

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

## Issued by the Chief Inspector

Name of designated centre:	Glen Ri Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	01 July 2024
Centre ID:	OSV-0005862
Fieldwork ID:	MON-0035242

## About the designated centre

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

Glen Rí Service comprises of two single- houses in Ballina Co. Mayo. The service provides a residential service to six male adults with a moderate to severe Intellectual Disability. Each house comprises a hallway, three bedrooms, a kitchen and dining area, a utility room, a bathroom, and sitting rooms. Some of the people being supported also have secondary diagnoses including neurological conditions and dementia. Supports are provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people can attend events of their choosing as desired. Social support ensures that people supported can access community and social outlets such as shopping, educational events, concerts, and sporting events dependent on the expressed wish of each person.

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

Number of residents on the date of inspection:	5
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 1 July 2024	10:30hrs to 17:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

From arrival in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents were receiving a person centred approach, having a good quality of life, had choices in their daily lives and were supported by staff to be involved in activities that they enjoyed both in their centre and in the local community. Throughout the inspection it was clear that the management team and staff prioritised the wellbeing and quality of life for residents. Overall, the inspector found that the provider had addressed actions from the previous inspection in 2022 satisfactorily and that one minor action was identified, which is discussed later in the report.

On arrival to the centre, the inspector was welcomed by a resident and a person participating in management. After the inspector signed the visitors book, showed their identification, the resident and staff showed them to the office space. The resident sat with the inspector and the manager and engaged in conversation about the centre, staff and their experiences. Throughout this conversation, the inspector noted that staff and residents interacted in an appropriate manner, respectfully and calm while showing knowledge of all residents. Prior to the inspection, the inspector was advised of one resident having a change in needs at present and the inspection was planned appropriately, however on the day this resident was supported in line with their assessed needs and during the day the inspector observed this resident enjoying walking around the centre outside, enjoying the weather and space. Another resident called briefly into the inspector on two occasions during the inspection and had a short but pleasant interaction and was observed to be familiar with all staff and the office. Throughout the day, one resident was checking in with the inspector before going out with staff on a planned outing. The inspector attended the second house later in the day as residents were returning from their day service. The inspector met another two residents briefly, as one resident was settling back into the house from their day service and another resident also had a brief interaction but was observed enjoying their activity while sitting listening to country music. The inspector also met two staff supporting these residents on their return and settling them into their evening routine. Overall, staff were observed and heard to have a good knowledge of the resident's behavioural tendencies and managed them appropriately in line with their personal plans and behaviour support plans where required. At all times residents were at ease, interacting and smiling through the inspection.

The centre was found to be comfortable and homely in both houses throughout, and suitably decorated, and furnished to the tastes of all residents living in each house. The centre comprised of two single storey dwellings on the outskirts of a large town. Transport was provided for both houses to enable residents to access their local community or to access services in other areas of the county. From arrival into the centre, residents were completing day service or home based activities that were age appropriate and very much the preference of the residents. At all times staff were heard speaking and interacting professionally and respectfully whilst

offering choice and assistance.

From discussions with staff and observations in the centre and a review of records, it was found that residents had a good quality of life, where they made choices about what to do and were supported to be active in their local community. The inspector also noted that the management team were very responsive to residents' support needs and that appropriate staffing was in place to further enhance residents daily living. The provider had ensured that adequate staffing was in place at all times to support and assist residents appropriately.

In summary, the inspector found that residents' safety and social activities were fundamental to all systems and arrangements the provider had in place in this centre. Oversight systems were enhanced by the provider to ensure that the quality of care and service was maintained and sustained in this service, but also ensuring that residents were involved as much as possible in the running of their home.

The next two sections of the report present the inspection findings in relation to the governance and management of the centre, and describes about how the governance and management affects the quality and safety of service provided.

## Capacity and capability

Overall, the inspector found that this centre was well monitored and the management team had very effective oversight of this centre, which ensured that the residents benefited from support and care in line with their assessed needs and receive a good quality service.

