Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glasthule
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	28 September 2022 and 29 September 2022
Centre ID:	OSV-0004136
Fieldwork ID:	MON-0028461

About the designated centre

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

Glasthule designated centre is located in a suburban area of South County Dublin and is comprised of three individual units. It provides 24 hour residential care to persons with intellectual disabilities and has capacity for supporting 11 individuals. All three units are community based and provide supports through a social care approach. The centre is managed by a person in charge who is supported in their role by two social care leaders and a staff team which is made up of social care workers, staff nurses and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Wednesday 28 September 2022	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead
Thursday 29 September 2022	10:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in the designated centre were supported to enjoy a good quality life were provided with choice and options in line with their likes and preferences. Overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account.

This inspection was a registration renewal inspection and was completed over two days. The inspector visited two of the three houses. On the first morning of the inspection, the inspector was provided the opportunity to speak with two of the residents living in one house and later that evening, the inspector met with five residents who lived in another house the house. On the second day, the inspector met with one other resident. While some residents met with the inspector individually, other residents chose to relay their views, about the care and support provided to them in the centre, as a group.

Overall, residents told the inspector that they were very happy living in the house and who they were living with. For the most part, residents informed the inspector that they were happy with who they lived with. However, on one instance, the inspector was informed about an incident where they were upset by their fellow resident. However, the resident advised that they knew who to talk to should they be upset or unhappy about similar situations. A number of residents were happy to show the inspector their rooms and at the time appeared happy and proud of the design and decor of their rooms. The inspector observed that the residents' bedrooms were personal to each resident and contained photographs, pictures and items that were meaningful to them.

The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. In advance of the inspection, residents and their families were provided with the option of completing Health Information and Quality Authority (HIQA) questionnaires. On review of the questionnaires, most of them had been completed by each resident with the support of their staff.

Overall, residents expressed that they were satisfied with the quality of care and support provided to them. Residents were happy with the amount of choice they were provided around their daily lives and were happy that their right to privacy and dignity was promoted. All residents noted that they felt safe. A number of residents noted that they would like more space in their home or would like a bigger house. In general, residents relayed in the questionnaires that they were happy with the activities they engaged in, both in their home and out in the community. Residents said that they knew who to go to should the want to make a complaint. Residents noted that they were happy with the support they receive from their staff. Some of the residents expressed that they liked seeing regular staff in their home while other

residents noted that they did not like when there was a change of staff.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' house meetings with their staff where choices were discussed and decision made. Matters such as keeping safe during the current health pandemic, complaints and staffing were also discussed at the meetings. Where appropriate, the agenda and minutes of the meetings were in a form that met the communication needs' of the residents.

Overall, the inspector observed the two houses to have a homely feel. For the most part, the inspector observed the physical environment of the houses to be clean and tidy with a number of improvements made to some of the facilities since the last inspection. However, some upkeep and repair was needed in both houses. In one house, upgrades were needed to ensure the house met the needs of all residents at all times and was accessible at all times and promoted residents' independence as much as possible. In one house, where five residents lived, the main sitting room was the place where all residents tended to congregate a lot. On the day of the inspection, the inspector observed this area to be busy and with residents' differing ways of vocalising their point of view, was loud at times. Staff noted that additional space would be beneficial to the residents and in particular, where some residents preferred quiet space.

Residents were facilitated and encouraged to engage in their communities. Residents spoke to the inspector about the different activities they enjoyed in the community and about upcoming planned activities and celebrations. Some residents had returned to their day service however, for most residents this service had not yet returned on a full time basis. Some residents received their day service from their home as this better met their needs. Residents were also supported to engage in the local community through going out for coffee, take-away and meals out. Residents also enjoyed shopping, going to the cinema and visiting their families.

In summary, the inspector found that each resident’s well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

Overall, the inspector found that systems in place endeavoured to ensure residents were in receipt of a safe and good quality care and support. There had been some improvements to the premises since the last inspection however, there were a number of recommended upgrades and improvements needed and in particular to one of the premises. This is discussed further in the next two sections of the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The registered provider and person in charge were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. On the day of the inspection, there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by two supervisors, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support.

