

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

Issued by the Chief Inspector

Name of designated centre:	Tonyglassion Group Home
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	14 December 2021
Centre ID:	OSV-0007820
Fieldwork ID:	MON-0032469

About the designated centre

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

Tonyglassion Group Home is a centre made up of one house (with a self-contained apartment) and a separate apartment on the grounds of the property. It is based in a rural setting in Co. Monaghan and transport is provided for residents use. The service provides 24 hour residential care and support for up to five residents with disabilities who present with complex needs. The centre comprises of a entrance hallway, a staff office, four resident bedrooms (all of which have en-suite facilities), a central bathroom, a sitting room, a dining room, a kitchen and a utility facility. Within the main house there is also a self-contained one bedroomed apartment. There is a separate apartment to the rear of the property which accommodates one resident. This building contains a kitchen/dining space, a main bathroom, store rooms, and a bedroom with en-suite facilities. The centre is staffed on a 24/7 basis by a person in charge, a team of staff nurses and care assistants. There is a qualified nurse on duty on a 24/7 basis in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 14 December 2021	11:00hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service comprised of a detached house and two self-contained one bedroom apartments. One apartment was within the main building of the house while the other was a detached dwelling to the rear of the property. The service was in County Monaghan in close proximity to a number of nearby towns and villages.

The inspector met with two residents and spoke with one of them so as to get their feedback on the service provided. Feedback from two family representative (over the phone) also formed part of this inspection process.

On arrival to the service, the inspector observed that staff were supporting one of the residents to move into an apartment within the house. This apartment was a new addition to the house and, had just recently been completed. The process of supporting the resident with this move was based on their assessed needs and the inspector observed that it was also taken at a pace to suit the individual preference of the resident.

For example, the resident was being slowly introduced to their new surroundings and supported/encouraged to use their new facilities so as to give them ample time to adjust to their new environment. One staff nurse spoke to the inspector about this on the day of the inspection and reported that so far, the resident was responding well to the adjustment.

Another resident spoke with the inspector at regular intervals over the course of the inspection. They reported that they liked living in the house and liked the staff team. The resident liked animals and collecting pens and spoke about these hobbies to the inspector. The resident also had their own routine in the house and staff were supportive of this. For example, at times they liked to sit in the office chatting with staff or have a coffee in the dining room. They appeared very much at home in their house, happy and content in the service and comfortable in the company and presence of the staff team. Staff were also observed to be person centred and professional in their interactions with the resident.

Later in the day the inspector observed a staff member supporting a resident with table-top activities. This resident did not speak with the inspector however, they appeared content in the house and at ease in the presence of this staff member. They were also skilled and dexterous at some of these table-top activities and the staff member supporting them was observed to be kind and encouraging with the resident at all times throughout the day. The person in charge also informed the inspector that as part of this resident's person centred plan and goals, they wanted to fly in an aeroplane as they had never been on one. This goal was realised for the resident earlier this year and it was reported that they very much enjoyed this

activity.

Residents were also supported to keep books of photograph which captured important events such as holidays and social outings. For example, one resident had a photograph book where they kept pictures of events such as a family wedding and other social activities of interest. This supported them to remember and recall these important events.

Two family representatives spoken with (over the phone) were complimentary and positive about the quality and safety of care provided in the house. One family representative reported that they were very happy with the quality and safety of care, everything was good and that staff were approachable. They also said that while a number of staff changes had occurred recently, so far everything was good and, they could speak to any staff member at any time about anything. At the time of this inspection the family member said that they had no complaints about the service however, if they did have any issues they would have no issues discussing these with the person in charge.

They also reported that they were happy with the accommodation provided to their relative, they were happy in the house, liked their room and, their healthcare needs were provided for.

The other family representative spoken with reported that their relative seems happy in the house, the staff team were good and approachable and, they had no complaints. They said while there were some restrictions in use in the house, this was to promote the residents overall health, safety and wellbeing. They said their relative gets what they need in the service and, they were satisfied that their healthcare needs were being provided for.

The inspector observed that there were a number of environmental restrictions in use in this service to support the residents overall safety. These restrictions were monitored and kept under review. Where appropriate and deemed safe to do so, they were also reduced or removed after such reviews.

The house was observed to be functional and laid out to meet the needs of the residents. However, despite the recent addition of a new apartment to the house, aspects of the premises required repair and/or updating. For example, a number of door frames required repair, as did aspects of some flooring and, a number of communal areas/walls required painting. It was also observed that one resident's armchair required upholstering.