The staffing arrangements were viewed as part of the inspection. The inspector also noted that the skill-mix and number of staff met with the assessed needs of residents and also ensured good consistency of care and support was provided at all times. The inspector met with five staff during the inspection and they all showed good knowledge of the residents, their support needs. The inspector reviewed three staff files, and found that the provider had ensured that the files met the requirements of regulations. This also safeguarded all residents through effective recruitment and screening of all staff employed in the service. Staff received regular supervision and support and the inspector saw that a schedule was in place to guide staff when this support was occurring. Staff could also access formal and informal support as managers were easily accessible and available. Regular staff meetings were occurring where from review a clear agenda set out items for discussion and other areas were added as required, for example residents' support needs or planned outings.

The provider had robust management arrangements in place and while the person in charge was on leave on the day of the inspection, the area manager facilitated the inspection and was found to have very good knowledge and familiarity with the all residents' care and support needs but also ensured that all systems were

monitored effectively. This included the completion of a suite of audits in the centre, such as, residents' finance management, medication management, personal plans, infection prevention and control, and health and safety in the centre. The provider had also ensured that two six monthly unannounced visits were completed in the centre and one report was provided to the inspector following the inspection as it was very recently completed prior to the inspection. These documents showed consultation with the residents, whilst reviewing the quality of care and support in place, actions were identified with times for completion specified. The annual review was also in date and completed with all relevant information as required by the regulations.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families or representatives, and this information guided the personal planning process in place in the organisation. This also ensured that activity planning was completed and all appropriate supports, and staffing was provided to enable residents to complete these activities.

The staff had received extensive training relevant to their roles, such as training in fire safety, medication management, first aid, communication, safeguarding and intimate care needs. Bespoke training was also relevant where required, such as epilepsy management, infection prevention and control, food safety, dietary support needs, and mobility needs. Additional training needs was also provided when identified by the management team. There was a range of policies in place to guide staff in the delivery of a safe and appropriate service to residents. Staff had also completed training in human rights and there was information displayed in the centre about the principles of residents' rights, such as the "FREDA" principles of human rights. This ensured that staff were proactive in supporting residents in a rights based approach and confident in challenging any risk adverse approaches.

Records viewed during the inspection included, staff training records, personal plans, risk management documentation, management records and audits completed. The inspector found these documents detailed, descriptive and up to date. The provider had also ensured that the statement of purpose was informative and gave a clear description of the service, facilities and as well as information required by the regulations. The provider had also ensured that information in the centre was also available in an accessible format where required. However, the inspector noted a minor improvement was required with appropriate evidence of the current managers oversight of these documents.

The inspector also reviewed the arrangements in place for the absence of the person in charge for specified periods of time. The inspector noted that there was a clear procedure in place for a short term or long term absence of the person in charge for the centre. This ensured that the centre, residents and staff were always supported, monitored and managed appropriately at all times.

Overall, the inspector found that the governance and management arrangements in place in this centre were safe and effective. This led to very good outcomes for

residents' quality of life and for the care provided.

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### Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

### Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. This ensured that the residents received consistent care and support at all times in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. This included fire, safeguarding, positive behaviour support, first aid and manual handling, as well as bespoke training, such as human rights, epilepsy management, and data protection for example.

Judgment: Compliant

### Regulation 19: Directory of residents

The inspector found that the directory of residents contained the information as specified in the regulations. The management team maintained this record to ensure that it was accurate and up to date.



Judgment: Compliant
Regulation 21: Records
Overall, the provider had good systems in place for the review and management of records in this designated centre. This included the review of records such as personal plans, statement of purpose, staff files and residents' care plans. However, the inspector noted on the day of the inspection that minor changes were required as the current documentation did not reflect the current person in charge's review and signature.
Judgment: Substantially compliant
Regulation 22: Insurance
The provider had ensured that appropriate insurance was in place in the centre and also ensured that the policy in place covered residents property and personal injury.
Judgment: Compliant
Regulation 23: Governance and management
There was a robust management team in the centre and this ensured that there was effective oversight and monitoring at all times. The annual review of the quality and safety of care was completed, and in date. A record and a copy of the most recent unannounced provider led visits were available and showed a comprehensive review of the service in place with actions clearly identified. The provider had addressed all actions from the previous inspection satisfactorily.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
There were contracts in place which clearly laid out the services offered to residents and any charges incurred in the centre.
Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
The statement of purpose included all the required information and adequately described the service and was also available in an accessible format when required.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
At the time of the inspection, the provider did not utilise volunteers in this centre however, a policy and procedure was in place should they be required.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider was aware of their obligation to alert the Chief Inspector should the person in charge become absent from the centre for short periods of time.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
The inspector found that the provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements should the person in charge become absent from the centre.
Judgment: Compliant
<b>Quality and safety</b>
The inspector found that the quality and safety of care provided in this centre was paramount to the staff team, and was of a good quality, person-centred and also

