



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

## Issued by the Chief Inspector

Name of designated centre:	Glade House Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0001752
Fieldwork ID:	MON-0043877

## About the designated centre

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

Glade house is a residential service, which is run by Western Care Association. The centre provides accommodation and support for male and female adults with an intellectual disability. The centre comprises of one bungalow in the centre of a town in Co. Mayo. The bungalow comprises of residents' bedrooms, shared bathrooms, office space, kitchen and dining area, utility and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service. Residents have access to buses and can also walk to activities in the local town.

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

Number of residents on the date of inspection:	3
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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 (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
Tuesday 18 February 2025	10:50hrs to 16:40hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection of this centre. The inspector found that the residents in this centre received a good quality, person-centred service. Staff had received training in areas that were relevant to the care and support of the residents. Staff were provided with clear information through support plans, risk assessments and information from relevant healthcare professionals. However, more detailed information for staff about the supports needed by residents in relation to their communication was required. Residents were supported to engage in activities in the centre and in the wider community that were in line with their interests. The rights of residents were respected in this centre. The provider maintained good oversight of the quality of the service.

The centre consisted of a bungalow in a housing estate. It was located in a large town close to shops, supermarkets, cafes, restaurants and other amenities. Each resident had their own bedroom. There was a large bathroom with a level-access shower. The house also had a kitchen-dining room with a comfortable sitting area. There was an additional separate sitting room. The centre had a utility room, small washroom and there was also a staff sleepover bedroom that doubled as an office. Outside, there was a small lawn and parking at the front of the house. The person in charge reported that refurbishment works had taken place at the back of the house to improve drainage and to make the space accessible and usable for residents. The back of the house was a large patio area. There were raised planters and a decorative timber-clad wall with garden lights and plants.

The house was clean, tidy and in a good state of repair. It was nicely decorated. It was warm, bright and comfortable. Residents' photographs were on display in the communal rooms and in the residents' bedrooms. Residents' bedrooms were decorated in different styles in line with their tastes. Bedrooms had been recently painted. The house was fully accessible to all residents.

The inspector met two of the three residents on the day of inspection. Residents said that they were happy in their home and that they liked living in the centre. One resident showed the inspector their bedroom and chatted about the activities that they enjoyed. Residents were heard chatting with staff.

In addition to the person in charge, the inspector met with two members of staff. The staff spoke about the residents respectfully. They were knowledgeable on the needs and preferences of residents. Staff gave clear examples of how residents were offered choices throughout the day and how these choices were respected. They spoke about the supports that they provided to residents in daily activities in the centre and in the wider community. Staff were knowledgeable on the procedures that should be followed should any safeguarding concerns arise.

Overall, the inspector noted that residents received a good quality service in this centre. The governance and management arrangements ensured that areas for

service improvement were identified and addressed. Some improvement was required in relation to information given to staff about residents' communication needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management impact the quality and safety of the service provided.

## Capacity and capability

The service was well governed and lines of accountability were clearly defined. The provider maintained the quality of the service through routine audit. Staffing numbers and skill-mix were suited to the needs of residents.

The provider had maintained good oversight of the service through routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded. Actions to address issues found on audit were identified and completed within a specific timeframe. This ensured that any issues identified were addressed and that the service was continually improved. The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

The staffing arrangements in the centre were suited to the needs of residents. Staff had received training in modules that were relevant to the care of the residents and this training was largely up to date.

## Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents.

The inspector reviewed the rosters in the centre from 1 January 2025 to 9 March 2025. These indicated that the required number of staff with the necessary skill-mix were available at all times to assist residents. The staff were consistent and familiar to the residents. Flexibility was built into the roster to ensure that staff were available to assist residents in line with their needs. For example, on the day of inspection, the rostering arrangements had been changed to support a resident to attend a medical appointment.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had largely up-to-date training in modules that were relevant to the care and support of residents.

The inspector reviewed the training records in the centre. These indicated that staff had up-to-date training in the modules that the provider had identified as mandatory. Where staff required refresher training, staff had been enrolled in upcoming courses. In addition to mandatory training, staff had received additional training in modules that were specific to the identified needs of the residents in this centre.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had recorded the required information in relation to all residents as outlined in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had good governance and oversight arrangements in the centre to monitor the quality and safety of the service.

The inspector reviewed the audits that had been completed in the centre since June 2024. The audits had been completed in line with the provider's schedule. The person in charge had implemented a system whereby any findings from audits could be recorded and addressed within a specific timeline.

The provider had completed an annual report into the quality and safety of care and support in the centre. The provider had also completed six-monthly unannounced audits of the service in line with the regulations. The most recent audit had happened on 12 December 2024 and the report was not yet completed on the day of inspection. The inspector reviewed the audit that had been completed prior to that and found that it was comprehensive and identified specific actions for service improvement.

There were clear lines of accountability. Staff knew who to contact should any issues arise. Information was shared with staff at regular team meetings. Team meetings happened monthly and the inspector reviewed the minutes of the meetings from October 2024 onwards. These meetings covered issues specific to the residents' care; for example, review of any incidents that occurred in the centre. Issues relating to the service as a whole were also discussed; for example, rostering

arrangements.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
<p>The inspector reviewed the contract for the provision of services for two of the three residents. These contracts clearly outlined the fees that the residents were required to pay and the terms on which the resident resided in the centre. The contracts were signed by the provider's representative and the resident or their representative.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The inspector reviewed the quarterly audits of incidents that occurred in the centre. These indicated that the provider had submitted notifications to the Chief Inspector in line with the regulations.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted. Some improvement was required in relation to the provision of information to staff in relation to residents' communication supports.</p> <p>Residents received a person-centred service in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. However, some improvement was required to ensure that staff were fully aware of the communication supports used by all residents.</p> <p>The safety of residents was promoted in this service. Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures in place to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to</p>

reduce those risks.