Over the course of this inspection the inspector observed that staff supported the residents in a professional and person centred manner. Staff appeared to understand the communication needs of the residents and it was observed that residents were comfortable and at ease in the presence of staff.

While some issues were found with the premises, fire safety, infection prevention control and positive behavioural support, one resident reported that at the time of this inspection, they were happy in their home and feedback from two family representatives spoken with over the phone was positive and complimentary on the

service provided.

The following two sections of this report discuss the above points in more detail.

Capacity and capability

A number of non-compliances were found on the last inspection of this of this service in January 2021 to include staffing, governance and management, premises, positive behavioural support and rights. Since then the provider had made arrangements to address many of these non-compliances and while some issues were identified on this inspection, the managerial oversight and governance of this centre had improved.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a director of nursing, an assistant director of nursing and a clinical nurse manager III (CNM III). There was also a 24/7 management on call system in place and contact details of each manager on call was available to all staff working in the centre.

The person in charge was a qualified nursing professional with experience of working in and managing services for people with disabilities. They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, manual handling, infection prevention control and hand hygiene.

Issues were identified with staffing at the last inspection however, the person in charge informed the inspector that the service was now operating with a full staff team. Additional staffing hours had also been provided to the centre this month (December 2021) to support one resident to transition to a new apartment within the house.

The person in charge was also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. While some minor amendments were required to be made to the document due to the new configuration/layout of the house, the management team were aware of this and had plans in place to address this issue.

The statement of purpose also consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and management team ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in June 2021, identified that staff were to complete training in human rights, a transport risk assessment was to be updated and some health-related documentation required review. All these issues had been actioned and addressed at the time of this inspection. Notwithstanding, some issues remained ongoing but are discussed under section two of this report: Quality and Safety.

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional with experience of working in and managing services for people with disabilities. They were aware of their legal remit to the regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, manual handling, infection prevention control and hand hygiene.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a director of nursing, an assistant director of nursing and a clinical nurse manager III (CNM III). There was also a 24/7 management on call system in place and contact details of each manager on call was available to all staff working in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. Some minor amendments were required to be made to the document due to the new configuration/layout of the house however, the management team were aware of this and had plans in place to address this issue. The statement of purpose also consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to engage in social activities of their choosing and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with the premises, infection prevention

control, positive behavioural support and fire precautions.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. Transport was also available to the residents so that they could go for scenic drives and social outings. One resident had recently gone on an aeroplane trip which formed part of their social goals for 2021. Residents also liked to take trips to nearby town to go to the shops and have a drink or dinner out. Where a resident had a particular interest, it was being supported by staff. For example, one resident liked a particular magazine and staff supported the resident to go to the shops to buy this publication for themselves. On the day of this inspection, some residents went for drives and social outings with the support of staff.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. Residents also had access to occupational therapy, physiotherapy, dietitian, chiropody and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. For example, where a resident had epilepsy, a comprehensive care plan and protocol was in place to guide staff in the management of this condition.

Access to behavioural support was also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. A number of restrictive practices were also in place to support residents with health-related issues and to promote their safety. Since the last inspection of this service in January 2021, all restrictive practices had been reviewed and where appropriate (and deemed safe to do so) some were reduced or removed. For example, some drawers in the kitchen area were no longer locked.

Some restrictive practices remained in place so as to ensure the residents safety. For example, some taps had water flow restrictors applied to them, so as to reduce the volume and quantity of fluid they provided when turned on. This was to support some residents with specific health-related conditions. However, the use of this particular restriction for one resident required review. This was because the resident in question was required to have their fluid intake measured on a daily basis. While staff were recording what the resident was drinking, they were not recording the quantity of fluid intake for this resident. In turn, the inspector could not determine if the resident was receiving their required fluid intake of 2000mls per day.

Other restrictions also noted such as the kitchen door being locked at specific time during the day so as to ensure residents safety around the cooker. However, these restrictions were recorded when used and reviewed on a regular basis in the service.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. Since the last inspection the number of NF06s coming in for this service had reduced and adaptations had been made to the

building so as to make the environment safer. For example, one resident now had their own apartment in the house that they could use when they required a quieter environment. The person in charge was aware of their legal remit to respond to any allegation and/or suspicion of abuse and ensures measures were in place to keep residents safe.

