



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

Issued by the Chief Inspector

Name of designated centre:	Glenview House & Cottage
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0005180
Fieldwork ID:	MON-0034960

About the designated centre

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

Glenview House and Cottage consists of a large two-storey house and a cottage located opposite each other in a rural area but within a short driving distance to a nearby town. The centre can provide full-time residential support for up to seven residents of both genders, over the age of 18 diagnosed with intellectual disabilities, an acquired brain injury, autism or a mental health condition. In the house of the centre there is a sitting room, a dining room, a kitchen, bathrooms, staff rooms and two self-contained apartments. In total this house can accommodate six residents, each of whom has their own bedroom. In the cottage there is a kitchen, a living room, bathrooms, staff rooms and a bedroom for one resident. The centre is staffed by a person in charge, social care workers, support workers and a nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 (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
Thursday 18 May 2023	09:35hrs to 20:55hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

Glenview House and Cottage comprises a large two-storey house and a smaller two-storey cottage located in the same grounds in a rural area of Limerick. The designated centre is a short driving distance to a nearby town. The centre is registered to provide a full-time residential service to seven adults. Residents may have an intellectual disability, an acquired brain injury, or an autism, or mental health diagnosis.

The house can accommodate six residents. There are two self-contained living areas, one on the ground floor and one upstairs. Each of these comprises a bedroom with an ensuite bathroom, and a sitting room area. The ground floor living area also has kitchenette facilities. Upstairs, there are four other resident bedrooms, each with an ensuite bedroom, a staff room, and a communal bathroom. Downstairs, there is a large kitchen and dining room, two sitting rooms, and a staff office. The first floor in the house can be accessed by stairs or by using a lift. In the single-occupancy cottage there is a large open plan kitchen, utility and living room, as well as an office, staff bedroom, bathrooms, and a resident's bedroom.

Prior to this inspection the provider had submitted an application to vary one of the registration conditions of the centre. This related to a proposed change in the use of two rooms in the cottage. The impact, if any, of this proposed change on the resident living in the cottage was a line of enquiry for this inspection.

This was an unannounced inspection. On arrival the inspector was greeted by a member of the staff team. They then met with the incoming person in charge. The current person in charge arrived in the centre shortly afterwards and facilitated this inspection. In the course of the day, the inspector also had an opportunity to meet with one of the deputy team leaders and a senior manager. It was explained to the inspector that there was a planned change to the management arrangements in the centre in the coming weeks. To support this change the incoming person in charge was working in the centre to become familiar with the residents, staff team, and day-to-day management arrangements. This person was currently the person in charge in another designated centre operated by the provider.

There was one vacancy in the centre on the day of this inspection. A resident had moved to another designated centre operated by the provider in March 2023. The resident and their family members had visited the centre in advance of the move and they were reported to be settling in well. The inspector had an opportunity to spend some time with all six current residents. Some residents spoke with the inspector about their interests, hopes and plans for the future, and their experiences of living in the centre. Others, due to their regular routines, activities that day, assessed needs, and preferences, chose not to engage as much with the inspector. This was respected.

One resident was sitting in a living room when they first met the inspector. After an initial chat about their activities for that day, they invited the inspector to see their bedroom. Due to their healthcare needs, this resident had recently received a new bed. They also showed the inspector their new chest of drawers. This resident's interest in pets was reflected in the photos and artworks on display. Each resident's bedroom was designed to meet their assessed needs and, where decorated, they were reflective of the individual resident's interests and taste. One resident had an interest in fashion and design and their room was decorated to a very high standard with items they had chosen. On the day of this inspection, they spoke with the inspector about their new television that was due to be put up on wall. They also spoke about where they had bought certain pieces of furniture, and about a local boutique where they liked to buy clothes, describing themselves as a 'proper shopaholic'. They told the inspector of their interest in music and going to karaoke in the past. Another resident in the centre preferred a plainly decorated, warm living environment. This was in place and was reported to work well as a calming space where they relaxed following a busy day of activities outside the centre. Another resident's bedroom was painted in their favourite colour and their adjoining living room and kitchenette area was fitted out with things that they liked and interested them. Three residents spoke with the inspector while in their bedrooms and all reported to be happy with them. On the day of inspection, one resident queried if they could access subscription television channels on the television in their bedroom. Management committed to following up on this. Residents used both the stairs and the lift to access the upstairs rooms, with one resident showing the inspector how to use the lift.