The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for residents, and in particular, improvements to a number of infection prevention and control systems in place. However, while on the day of inspection there was adequate staffing to support local governance and management systems in place, there had been a supervisor vacancy from May to September 2022 which had in turn, impacted on the effectiveness and consistency of some of the local monitoring and support systems in place during this period.

Notwithstanding the above, the provider had completed an annual report in July 2022 of the quality and safety of care and support provided to residents living in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to residents were taking place and there was a plan in place to address any concerns regarding the standard of care and support provided.

Overall, the provider was endeavouring to ensure that the service provided to residents was appropriate to each of their assessed needs. In one of the houses in the designated centre, there had been a changes to some of the residents. A number of upgrades to the premises had been recommended by an allied health professional in 2021. However, on the day of the inspection, the inspector observed that much of the upgrades had not been completed and improvements were needed so that the provider ensured that they were completed in a timely manner.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster identified the times staff members, as well as the person in charge and

two supervisors, worked each day. However, to build on some of the temporary systems in place, a review was needed to ensure that there was satisfactory documentation in place, at all times, to clearly recorded when the person in charge and supervisors were present in each house.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. Staff who spoke with the inspector demonstrated good understanding of the resident's needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. However, a number of staff were due refresher training.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified timeframes to the Health Information and Quality Authority (HIQA).

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. The person in charge was endeavouring to ensure continuity of care for residents. For example, where relief staff had been required, the roster demonstrated that the same three staff were employed.

Additional staff had been put in place during the health pandemic restrictions when residents could not avail of their days service. Although residents had returned to their day service, it was not to the extent it had been previously provided. For example, most residents were not availing of a full-time day service. The additional staff provided extra support to residents in the evenings and at weekends. This ensured residents had more choice in activities offered during these times but also saw a notable decrease in adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place for all staff working in the centre. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date.

Overall, the person in charge was endeavouring to ensure that staff training was kept up-to-date however, there were a number of staff due refresher training. For example, refresher training was due for the following areas; one staff member for fire safety training, two staff members for the management of behaviours that is challenging including, de-escalation and intervention techniques, three staff for dysphagia training, two staff for first aid, one staff for epilepsy training and two staff members for manual handling training.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability. However, as referred to earlier in the report, during a period where the full cohort of local management personnel was not in place, supervision meetings had not been taking place as per schedule.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up-to-date with all the required information.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

There was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. Provider audits and unannounced visits were also taking place to ensure that service delivery was safe and that a good quality service was provided to residents. However, during 2022 there was a staffing vacancy for one the supporting local management team (a supervisor). In the absence of the supervisor the inspector found that a number of local audits had not been completed. These audits were part of monitoring and oversight arrangements in place that ensured the quality care and support provided to residents. In addition, a number staff members' one to one supervision meetings, which support staff in their role, had not been completed. The supervisor role was filled in September 2022 however, the provider had not put a contingency plan in place should this local governance and management vacancy situation arise again.

The provider was endeavouring to ensure that the service met the assessed needs of all of the residents, all of the time. There was a plan in place for an extension to be built in 2024 which would enhance the service provided to the residents and be in line with the 'aging in place' model. However, in one house, recommendations to upgrade a number of areas in the house, made by an allied health profession in 2021, had not yet been completed. Overall, the timeliness of the provider to complete these upgrades was not satisfactory.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required. There was a comprehensive adverse incident logging system in place which clearly demonstrated appropriate follow up and shared learning after each incident.

Judgment: Compliant

Quality and safety

The inspector found that overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, improvements were needed to the upkeep and repair of the designated centre and in particular, to some of the facilities provided to residents. This was to ensure that residents were living in an environment that promoted accessibility and independence at all times. Some improvements were also needed to residents' personal plans including the effectiveness of reviews, appropriate storing of information relating to the plans and choices around the format of the plans.

The inspector visited two of the three houses. In both houses, the inspector observed that residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their bedrooms which included family photographs, paintings and memorabilia that were of interest to them.