promoted residents' rights.

Review meetings took place annually, at which residents' support for the upcoming year was planned and discussed. This ensured that residents' social, health and development needs were identified and that appropriate supports were put in place to ensure these needs were met. From a review of two personal plans, the inspector found that these were up to date and clearly recorded.

Residents had access to the local community and were also involved in home based activities as well as community activities. At present the residents were enjoying their home based activities and day services but staff maintained consistent activities where required due to the assessed needs of the residents. There was also a variety of amenities and facilities in the surrounding areas and transport was available for all residents. Residential staff were available at all times day and night as well day programme staff where required. The management and staff team were supporting residents to enjoy and access activities they liked and preferred but also supported their developmental skills if required. During the inspection, the inspector noted that the residents were spending time away from the centre and accessing their local community.

In this centre, the inspector found that there were good systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Policies in risk management were in place and in date, and available for review and this included safety statements, that were up to date. Risk assessments for service level risks were identified and in place and each resident had a personal risk management plan which was reviewed regularly by the management team. Staff also received training and support in risk management.

Residents were supported to develop and realise meaningful goals relevant to their age, choice and preferences, and there was a regular review of the progress of these goals. On the day of the inspection, the inspector observed, and heard interacting and communicating in their preferred manner with staff.

The inspector noted that residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and were minimal at present, and there was evidence of regular reviews.

In summary, residents at this designated centre were provided with a good quality service where their independence and autonomy were promoted. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

## Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and

<p>preferences. The inspector found that comprehensive assessments were in place to guide staff who supported residents. In addition, staff used photos, menu boards and objects of reference to communicate effectively with residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 11: Visits</p>
<p>Visits were facilitated and welcomed in the centre and there was appropriate space to facilitate visitors.</p>
<p>Judgment: Compliant</p>
<p>Regulation 12: Personal possessions</p>
<p>On review of the management of residents personal possessions in the centre, the inspector found that there were robust systems in place. This included, monthly receipt of financial statements, staff completed daily checks and the management team also completed reviews of residents personal belongings and finances. The inspector was assured that residents had access to financial means to support their choices and preferences of activities outside of the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 13: General welfare and development</p>
<p>Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development. Residents were supported with a choice of home-based activities or attending a local day service.</p>
<p>Judgment: Compliant</p>
<p>Regulation 18: Food and nutrition</p>
<p>Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Information was made available to residents in a format accessible to</p>

them.
Judgment: Compliant
Regulation 20: Information for residents
The provider ensured that information was provided about the centre and detailed the services and facilities available in the centre as well as other specified information required by the regulations. This document was available in an accessible format for residents living in the centre.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
At the time of the inspection, there was no record or requirement for an absence, transition, or discharge of residents from the centre. The provider had a policy and procedure in place when required, which was reviewed regularly.
Judgment: Compliant
Regulation 26: Risk management procedures
The inspector found that there were appropriate processes in place to assess and mitigate identified risks in the centre, as well as personal risk management plans for residents with known risks identified. This was kept under review and monitored by the management team.
Judgment: Compliant
Regulation 27: Protection against infection
Effective infection prevention and control measures were in place, under current public health guidelines and actions from the previous inspection were now addressed. On review of training records, all staff were up to date with training in infection prevention and control were up to date.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant

# Compliance Plan for Glen Ri Service OSV-0005862

**Inspection ID: MON-0035242**

**Date of inspection: 01/07/2024**

## **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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Review and update all documents/records to ensure they are current, signed and dated.	

## 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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2024