There were two safeguarding issues ongoing at the time of this inspection however, the person in charge had reported and responded to both issues as required and interim safeguarding plans were in place to support residents safety. Residents also had access to independent advocacy services and an independent advocate had visited the service earlier in 2021. The inspector viewed a small sample of files and found that staff had training in safeguarding of vulnerable adults. One family representative also informed the inspector that if they had any issues whatsoever with the service they would bring them to the attention of management.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, in order to mitigate the risk for residents with health-related condition's such as epilepsy, care plans were in place to guide practice, regular reviews of medication took place and a qualified staff nurse was available on a 24/7 basis so as to ensure adequately qualified staff were at all times available to support the resident.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines and there were adequate hand-washing facilities available. The inspector also observed staff wearing PPE throughout the course of this inspection. However, some furniture such as an armchair required upholstery (parts of the leather covering was worn and broken) and this has not been adequately assessed as being a possible infection prevention control issue. Other parts of the building also required repair and/or painting to include a number of door frames and some corridor walls.

An issue with regard to accessibility of the building which was found on the last inspection in February 2021 had been addressed by the time of this inspection. The provider had installed a ramp into the building which ensured it was fully wheelchair accessible.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm, emergency lighting, fire extinguisher and fire signage. These were also being serviced as required by the regulations. Fire drills were happening on a regular basis and each resident had a personal emergency evacuation plan in place. However, it was observed that on a fire drill earlier this year, two residents refused to leave the building. While this issue was logged and recorded in the centre, it required further review as there was inadequate information provided to staff on

how to manage such a situation if it were to reoccur.

Regulation 17: Premises

Some parts of the building required repair and/or painting to include a number of door frames and some corridor walls.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

Some furniture such as an armchair required upholstery (parts of the leather covering was worn and broken) and this has not been adequately assessed as being a possible infection prevention control issue

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was observed that on a fire drill earlier this year (2021), two residents refused to leave the building. While this issue was logged and recorded in the centre, it required further review as there was inadequate information provided to staff on how to manage such a situation if it were to reoccur.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The use of a particular restriction for one resident required review. This was because the resident in question was required to have their fluid intake measured on a daily basis due to excessive intake of fluids. While staff were recording what the resident was drinking, they were not recording the quantity of fluid intake for this resident. In turn, the inspector could not determine if the resident was receiving their required fluid intake of 2000mls per day.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. The person in charge was aware of their legal remit to respond to any allegation and/or suspicion of abuse and ensures measures were in place to keep residents safe. Residents also had access to independent advocacy services (and an independent advocate had visited the service earlier in 2021) and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults. One family representative also informed the inspector that if they had any issues whatsoever with the service they would bring them to the attention of management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tonyglassion Group Home OSV-0007820

Inspection ID: MON-0032469

Date of inspection: 14/12/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to meet compliance with Regulation 17: Premises the following actions have been undertaken:	
<ul style="list-style-type: none">• The Person in Charge has sourced a Painter and the hall wall and Door frames will be completed by 31-01-2022• A Contractor has commenced work on the door frames on the 10/01/2022 and this will be completed by 21-01-2022	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In order to meet compliance with Regulation 27: Protection against Infection the following actions have been undertaken:	
<ul style="list-style-type: none">• The Person in Charge has assessed all furniture within the Centre. Armchair viewed on the day of inspection has been replaced. All other furniture is compliant with infection prevention control measures- Completed 6-01-2022	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to meet compliance with Regulation 28: Fire precautions the following actions have been undertaken:</p> <ul style="list-style-type: none"> • The Person in Charge has liaised with the Fire Safety officer and the Clinical Nurse Specialists in behavior in relation to these incidents where residents refuse to leave the building during fire drills. • The Multi-Disciplinary Team met on the 11/01/2022 and reviewed the resident's individual persons emergency evacuation plans and risk assessments to ensure appropriate control measures are in place for the safe evacuation of residents. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In order to meet compliance with Regulation 7: Positive Behavioural Support the following actions have been undertaken:</p> <ul style="list-style-type: none"> • The Fluid intake charts now specify intake in milliliters to ensure the resident is receiving their required fluid intake in line with GP recommendations for associated healthcare needs. This was introduced on the day of the inspection (14/12/2021) and is ongoing on a daily basis. 	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/01/2022
Regulation	The registered	Substantially	Yellow	11/01/2022

28(3)(d)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Compliant		
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	14/12/2021