fresh fruit seen in residents' homes. Regular and age related health screening checks were carried out.

Residents had their own mobile phones. Residents had access to internet and some choose to have their own broadband provider and package as opposed to availing of the package operating in the centre. Residents had their own televisions and were also supported with easy read versions of various documents. Residents attended the organisation's advocacy meetings and also attended international conferences on advocacy.

Residents had regular multidisciplinary reviews according to their needs and also annual support meetings attended by them and, where necessary, their representatives. These meetings informed plans and goals for the year ahead. Goals set by residents and their key worker were meaningful and encompassed the centre core targets of best health, access to the community and contact with friends and family.

There was adequate food and drink available, and the inspector observed a discussion with residents regarding planning meals that reflected various choices

and preference. Residents were involved in preparation of shopping lists and in carrying out shopping alongside staff. Residents' specific dietary requirements were catered for, and where additional support was required for eating or drinking, staff were knowledgeable of any specialist recommendations, and these needs were supported appropriately.

There were effective systems in place to protect residents from abuse and the person in charge and the staff team provided effective supports to the residents, in consultation with them. Residents told the inspector about the process for accessing help and who to contact if at any time they had concerns about the way they were being treated. Behaviours that challenge were not a dominant feature of this service but there was evidence and residents confirmed, that staff supported them to manage and understand their own challenges.

Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which was regularly reviewed and included clinical and environmental risks. Any changes in residents assessed needs were promptly responded to. For example, where a resident's interest in talking with visitors had dwindled and was out of character, the local services manager met privately with the resident to assess if there were concerns the resident wished to share. In addition, the team leader noted this change as something to be monitored least there were cognitive changes occurring for this particular resident.

There were fire safety management systems in place, and staff had been appropriately trained in fire safety. There were adequate arrangements in place for the detection, containment and extinguishing of fires, and equipment was regularly serviced. Residents took part in fire drills at scheduled intervals and there were personal evacuation plans in place for each resident.

Residents were protected by appropriate procedures in relation to the ordering, receipt, storage and disposal of medicines. Staff had received training in the safe administration of medication training and were supported with practical administration prior to administering residents' medicines.

Regulation 10: Communication

Each resident was assisted and supported to communicate their needs and wishes. This included a pictorial support book for staff, to aid them with the specific communication skills of that particular resident.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space available for residents to maintain control over their own possessions. Houses were seen to be decorated with residents own personal effects. Residents were empowered and supported to manage, in so far as practicable, their own financial affairs.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, attractively decorated and met the needs of residents who lived in these homes and apartments.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were assessed and well managed thus minimising the risk of injury to a resident.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire prevention measures were in place thus minimising the risk of harm to residents by preventing a fire occurring in the first instance and secondly, if a fire should occurred, minimising its impact.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment, by appropriate health care professionals, had been undertaken of the health, personal and social

care needs of each resident.
Judgment: Compliant
Regulation 6: Health care
The health care needs of residents were given good attention. Medical attention was sought promptly as required and staff remained with the resident when or if they needed to be admitted to hospital. There was a good and positive focus on health promotion ensuring residents had the best health outcomes possible.
Judgment: Compliant
Regulation 7: Positive behavioural support
Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour.
Judgment: Compliant
Regulation 8: Protection
The registered provider made arrangements for each resident to be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.
Judgment: Compliant
Regulation 9: Residents' rights
The centre was operated in a manner that showed respect for each resident and their families.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant