



## Office of the Chief Inspector

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

Name of designated centre:	Glendalough Service
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	01 and 02 July 2019
Centre ID:	OSV-0005553
Fieldwork ID:	MON-0023983

## About the designated centre

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

Glendalough Service provides 24 hour residential care to meet the needs of 10 female and male adults with moderate to severe intellectual disability who require support with their social, medical and mental health needs. The centre is formed by three adjacent houses in a residential area in a large town. Residents with moderate intellectual disability and low level support needs reside in one house. Residents with moderate intellectual disabilities, and who require dementia care reside in the second house, where palliative care can be delivered if necessary. In the third house, care is provided to residents who have a diagnosis of autism, with behavioural support needs and who require a high level of support. It is intended to offer a lifelong service for residents from 18 years to end of life. Residents at Glendalough Service are supported by a staff team that includes nurses and care staff. Staff are based in each house in the centre when residents are present, including at night.

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

Number of residents on the date of inspection:	9
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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
01 July 2019	14:20hrs to 18:30hrs	Jackie Warren	Lead
02 July 2019	09:45hrs to 16:10hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with eight residents who lived in the centre and discussed the service with most residents. Residents confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. Some stated that they had previously lived in other places and that this was their favourite. They said that they got on well with other residents in the house and considered them to be good friends. Residents also stated that they enjoyed the activities that they took part in at their day services. Residents also spoke highly of staff, and said that they trusted and felt safe with them. They explained that they attended a weekly meeting in the centre and were involved in the running of the centre and in how they lived their lives. Although a small number of residents did not speak with the inspector, the inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided for residents who lived there. Furthermore, the provider and management team had addressed an issue that had been identified in the previous inspection report.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out on behalf of the provider. Audit records showed high levels of compliance and areas for improvement in the centre were identified and were being addressed. An annual review of the service had been carried out on behalf of the provider. This formed a report on the quality of the service, although this report did not reflect the level of consultation with residents that was evident during the inspection.

The person in charge was based in the centre, was present there most days, and had responsibility for the day-to-day running of the service. She was known to the residents and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was not present.

The provider had ensured that staff had the knowledge to carry out their roles. There were a range of up-to-date policies and procedures available to guide and inform staff. Staff had also received extensive training relevant to their roles, including mandatory training. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support needs.

The provider had measures in place for the recording and reviewing of adverse

incidents. There had been a low level of accidents and incidents in the centre since the last inspection and any adverse events were being suitably recorded, reported, and managed.

The provider had ensured that there was an up-to-date statement of purpose that reflected the service being provided to residents. In addition the arrangements for residing in the centre were clearly laid out in written agreements, which had been agreed with all residents and or their representatives.

The provider had also ensured that there were clear arrangements in place for the management of any complaints or concerns about the service.

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management, and infection control. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was a clearly defined management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents. However, some improvement was required to the annual review and report process to ensure that consultation with residents was effectively recorded.

Judgment: Substantially compliant

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

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by residents and or their representatives.

Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
There was a statement of purpose which described the service being provided to residents, and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and copies of the statement were made available to residents and their representatives.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted as required.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had suitable arrangements in place for the management of complaints. While there had been a low level of complaints in the centre, any complaints received had been suitably managed and resolved.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
All policies, required by Schedule 5 of the regulations, were available to guide staff and were up to date.
Judgment: Compliant
<b>Quality and safety</b>
Residents living at the centre received person centred care and support,

which allowed them to enjoy activities and lifestyles of their choice, and suited to their assessed needs.

The inspector could see that residents were out and about in the community and were very involved in a wide range of local activities, such as sporting events, training courses and classes, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities, and confirmed that they enjoyed them.

Residents were supported to communicate in accordance with their needs and had access to television, radio, magazines and information technology. Information was also supplied to residents in appropriate formats that they could understand.

The centre suited the needs of residents. All houses were clean, comfortably furnished, well decorated and suitably equipped. All residents had their own bedrooms, and could lock their doors if they chose to. The rooms were decorated to residents' liking and were personalised with artwork, photographs and personal belongings.

The provider had measures in place to ensure the safety of residents. These included fire safety management arrangements, identification and control of risk, and measures for the management of behaviours that are challenging. However, some staff had not taken part in recent fire evacuation drills, and the outcomes of these drills were not being suitably recorded.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were ensured to meet these goals.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Residents also had the option of attending national screening programmes. Healthcare services including speech and language therapy, occupational therapy, physiotherapy, psychology and behaviour support were supplied by the provider. Plans of care were developed for residents which ensured that residents' healthcare requirements were identified and appropriately delivered. In addition, the provider had employed nursing staff at the centre to support residents' care needs.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any identified nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.



## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

## Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places, such as family homes and in the community.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to take part in a range of social, sporting, and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre is comprised of three houses, which were well maintained, clean, suitably decorated, and comfortably furnished. The person in charge explained renovations planned for the centre to improve safety and comfort for residents. However, one area for improvement was required as there was no evidence available to verify that the centre's central heating boiler was being suitably serviced and maintained.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, and residents' rights. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had suitable arrangements in place for the management of risk in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had introduced measures to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, fire doors throughout the centre, internal fire safety checks by staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents. However, some staff had not taken part in recent fire evacuation drills, and the outcomes of these drills were not being suitably recorded. This presented a risk that opportunities for learning from fire evacuation drills could be lost.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. Plans of care had been developed to meet each residents assessed needs and lifestyle preferences. These were being suitably reviewed and implemented.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals, and national screening programmes. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glendalough Service OSV-0005553

Inspection ID: MON-0023983

Date of inspection: 01 and 02/07/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual review updated to reflect changes in relation to consultation with residents and families.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Log of service history and qualification of external maintenance company is now available to verify that the centre's central heating boiler is being suitably serviced and maintained.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Guidelines and protocols completed in relation to the fire register, and the participation of all staff to carry out fire drills. Schedule now in place across this designated centre.	

## 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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	08/07/2019
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	10/07/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	02/07/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	02/07/2019