The resident who lived in the cottage was also in their bedroom when the inspector met with them. They appeared very at ease in their surroundings and were watching a concert on television. The cottage had been adapted and decorated to meet their specific needs. A spring-themed painting had been painted on a large window. Free access to their belongings was very important to this resident and there was extensive open shelving in place to facilitate this. The inspector was told that this resident had recently spent some time in a multi-sensory room in the provider's day service and appeared to enjoy it. An occupational therapist and physiotherapist were in the process of reviewing the physical environment in the cottage to see if it could be enhanced further to meet the needs and preferences of this resident. As referenced earlier, the provider had proposed a change in the use of two rooms in the cottage. The inspector assessed that this change would not have any adverse impact on the resident given the current use of the rooms, and the amount of space available to them for their exclusive use.

The premises were decorated in a homely manner. The centre was well furnished with comfortable furniture, soft furnishings, decorations, and televisions available throughout the centre. Some works, including the renovation of a bathroom and the replacement of some floors, had been completed recently. Further works and renovations were planned throughout the centre. It was planned to completely renovate one bathroom in the cottage and convert it to a wet room. It was noted that there were some damaged tiles in this bathroom. When in the cottage the inspector also observed a number of other damaged surfaces including part of the kitchen counter, a wall in the open plan living area, and the surfaces of some office

furniture. The kitchen in the main house was large and well-equipped with cooking appliances and equipment, ware, and some recommended adaptive equipment. There were supplies of fresh and frozen food, and suitable storage available. Main meals were prepared in this kitchen for all of the residents living in the house, including those who lived in self-contained areas. When walking throughout the centre, it was identified that cleaning was required in a small number of overlooked areas, including air vents and above the main kitchen stove. These were addressed immediately and overall the designated centre was observed to be very clean.

While in the main house, it was identified that there was no door in place to separate the area where laundry equipment was used from a hallway. In addition to a laundry being a high risk area for fire, the adjoining hallway formed part of an escape route to be used in the event of a fire. Management responded to this fire risk immediately, ensuring that laundry equipment was not used that day and was moved to a safer location the following morning. The identification of this matter highlighted that the floor plans of the centre submitted to the Chief Inspector of Social services (the chief inspector) were inaccurate. The provider was asked to amend the floor plans and submit them to support the current application to vary the centre's registration conditions.

Although six people currently lived in this designated centre, four residents were allocated either one or two staff to support them during the day and three residents had their own self-contained living areas. These three residents spent very limited, if any, time in the communal areas of the centre or interacting with their peers. Eight staff worked in the centre by day. By night there were three waking night staff, two in the house and one in the cottage. Another two staff completed a sleepover shift, with one based in the house and the other in the cottage. The staff team was made up of social care workers, a nurse, and support workers. From the inspector's observations, it was clear that positive relationships had been developed between residents and the staff team. Staff demonstrated a very good knowledge of residents' assessed needs and the plans in place to support them. Interactions were warm, respectful, and kind. Some of the staff and management team had worked in the centre since it first opened and the positive effect of that continuity of care was evident. Staff were very positive about their roles and the residents when speaking with the inspector.

All residents appeared at ease and content in the centre. Those who spoke with the inspector were very positive about living there, reporting that they felt safe, and were happy with the supports they received. As this inspection was not announced, feedback questionnaires for residents and their representatives had not been sent in advance of the inspection. The inspector reviewed the feedback from some residents as documented in the annual review. This feedback was all positive with residents reporting that they loved living in the centre, describing their input into meal planning and preparation, and outlining how helpful staff were.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in

the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff training, the centre's complaints log, and fire safety systems were also reviewed. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare and other support plans.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place 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

Overall, good management practices were seen, the provider adequately resourced and staffed the service, and it collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being conducted. The provider demonstrated both a proactive and responsive management approach, addressing some matters raised by the inspector on the day of inspection. Some improvement was required in the management and completion of documents in the centre, and the accurate and timely submission of notifiable incidents as outlined in the regulations.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Support staff reported to the deputy team leaders and nurse, who in turn reported to the person in charge. The person in charge was appointed to this role in August 2021, having previously worked in the centre as a deputy team leader. They were employed on a full-time basis, worked in this centre only and were fully supernumerary. The person in charge worked from Monday to Friday. The two deputy team leaders were also based in the centre and mostly worked opposite shifts to each other. The inspector was informed that these members of the management team were not included in the support roster at weekends. This facilitated them to complete administrative duties and staff supervision. The person in charge's line manager was also reported to visit the centre at least fortnightly and was present on the day of inspection. Management presence in the centre throughout the week provided all staff with opportunities for management supervision and support.

The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents' assessed needs and the day-to-day management of the centre. As outlined in the opening section of this report, a management change was planned and the provider had put measures in place to support this handover. The incoming person in charge also displayed a good understanding of the residents' needs when speaking with the inspector.