In one of the houses, the inspector observed that overall, the physical environment of the house was clean and in good structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in

this house. However, while the second house was observed to be clean and tidy, with some recent upgrades made, there was a number of upkeep and repair works needed to a number of rooms in the house and in particular, a downstairs toilet shower facility. Some of the disrepair impacted on the infection prevention and control measures in place. In addition, some of the upkeep required, impacted on accessibility and independence for residents.

There was a plan in place for an extension to be built in 2024 which would enhance the service provided to the residents, however, in the interim, recommendations that had been made by an allied health professional, remained outstanding. This impacted on some residents ability to access all areas and facilities in the house independently. Some of the repair and maintenance worked required had been self-identified by the provider. While some of the recommendations had been completed overall, the majority of what was included on the allied health professions recommendation had not been completed. In addition to these recommendations, there were a number of other upkeep and repair works needed to other areas in both houses.

The inspector found that, for the most part, the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the resident. The majority of the actions from the previous infection prevention and control inspection had been completed.

There were cleaning schedules in place and there was evidence to demonstrate that staff were adhering to the schedules. However, there were some areas of the house, including fixtures, furnishings and equipment, that required a deeper clean to ensure the centre was conducive to a safe and hygienic environment at all times. In addition, a there were areas in the house that required repair and upkeep, which meant that, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

The centre had appropriate fire management systems in place. Fire safety checks took place regularly and were recorded appropriately. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. For the most part the plans were regularly reviewed and residents, and where appropriate, their family members, were consulted in the planning and review process of their personal plans. However, a sample of plans demonstrated that improvements were needed to ensure the effectiveness of the plans at all times and in particular, relating to the review of the progress of residents chosen goals.

There had been a significant reduction in behavioural incidents in the centre in the last year. Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans and adverse incidents.

Where applied, restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. Overall, the inspector found that the provider was endeavouring to ensure that the least restrictive for the shortest duration was in use in the designated centre.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received appropriate training in the safeguarding and protection of vulnerable adults. Staff spoken with appeared familiar with reporting systems in place, should a safeguarding concern arise. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The inspector observed that overall, the provider and person in charge were endeavouring to promote the rights of the residents. The residents participated in and consisted, with the supports where necessary, to decisions about their care and support. Residents had the freedom to exercise choice and control in their daily live and had access to advocacy services and information about their rights. In addition, residents were consulted and participated in matter relating to the designated centre that were of interest to them and that were important to them. However, an improvement was needed to ensure that all residents rights in relation to person information was protected at all times.

Regulation 17: Premises

The provider was endeavouring to implement a plan to provide additional communal accessible space for the changing needs of the five residents’ living in one of the

houses and to move towards incorporating an 'aging in place' model so that residents could, as much as possible, live out their lives in their home.

However, in one house, there had been a number of changes to residents' needs in the last twelve months, and again more recently. On the day of the inspection, the inspector observed that while some recommendations included on an allied health professional's report had been addressed, overall, the majority of recommendations, had not been completed. These included reconfiguration of steps leading into a downstairs toilet and shower facility, high visibility markings, replacing the floor covering so that it was non-slip, replacing wall tiles and tap on wash-hand basin. Changes to provide better access from the back door of the house, back yard and paths, layout of the kitchen units and facilities within the kitchen, had also been recommended.

In addition to the recommended upgrades to the downstairs toilet and shower facility, the room was observed to be in poor state of repair, such as peeling paint on tiles, tiles broken under the toilet and grime and mould around the sink and shower area.

Furthermore, there were a number of other maintenance issues observed on the day of the inspection in both houses, that impacted on the infection prevention and control measures in the centre, however, these have been addressed in Regulation 27.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. Individual and location risk assessments were in place to ensure the safe care and support provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Judgment: Compliant

Regulation 27: Protection against infection

The following is an example of some of the upkeep, repair and deep cleaning issues that were observed on the walk-around of the two houses.

As a result the centre was not, at all times, conducive to a safe and hygienic environment. In addition, not all surfaces could be effectively cleaned, which in turn,

posed a potential risk of the spread of infection to staff and residents.

