



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

Issued by the Chief Inspector

Name of designated centre:	Glenbow Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	30 August 2023
Centre ID:	OSV-0003364
Fieldwork ID:	MON-0031692

About the designated centre

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

Glenbow Services is run by the Health Service Executive and is located a short distance from a town in Co. Sligo. The centre provides residential care for up to 11 male and female residents, who are over the age of 18 years and have mild to profound intellectual disabilities. The centre is based on a campus setting and comprises of two bungalow dwellings located within close proximity to each other. Residents have access to their own bedroom, some en-suite facilities, shared communal areas, bathrooms and each bungalow provides residents with level access to a green area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Wednesday 30 August 2023	12:30hrs to 19:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents, the person in charge and staff on duty, and also viewed a range of documentation and processes.

The inspector met with all the residents who lived in the centre, although residents did not have the verbal capacity or wish to discuss their lives there with the inspector.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day service, and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the care and wellbeing of residents.

The centre was laid out and equipped to meet the needs of the people who lived there and provided them with a safe and comfortable living environment. There was comfortable furniture and seating, soft furnishings, and artwork, and wide corridors, some of which were equipped with handrails to increase residents' independence and safety.

During the inspection, the inspector saw residents having suitably prepared meals to suit their needs and preferences. Although most meals were prepared in a central kitchen and supplied to residents, menus were provided in the centre daily to enable residents to have choices around what they had to eat. There were fully equipped kitchens in each house and staff could prepare light meals or alternatives for residents who preferred something different to eat. Supplies of snack and ingredients for making light meals and sandwiches were available in the centre. Staff were very knowledgeable about any special dietary requirements for residents and meals were being appropriately served. Staff explained that residents also went out for a meal, coffee or refreshments and that they enjoyed this. One resident enjoyed a take-away meal on Fridays and this was arranged.

As this was a home-based service residents had choices around doing things in the centre or going out to do things in the community. Residents could also attend day service activities if they chose to, and one resident liked to go there three times each week. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, going for walks., visiting families and friends, board games and colouring, and music. The centre had dedicated transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that resident could be supported by staff to do activities of their preference. On the day of inspection, one resident was out and

about during the day for a drive, shopping and refreshments, while the other resident was at day service. Some other meaningful activities that residents took part in and enjoyed, included horse riding, social farming, gardening and sometimes going out for a pint.

Residents' involvement with family and friends was a very important part of this service. Several residents talked about going to visit and spend time with family and friends, and family members also came to visit residents in the centre. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance.

Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to delivery of staff training was required to ensure that a good quality and safe service would continue to be maintained.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. The person in charge was based adjacent to the centre and was present there daily. There were effective arrangements in place to support staff when the person in charge was not on duty.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. An audit schedule was in place for 2023, and auditing was being carried out as planned. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and frequently updated. The provider also had a clear process for management of complaints should this be required. A review of the quality and safety of care and support of residents was

being carried out annually. This review was comprehensive and detailed, included consultation with residents and or their representatives, and gave rise to an improvement plan with realistic time frames for completion.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate staffing levels to support residents' preferences and assessed needs.

The centre was suitably staffed at the time of inspection, and records demonstrated that suitable staffing levels were being maintained. Staff who met with the inspector had worked with these residents for a long time and had an in depth knowledge of their support needs.

Staff had received training relevant to their roles, such as training in hand hygiene and infection prevention and control, in addition to mandatory training in fire safety, behaviour management and safeguarding. Policies and procedures required by the regulations were also available to guide staff. However, a small number of staff had not received some once-off training required by the provider. This included training in food hygiene, data protection and sexuality awareness training. At the time of inspection, there was no evidence that this was impacting negatively on residents' welfare.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning files, directory of residents, food records, audits, and staff training records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. However, some staff had not received some once off training required by the provider.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

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.

Judgment: 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
Regulation 3: Statement of purpose
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 available in the centre, was being reviewed annually and was up to date.
Judgment: Compliant
Regulation 30: Volunteers
The provider did not use volunteers in their designated centres.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of the requirement to notify the Chief Inspector of absence of a person in charge.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.
Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, although there were no active complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge had an office in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of the service and the provider ensured that residents received a good level of person centred care. However, improvement was required to a part of the premises that was currently unoccupied.