Staff meetings took place monthly and had recently returned to being held in person following the end of COVID-19 related restrictions. These took place in a local hotel so as not to inconvenience residents. Each member of the staff team received one-to-one supervision twice a year. Group supervision was provided to the person in charge, and the nurse received clinical supervision. These meetings provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

The provider had completed an annual review and twice per year unannounced visits to assess the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in September 2022 and involved consultation with residents, as is required by the regulations. This consultation referenced a survey completed by residents, and their comments as noted in the unannounced visit reports written during the year. An accessible version of this document had also been developed. Unannounced visits had taken place in March and September 2022, and most recently in March 2023. There was evidence that actions to address the majority of areas requiring improvement identified were being progressed or had been completed. The inspector noted that a number of actions related to the need to complete documentation in full, and to print and file paper versions of documents and plans. This was also a finding of this inspection, for example, on a number of occasions, following the review of a document by the inspector, a more recent version was presented. These versions had been updated in an electronic format but not printed, as required by the provider's own procedures. Also, when reviewing the daily activity records for one resident, the records for several days were either not completed or not available.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the chief inspector. As outlined previously, one resident had recently moved out of the centre. Information regarding this resident was not included in the notification submitted for the first three months of 2023, despite them still living in the centre for the majority of that time. In the course of the inspection, it was discussed that a tracking device had been used to support another resident while attending a large sporting event in Dublin. The use of this restrictive intervention had not been reported to the chief inspector, as is required by the regulations. It was also identified that unplanned evacuations of the centre had not been notified within three working days, as required. Instead this information had been included in quarterly notifications regarding occasions of fire alarm activation.

The inspector reviewed the complaints log in the centre. An effective complaints procedure was in place. A review of the complaints log demonstrated that any complaints made were investigated promptly, measures required for improvement were put in place, and the satisfaction of the complainant was recorded. Following review some complaints had been subjected to the provider's safeguarding procedures. Safeguarding will be discussed in the next section of the report. A number of compliments had also been received and documented, with relatives of two residents reporting that they can sleep easy knowing their family member is being supported in this centre.

The inspector also reviewed the statement of purpose available in the centre. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Revision was required to ensure that the admission criteria to the centre were clearly outlined and that all members of the staff team were included in the organisational structure of the centre. These were highlighted to management and addressed during the inspection. Additional information was also included regarding the emergency procedures in place.

Registration Regulation 8 (1)

The provider had submitted an application to vary one of the registration conditions of this centre in line with the requirements outlined in this regulation. However, it was identified in the course of this inspection that the floor plans submitted were not accurate.

Judgment: Substantially compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that the staff team had recently attended training in the areas identified as mandatory in the regulations. Some staff had also

completed additional training related to the profiles of the current residents, for example cardiac first responder training.

Judgment: Compliant

Regulation 23: Governance and management

Overall there were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. The management structure ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings and one-to-one meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that for the majority of identified areas requiring improvement, actions were completed to address these matters. Some improvements were required to ensure that key documents were completed in full, and the most up-to-date versions of documents were available in the centre, in keeping with the provider's own procedures. The provider was also required to ensure the timely and accurate notification of adverse events and incidents to the chief inspector, as required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

This document met the majority of the requirements of this regulation. Some revision was required to ensure that the admission criteria to the centre were clearly outlined and that all members of the staff team were included in the organisational structure of the centre. The statement of purpose was revised, addressing these points, during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all adverse incidents were notified within the timeframes specified in this regulation. In addition, not all restrictive procedures used were notified to the chief inspector, as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. A review of the complaints log demonstrated that any complaints made were investigated promptly, measures required for improvement were put in place, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall there was evidence that residents enjoyed a good quality of life in this centre. The inspector assessed that residents' rights and independence were promoted. Residents enjoyed living in the centre and were supported to be involved in activities that they enjoyed and interested them. This included those who were availing of the active retirement service provided in the centre.

On the day of this inspection residents were seen to be living busy lives and engaging in activities that were meaningful to them. One resident had a number of health-related appointments that day and spoke with the inspector about these. Another resident was attending their day service for a large portion of the day and others had gone to visit a wildlife park. One resident spoke with an inspector about a course they were doing in the local community. The aim of this course was to support them to enhance their money management skills. This tied in with their overall goal to increase their independence and move from living in a designated centre. This resident also went regularly to the gym and spoke with the inspector of the importance to them of keeping active. They showed the inspector some planting they had done in the outside area and plans they had regarding work to be done in their family home. Staff explained that one resident enjoyed going out for a drive and two daily drives were a very important part of their daily routine. In the days leading up to, and including, this inspection the resident's vehicle was in the garage. This resident appeared to be coping well with this change and was seen going for a walk with staff support in the morning.

