



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

## Issued by the Chief Inspector

Name of designated centre:	Glade House Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	20 October 2020
Centre ID:	OSV-0001752
Fieldwork ID:	MON-0030475

## About the designated centre

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

Glade house is a residential service, which is run by Western Care Association. The centre provides accommodation and support for male and female adults with an intellectual disability. The centre comprises of one bungalow in the centre of a town in co. Mayo. The bungalow comprises of residents' bedrooms and en-suites, shared bathrooms, office space, kitchen and dining area, utility and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service. Residents have access to buses and walk to activities in the local town.

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

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 20 October 2020	10:30hrs to 16:20hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

Due to COVID-19 restrictions, and to reduce risk, the inspector carried out the inspection in a separate area adjacent to the designated centre where various aspects of the service were examined. The inspector did not have the opportunity to meet with any of the residents.

## Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre and the governance arrangements in the centre ensured that a good quality service was provided to residents. However, minor improvement was required to documentation and recording of some healthcare information.

There were sufficient staff available to support residents' assessed needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. Planned and actual staffing rosters had been developed. The provider had ensured that staff were suitably trained for their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management, food safety, epilepsy support and feeding, eating, drinking and swallowing. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date.

The provider ensured that the service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety being provided to residents. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits and that any audit findings had been addressed. The provider had also introduced measures to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it enter the centre.

Records and documentation regarding the service were well managed. Records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested. The documentation viewed included audits records, health and safety and risk assessments, personal profiles, transition plans, healthcare information and care plans. While documentation was generally

maintained to a high standard and was informative, a small amount of healthcare guidance was unclear which presented a risk of inconsistent care being provided to residents.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. There was an up-to-date staff roster which reflected planned and actual staffing levels.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were being maintained and kept up to date. A sample of records viewed were informative and were maintained in a clear and orderly fashion. However, a small quantity of the documents viewed were not suitably recorded.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to

residents.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

There were a range of operational policies and procedures available to guide staff. A sample of policies viewed during the inspection were up to date.

Judgment: Compliant

#### Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe. Residents living at the centre received care and support, which allowed them to enjoy activities and lifestyles of their choice and to receive a good level of healthcare.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were in place to ensure that these were met.

There was evidence that residents were out and about in the community and were involved in activities that they enjoyed, such as community outings, day services, visiting their families and entertainment events. An individualised home-based service was also provided to meet residents' needs during the COVID-19 pandemic.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. There was evidence that the health needs of residents were assessed and involvement of the relevant health care professionals, such as general practitioners, speech and language therapist, dentists and specialist consultants was arranged as required.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures and health symptoms. The provider had also ensured that information

was provided to residents in a suitable to support them to understand the impact of COVID-19 on their lives.

The provider had measures in place to safeguard residents from any form of risk or harm. These included risk identification and control measures, a comprehensive health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks, in addition to individualised risks specific to individuals. The risk register had been updated to include risks associated with COVID-19. Although there were no safeguarding issues in the centre, all staff had also received safeguarding training and there was an up-to-date safeguarding policy to guide practice.

The provider had ensured that residents had freedom to exercise choice and control in their daily lives. Assessments of residents wishes and capacity to access their rights had been carried out. These included community access and involvement, management of finances and support to practice religion and to vote if wished. Residents had access to activities that they enjoyed in the local community and were also involved in meaningful activities and tasks in the centre. Information, such as COVID-19 information, was provided to residents in accessible format.

There was a good level of compliance with regulations relating to the quality and safety of this service.

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had measures in place to ensure that the spread of infection in the centre was well managed. Additional practices and procedures had been introduced and implemented to reduce the risk of COVID-19 infection entering the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' civil, political and religious rights were well supported and residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glade House Residential Service OSV-0001752

Inspection ID: MON-0030475

Date of inspection: 20/10/2020

## 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: All records required will be available on site and completed as required.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/11/2020