The management team and staff in this service were very focused on maximising the community involvement and general welfare of residents who lived there. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

Family contact and involvement was seen as an important aspect of the service. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were suitable arrangements in place to manage any temporary absent of a resident from the

designated centre. Such absences were being recorded, and there was an up-to-date policy to guide this practice.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and individualised personal plans had been developed accordingly and were accessible to residents. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans and care needs. Nursing staff were based in the centre, who were involved in the ongoing assessment of residents' health needs. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to manage their own medication.

Residents' nutritional needs were well met. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences, and residents' weights were being regularly monitored and food records were being suitably maintained.

The centre was located in a campus setting close to a busy city and coastal area. The centre suited the needs of the residents. All residents had their own bedrooms, all of which were comfortable and personalised. There were accessible grounds where residents could spend time outdoors. There were two houses in the designated, one of which was occupied while the other was currently vacant. The occupied house was spacious, warm, clean, comfortable and well maintained. The unoccupied house was well laid out, comfortable and suitable for its purpose. However, this house required some redecoration and upgrading before being occupied again. The management team had already identified this need and explained that cleaning, internal painting, sanding and sealing of timber floors, and supply of some new appliances and furniture was planned for this house and these works were scheduled to start the day after the inspection.

Systems were in place to safeguard residents and staff from risks associated with fire. Fire safety measures included up-to-date servicing of fire safety equipment and internal fire safety checks by staff. Personal emergency evacuation plans had been developed for each resident, and residents took part in regular fire evacuation drills, all of which had taken place in a timely manner.

Information was supplied to residents both through suitable communication methods, through interaction with staff and the provider had also provided a written guide for residents with information about the service. It was clear throughout the inspection that staff were familiar with residents' communication needs and could effectively communicate information to them.

Regulation 11: Visits

Residents could receive visitors in the centre, and they were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social 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. At the time of inspection, one house in the centre was occupied and this house was comfortable, well maintained, clean and suitably decorated. The other house was vacant and minor work was required in this house before transfer of any residents to the house. All these works had already been identified by the person in charge and management team and were scheduled to start the day following this inspection.

- internal walls and some doors required repainting
- the house required an overall cleaning
- there was no washing machine for residents' use
- there was no dishwasher in the kitchen for residents' use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed, and residents had choices at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A range of information was provided to residents in user friendly format, such as the service agreement and information about residents' rights and safeguarding. There was also a residents' guide that met the requirements of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was good access to a local pharmacist.

Judgment: 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. Since the last inspection, arrangements have been put in place to ensure that residents' individualised goals and activity memories were presented in a format that was relevant to residents' needs.

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 and medical consultants. Access to healthcare professionals was arranged as required. 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

This regulation was not examined in full at this inspection, but staff training in positive behaviour support was reviewed. All staff had up-to-date training in behaviour support and there was an up-to-date policy to guide practice.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
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 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Glenbow Services OSV-0003364

Inspection ID: MON-0031692

Date of inspection: 30/08/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with Regulation 16;</p> <p>The CH CDLMS Disability Services training matrix is in place to record and monitor compliance with mandatory and site specific training.</p> <p>A Training Needs Analysis is completed annually which identifies the mandatory and site specific training requirements for the designated centre.</p> <p>There is a plan in place for staff to complete site specific training as identified in this report;</p> <p>General data protection regulation (GDPR) training has been completed on HSEland by all staff in the designated centre. Completed 29th September 2023.</p> <p>Primary food hygiene training will be completed by three staff members. This is booked through an external company and will be completed by 31st October 2023.</p> <p>Sexuality awareness in support settings (SASS) training is to be completed with seven staff members. Sligo Leitrim Disability Services receives 4 places on this course monthly. All staff members in this designated centre will be prioritised for training and will have completed SASS training by the 31st December 2023.</p> <p>A training compliance report is completed quarterly by the CNM3 in Quality, Risk and Service User Safety and any deficits in training is escalated through line management reporting structures and a timeline for completion identified</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance with Regulation 17;

All internal walls and doors within the designated centre have been repainted.
Completed: 29th September 2023.

A full deep clean of the premises has taken place prior to residents transferring to the designated centre. Completed: 20th September 2023

New white goods for the premises i.e. dishwasher and washing machine have been installed in the premises. Completed: 28th September 2023

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2023
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	28/09/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/09/2023