- A bathroom, which had some maintenance work completed since the last inspection, required upkeep. Due to poor ventilation, mould and rust had returned to areas in the room post-maintenance.
- The shower room upstairs required some repair to the silicon on the base of the shower.
- A single arm-chair in the sitting room appeared grubby and unclean around its wheels.
- The tiles on the utility room floor were in disrepair and lifting off the ground.
- A tumble dryer appeared grubby an unclean including the sockets behind it.
- The seal in the sink in a downstairs bathroom needed repair as did the seal in a sink in the upstairs bathroom. In the same bathroom the extractor fan was observed to have a build-up of dust.
- There were splashes and stains on a radiator beside a toilet in an upstairs bathroom.
- In the third floor bathroom there was peeling paint on tiles and the plughole in the sink required upkeep.
- The counter top in a kitchen chipped in areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some improvement was required to ensure the effectiveness of the reviews of residents' personal plans.

On review of a sample of plans, the inspector found that some of the plans included residents' goals for 2022 including their progress, and where appropriate, photographs of goal achievements however, this was not consistent across all plans.

In some plans there were gaps of several months where the progress of the

residents' goals had not been documented as reviewed, progressed or achieved. A number of plans included some elements of visuals and easy to read documents, and for some residents a visualisation board. These were provided to support residents' to better understand the content within the plan, including their chosen goals. However, where this was not in place, there was no clear evidence that residents were able to understand their plan or if they had been consulted about an accessible format of their plan.

Furthermore, a review of the health-supports section of two residents' personal plans was required. This was to ascertain and ensure that specialised seating that had been provided to the residents, was reviewed regularly by the appropriate allied health professional and that the seating continued to meet the two residents' assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents were provided with positive behaviour support plans, the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs.

There were a number of restrictive practices in place in the centre. There had been a reduction in some restrictive practices with the most recent restrictive practice review logs recorded the reduction in five restrictive practices. This demonstrated that the provider was endeavouring to ensure that the least restrictive for the shortest duration was in use in the designated centre.

Judgment: Compliant

Regulation 8: Protection

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety.

The provider and person in charge had implemented measures to ensure the reduction of safeguarding incidents in the designated centre. For example, additional staff had been employed in the evenings and at the weekends to provide more choice around in-house and community activities. This was in an effort to better

support residents' individual needs and in particular, to support the strategies in place to reduce any potential compatibility issues occurring.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with the choice to attend a weekly meeting in their home where matters relating to their care and support was discussed and decisions were made. Residents were supported to understand their right to make a complaint. There was evidence to demonstrate that residents were supported to choose activities and meal options through the use of visual aid choice boards.

The inspector observed that the residents were supported to chose and set personal goals with their keyworkers. The inspector also found that residents were provided with information to inform them about testing and vaccinations related to the current health pandemic, which also included information on consent. There was information on how to access an independent advocate made available to residents on the centre's notice board and in a format they understood.

However, some improvements were needed so that the registered provider ensured that each resident's privacy and dignity was respected in relation to their personal information. In two of the houses, the inspector observed personal identifiable information regards some residents in a folder that was stored in a communal space.

Judgment: Substantially 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 14: Persons in charge	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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glasthule OSV-0004136

Inspection ID: MON-0028461

Date of inspection: 28/09/2022 and 29/09/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding fire training has been completed since inspection date. All staff now in date. 1 staff completed dysphagia training on 17th October 2022. The other two staff are scheduled to complete dysphagia on 14th November 2022 and 12th December 2022. 1 staff completed first aid training on 17th October 2022, the other staff is scheduled for the 1st December 2022. 1 staff completed epilepsy training on 18th October 2022. 2 staff are scheduled to complete manual handling training on the 8th November 2022 and 6th December 2022 respectively. 3 staff have been signed up to complete the online Multi-Element behaviour support training. This will be completed by 31-12-2022. One staff has completed CPI training on 18th October 2022 and the second staff is scheduled for the 8th November 2022. A schedule is in place for staff supervisions for the remainder of 2022. A new SCL has commenced in 2 locations and a previous supervisor is now governing the third location. A schedule for staff supervision in 2023 will be devised by 31-12-2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A schedule is in place for staff supervisions for the remainder of 2022. A new SCL has commenced in 2 locations and a previous supervisor is now governing the third location. A schedule for staff supervision in 2023 will be devised by 31-12-2022	

A catch up schedule for location audits is in progress. This will be finalized and implemented, with relevant audits completed by 31-12-2022.