Staff spoke with the inspector about a resident that had recently started going for a regular massage. They were enjoying this very much and this activity was seen as a

natural addition to their weekly visits to the hairdresser, regular nail appointments, and shopping trips. This resident was also increasing their physical activity, participating in walks and swimming weekly. Another resident, who attended a day service twice a week, also enjoyed walking. Staff spoke about the variety of places they liked to go for a walk, and their regular visits to their favourite café. The inspector was told that three residents had enjoyed a holiday together last year, another had gone to Dublin in the lead up to Christmas, another had gone to match in Croke Park to support their home county. One resident was due to go to Killarney for an overnight trip the following month.

Contact with friends and family was very important to some of the residents in the centre and this was supported by the staff team. Relatives were welcome in the centre and staff also supported residents to visit their family homes.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as dietary plans. A summary document had been developed for each resident to be brought with them should they require a hospital admission. It was noted that these were not always dated, and at least one required review to reflect a resident's current presentation and support needs. There was evidence that a multidisciplinary review of personal plans was completed annually, as required by the regulations. It was also noted that residents were invited to participate in these reviews, with some choosing to attend their review meeting.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve. These goals were personal to the residents and reflected their interests. There was evidence that these goals were reviewed regularly, often at meetings involving residents and their keyworkers. For some residents there was evidence that they had been supported to achieve their goals, and to develop further goals in line with what was important to them. For one resident, although they had many documented goals, there appeared to be a sole focus on one linked to personal care. Recent monthly outcome records only referenced this goal. The inspector asked to review the last two months of daily activity records for this resident but as was outlined previously many of these were either incomplete or could not be found on the day of the inspection. It was therefore not possible to determine what, if any, progress had been made in supporting this resident to achieve their activity and community-based goals.

Residents' healthcare needs were well met in the centre. A number of residents had complex healthcare needs. In some cases these were increasing as they aged and two residents had spent time in hospital in the last year. There was a defibrillator available in the centre and at least one staff member on each shift was trained in its use. There was evidence that there was good oversight of any required healthcare monitoring, and healthcare reviews and appointments in the centre. As well as the

nurse who worked in the centre, residents could also access supports from the provider's regional nurse. Where a healthcare need had been identified, there was a corresponding healthcare plan in place. There was evidence of input from, and regular appointments with, dentists and medical practitioners including general practitioners (GPs) and specialist consultants, as required. There was also evidence of input from allied health professionals qualified in speech and language therapy, occupational therapy, physiotherapy and psychology.

Residents who required one, had a behaviour support plan in place. For some residents these were integrated into their personal plans. For others, where assessment was ongoing to identify and alleviate the cause of behaviours, a separate, more detailed plan was available. All plans outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. When querying an intervention outlined in one plan, the inspector was advised that it was currently on hold. This was not clear from the documented plan.

The provider demonstrated a commitment to promoting a restraint-free environment in the centre, where possible. The number of restrictive practices used in the centre had reduced in recent months. This was due to one resident moving to another centre, some restraints being assessed as no longer necessary, and the ongoing implementation of a restraint reduction plan for one resident. This plan was documented and clearly laid out the steps in pausing the process, increasing or further reducing the restrictions used. Where restrictive procedures were still in use, they were regularly reviewed to assess their effectiveness and necessity.

A number of notifications submitted to the chief inspector by the person in charge had reported alleged, suspected or confirmed safeguarding concerns. These no longer applied at the time of this inspection. The inspector assessed that any safeguarding concerns had been addressed in line with the provider's own policy and effective measures had been put in place to protect residents from all forms of abuse. It was also evident that the provider collaborated regularly with the local safeguarding and protection team.

The premises was provided with fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Systems were in place to ensure these were maintained and regularly serviced. As referenced in the opening section of this report it was identified that there were no fire containment measures in place between the laundry area and a hallway in the main house. As outlined, this was addressed on the day of inspection. Each resident had a recently reviewed personal emergency evacuation plan (PEEP) to be implemented if required. It was documented that one resident had a history of not participating in evacuation drills but this was not a current concern. A contingency plan was documented should this occur in the case of an emergency. There was reference in another resident's PEEP to the use of an evacuation aid, if required, when they were upstairs. Regular drills were taking place, in different scenarios, and were completed within timeframes assessed as safe by the provider. It was noted that this evacuation aid had been successfully used in the most recent evacuation drill. Management advised that staff received a demonstration on the use of the evacuation aid as part of their fire-safety

induction, completed while walking around the designated centre. The inspector reviewed the records maintained regarding these inductions and noted that there was no explicit reference to this evacuation aid. There was therefore no record that staff had been trained in its use. It was also noted that one of these records read by the inspector was not completed in full.

Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. One resident was attending an educational course locally. Opportunities were provided to residents to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were clean, accessible to the residents, and decorated in homely manner. It was identified that some areas had been overlooked when the centre was cleaned. These were addressed immediately. Flooring was noted to be marked in places but was due to be replaced in the weeks following the inspection. A number of damaged surfaces were observed in the cottage. This damage would prevent these items from being cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detection and alarm systems, emergency lighting, and fire fighting equipment were available in the centre. Regular evacuation drills had taken place and were completed in a time assessed as safe by the provider. Adequate containment

arrangements were not in place in the room where laundry equipment was stored and used. This was addressed during the inspection. Evidence was required to demonstrate that staff had training in the use of an evacuation aid in place for one resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a comprehensive personal plan which was reviewed at least annually. Residents' participation in these reviews was encouraged. It was identified that some hospital passports required review to reflect changes in residents' needs and circumstances. It also needed to be clearly outlined when interventions were on hold or discontinued. The review of residents personal development plans was inconsistent in the centre. While there was review and progress for all goals for some residents, for another there was a focus on one goal only. It was therefore difficult to assess their progress in meeting goals regarding activities and community presence and participation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Resident's had access to health and social care professionals line with their assessed needs. There was regular monitoring, follow-up, and review of residents' medical needs and health conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan in place. The provider demonstrated that any restrictive practices used were regularly reviewed to determine if they were still required and were effective. A number of restrictive procedures had been reduced or removed in the previous year.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in the centre at the time of this inspection. There was evidence that previous safeguarding concerns had been addressed in keeping with the provider's policy. All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Each resident received a service tailored to their individual needs, preferences, and requests. Opportunities for residents to exert choice and control were encouraged and regularly provided, as was their participation in their own plans and the running of the centre.

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 8 (1)	Substantially compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glenview House & Cottage OSV-0005180

Inspection ID: MON-0034960

Date of inspection: 18/05/2023

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
Registration Regulation 8 (1)	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1):</p> <p>1. The Person in Charge (PIC) in conjunction with the Director of Operations (DOO) will conduct a review of the Designated Centre’s floor plans and statement of purpose in line with the Centre’s application for a vary of conditions previously submitted.</p> <p>Note: Action completed and submitted to the HIQA Registration Office on 26 May 2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. The Person in Charge (PIC) shall ensure that Service Users Personal Plans are reviewed and maintained annually or as required where a change of need or circumstance has occurred and ensure that all information is correct and up to date.</p> <p>2. The Person in Charge shall give notice to the authority in writing within 3 working days, following an adverse incident occurring in the designated Centre in line with Centre’s policies and procedures on HIQA Notifications.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure that any incidents of unplanned evacuation that occurs within the Centre they will be reported notice to the authority in writing within 3 working days, in line with Centre’s policies and procedures on HIQA Notifications. 2. The Person in Charge to ensure all restrictive practices which are reviewed and governed in line with the Centre’s policy and procedure on restrictive practices are reported in line with Centre’s policies and procedures on HIQA Notifications. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The PIC to ensure that all planned maintenance works identified during inspection are completed. Identified date for completion of all planned works is due on 07 July 2023. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will review the relevant documentation to ensure it specifically documents that each staff member has received the relevant training for use of evacuation aids. 2. The PIC will create a Standard Operating Procedures (SOP) on the use of fire evacuation aids to support Team Members in the use of the fire evacuation chair. <p>Note: An SOP has been developed and this will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 27 June 2023.</p> <ol style="list-style-type: none"> 3. The PIC will conduct a review of fire containment arrangements within the designated Centre in line with the layout and floor plans. <p>Note: Point three (3) was completed and the laundry area was reviewed, and action was taken to move the laundry area. This was addressed during the inspection on 18 May 2023.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none">1. The PIC shall ensure that Service Users Personal Plans are reviewed and maintained annually or as required where a change of need or circumstance has occurred and ensure that all information is correct and up to date.2. The PIC will ensure that updates to Personal Plans are communicated to Team Members, where required and discussed as part of the next monthly team meeting by 28 July to promote a consistent approach in the provision of care to all residents.	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	26/05/2023
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	07/07/2023
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	26/06/2023

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/06/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	27/06/2023
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water,	Not Compliant	Orange	26/06/2023

	and any incident where an unplanned evacuation of the centre took place.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	26/06/2023
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	28/07/2023
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	Substantially Compliant	Yellow	28/07/2023

	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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