## Regulation 10: Communication

The provider had made arrangements to support residents to communicate their needs and wishes. However, some improvement was required in relation to the information that was available to staff to ensure that the appropriate supports were provided to residents.

Staff were observed speaking with residents in a supportive manner. They were aware of the particular communication strategies used by residents when communicating. When speaking with the inspector, staff demonstrated good knowledge of residents' communication needs and supports.

The inspector reviewed the communication profiles for two residents. These documents provided some guidance to staff on the communication supports required by residents. However, the information was very general and neither communication profile was signed or dated. This meant that was unclear if the information was still relevant to the residents. In addition, some of the specific strategies used by residents, as observed by the inspector and described by staff, were not recorded in the communication profiles. For example, one resident used specific signs when communicating and this was not outlined in the resident's communication profile. This meant that staff may not be provided with all of the required information to ensure that the appropriate supports were put in place for residents.

Judgment: Substantially compliant

## Regulation 11: Visits

The provider had ensured that the residents were facilitated to receive visitors in line with their wishes. The house provided space for residents to receive visitors in private. The inspector reviewed the minutes of residents' meetings for November and December 2024, and January 2025. This showed that receiving visitors was discussed with residents and supported by staff.

Judgment: Compliant

## Regulation 13: General welfare and development

The residents were supported to engage in activities that were in line with their

wishes. This included activities within the centre and in the wider community.

The inspector reviewed the notes for two residents. These indicated that residents were supported to engage in activities that were enjoyable and in line with their interests. These included social activities; for example, meeting friends, playing sports, going out for meals, and day trips. Within the centre, residents were supported to engage in activities that they enjoyed; for example, art. Residents were supported to maintain contact with family and friends.

Judgment: Compliant

### Regulation 17: Premises

The centre was suited to the needs of residents. As outlined in the first section of the report, the centre was clean and in a good state of repair. It was nicely decorated. There was adequate space for residents to spend time together or alone. The centre was accessible to all residents. The provider had plans to adapt the centre in the future to meet the changing needs of one resident.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

The inspector reviewed the notes of two residents. These indicated that where residents required specific supports in relation to their food and nutrition, residents had been supported to access relevant healthcare professionals. Recommendations from these professionals were recorded and staff were knowledgeable on how to appropriately support residents with their nutritional needs.

The inspector noted that there was ample fresh food in the centre and that residents were routinely offered choices in relation to their meals and snacks.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk.

The inspector reviewed the centre's risk register. This was comprehensive and the

risks identified were specific to the service. They had been recently reviewed by the person in charge.

The inspector also reviewed the risk assessments that had been developed for two residents. These gave clear guidance to staff on how to reduce risks to residents. They had been recently reviewed. There was evidence that residents had inputted into the development of the risk assessments.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that the residents' health, social and personal needs had been assessed.

The inspector reviewed the records for two residents and found that an assessment of these needs had been completed within the previous 12 months. An annual review of the residents' personal plans had been completed within the previous 12 months. These review meetings included a review of the previous year's goals and goals for the following year. There was input from the residents and their family representatives at these meetings. This meant that the provider could make arrangements to meet the needs of each resident.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were well managed in this centre.

The inspector reviewed the health records maintained for two residents. These indicated that residents were supported to attend medical appointments, as required. Referrals were made to medical and health services when needed. Information from medical and health professionals was available to guide staff. Residents had a named general practitioner (GP). Staff had received training in specific areas that were relevant to the care and support of the residents in this service. They were knowledgeable of the supports needed by residents in relation to their healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that residents were supported to manage their behaviour.

Staff had received training in how to support residents manage their behaviour. When reviewing two residents' notes, the inspector noted that referrals had been made to appropriate professionals in response to incidents that had occurred in the centre. Advice and information from these professionals was shared with staff at a team meeting.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that residents were protected from abuse.

Staff had received training in safeguarding. They were knowledgeable on the steps that should be taken if a safeguarding incident occurred. Safeguarding was included as a standing agenda item on all monthly team meetings.

The inspector reviewed the intimate care plan for one resident. This plan was detailed and comprehensive and gave clear guidance to staff on how to support the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

The inspector reviewed the minutes of the residents' meetings held in November and December 2024 and January 2025. The minutes recorded the residents' responses, comments and remarks. Residents were offered choices in relation to their meals and activities in the coming month.

There was evidence that residents had input into the running of the centre through these meetings. The voice of the resident and their views were considered in relation to their care and support. Residents had input into their own risk assessments and personal plans.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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

# Compliance Plan for Glade House Residential Service OSV-0001752

Inspection ID: MON-0043877

Date of inspection: 18/02/2025

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The communication profiles for each person will be reviewed, signed and dated to ensure all information is relevant to support the person and in line with the communication goals and needs of the person supported. This will be discussed at the staff meetings so that all staff are aware of and implement the correct communication support for each person.	

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/04/2025