Contingency plan for SCL vacancies; now highlighted at management level as a defecit. The issue has been added to the management team agenda and a procedure will be drafted by 31-01-2023 to address this concern.

Re upgrades to third property; The contractors have assessed the required works as per the Occupational Therapy recommendations. The interim safety works are planned for completion by 31-01-2023.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Works to downstairs bathroom in property three due for completion by 30-01-2023; The steps will be reconfigured to provide steps with increased depth. New steps will have high visibility markings on the edge or with contrasting colours to the floor below. The floor covering of the bathroom will be replaced with non-slip floor covering. Wall tiles will be covered with Altro Whiterock satin for easy cleaning. The wash hand basin will be replaced with a smaller basin. New taps will be Anti-scald with lever operation. Existing toilet will be replaced. Grab rails will be fitted on the wall side of the toilet to aid sitting and standing. The rear exit steps will be removed: A level platform will be fitted at the outward opening door and then, steps will be replaced with a ramp. This ramp/platform will run to the right as you exit then turn to link with the garden path, beyond the uneven tree roots.

Future planning works for the third house; There is a plan in place to build an extension to the location, which will provide for more space in the rooms in general, and will provide for the future accessibility needs of two identified residents. This is planned for completion by 01-11-2024.

Existing high visibility markings with be removed and replaced with fresh markings by 04-11-2022.

One resident in the third house will be supported to complete meal preparation activities at the kitchen table by 07-11-2022 and this will continue on an ongoing basis.

Foods/items of preference for one resident in the third house will be moved to lower level cupboards/lower levels of the fridge to ensure access by 07-11-2022 and will remain this way.

Tiles in the third floor WC of the third house will be repaired by 30-11-2022

Grime and mould around sinks and shower areas in the third house will be resolved by 07-11-2022

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Grime and mould around sinks and shower areas in the third house will be resolved by 07-11-2022 by our household department.

Silicon on the base of the upstairs shower in third house will be re-done by 30-11-2022

Specialised arm chair in the sitting room of the third house will be deep cleaned by 30-11-2022

Completed; Floor tiles in the utility of the second house have been replaced since inspection date.

Completed; Tumble dryer and sockets in the second house, noted as grubby have been cleaned since inspection date.

Completed; Extractor fans in the bathrooms of the second house have been cleaned since inspection date.

Completed; seal in the sink of up and downstairs bathrooms in the second house have been re-done since inspection date.

Completed; radiator in the upstairs bathroom of the second house has been cleaned since inspection date.

Peeling paint on the tiles of the third floor bathroom and disrepair of the sink plug hole in the third house will be resolved by 30-11-2022

Counter top in the third house will be replaced by 30-03-2023

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: SCL will meet with the key worker of one resident and devise a plan to ensure the resident's goals will be documented, with progress reports and outcomes in a regular and consistent manner. Meeting will take place by 18-11-2022 and updates to goal progress will be completed by 16-12-2022. A new suite of documentation for residents has been devised. These documents will include questions for residents as to whether they wish any items in their plan to be provided in an accessible format. This is due for roll out by 30-03-2023

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Completed; all personal information has been removed from communal areas in the locations, with the exception of dysphagia placemats (these do not contain any personal information)	

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	31/12/2022
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	30/01/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	01/11/2024

	she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2023
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	30/01/2023
Regulation 05(5)	The person in charge shall make	Substantially Compliant	Yellow	30/03/2023

	the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	16/12/2022
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	16/12/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space,	Substantially Compliant	Yellow	28/10/2022

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			