Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glencree
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	07 April 2022
Centre ID:	OSV-0002384
Fieldwork ID:	MON-0027912

About the designated centre

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

Glencree is a designated centre operated by St. Michael's House. The centre provides residential care for two adult residents with disabilities. The centre comprises of a two bedroom bungalow. It is located on a campus based setting operated by the provider in north Dublin. Each of the residents have their own bedroom which have been personalised to their own taste. There is adequate communal space within the cottage. There are a number of communal garden areas within the campus which residents have access to. The centre is managed by a person in charge and person participating in management as part of the provider's overall governance arrangement for the centre. The person in charge works in a full-time position and is also responsible for one other centre which is located adjacent to this centre. They are supported by a deputy manager in each of the centres for which they hold responsibility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Thursday 7 April 2022	10:00hrs to 15:50hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Glencree. The inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of the centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE).

On arrival to the service, the inspector observed that the premises was clean and spacious. There were two residents living in Glencree, with no vacancies, and there was adequate communal and private space for residents. Both residents had their own room bedrooms which were decorated to their own tastes and contained personal possessions and furniture. One resident was in the centre at the time of inspection. The other resident was out at planned activities for most of the inspection.

Staff were observed to be warm and friendly in their interactions with the resident who was at home. The resident was observed playing a game on their own tablet with staff support. The resident appeared relaxed and comfortable in the presence of staff.

Residents were supported with communication through a range of methods and the inspector saw visual aids and choice boards displayed throughout the centre. Each resident had a key-worker who supported them with personal plans and goals. One resident had a visual tracker on the wall of their bedroom which noted progress with a personal goal.

From a review of records and documents, as well as observations, it was evident that both residents were engaged in the daily running of the centre in line with their abilities and preferences. Residents participated in regular residents' meeting where they discussed their likes and dislikes, made plans such as activities and meal-plans, and were given information on issues such as rights, infection control and advocacy.

Two resident questionnaires were received by the inspector. Both residents noted that they were satisfied with their own rooms and the facilities in the centre. They also recorded that they enjoyed the food provided and were happy with mealtime arrangements. One resident noted that they enjoyed having visitors over to their home. Another resident shared that they enjoyed various activities in the centre, such as having a foot-spa and playing bingo. While the centre was located in a campus-based setting, it was located on a busy road in a Dublin suburb and residents were found to engage in a range of activities in the community. Residents described some activities they enjoy outside of the centre, for example 'going to the pub for dinner and a pint'.

Overall, it was found that the arrangements in the centre facilitated a person-centred service that supported personal development and upheld residents' rights.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. Some action was required in order to fully demonstrate compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained the information required by Schedule 1 of the regulations.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. A number of systems of oversight were in place to ensure the quality of care and support was monitored at all times, such as financial audits, medication management audits, and data reports that were discussed at management meetings. While it had been over two years since an environmental audit had occurred, it was noted there was one planned in the weeks following the inspection.

The provider and local management team were found to be self-identifying areas for improvement and were taking the necessary steps to bring about the required improvements.

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge. Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to

COVID-19

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as communication supports.

There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. The person in charge was supervised by a service manager.

The provider had established systems that ensured good quality and safe care was being provided to residents. It was found that the centre was well resourced and that care and support was delivered in a person centred manner.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents as outlined in the statement of purpose.

Planned leave or absenteeism was mainly covered from within the permanent staff team, or familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place in the centre and the provider had completed six-monthly reviews.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was facilitating the provision of a service that was safe for residents. Residents were supported to direct their own care plans, contribute to the running of the centre, and engage in meaningful activities that maximised their potential.

There were communication support plans in place for each resident that were based on their assessed needs and supported residents in communicating their needs and making choices. These had been developed in consultation with a speech and language therapist. It was noted that one resident utilised a range of communication methods to share their views and make decisions. Staff were familiar with the communication techniques and there was a communication 'dictionary' available to support staff in their communication with the resident. It was found that the necessary equipment and facilities were available as described in the residents' support plans.

An assessment of residents' eating and drinking support needs had been undertaken by an appropriate health care professional, and there was clear guidance available

to ensure residents' needs were met. There was ample supply of fresh and nutritious food that was prepared in the centre kitchen. Residents could take part in the preparation and cooking of meals and snacks where they chose to, and had free access to the kitchen for drinks and snacks. Residents also had meals delivered from local restaurants on occasions and enjoyed meals and hot drinks in local cafes and restaurants. The dietary requirements and preferences of residents was seen to be considered in meal planning and grocery shopping.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of restrictive practices in place, such as window restrictors and locked exit doors, these were used as a measure of last resort and for the shortest duration of time. It was found that restrictive practices were regularly reviewed and some had been reduced or completely removed following periodic review. There was comprehensive guidance in place to support residents who may engage in behaviours of concern and staff on duty had a good understanding of these support needs.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor the implementation and effectiveness of these measures. The provider had developed a range of policies and procedures in response to the risks associated with COVID-19, and these were well known to the person in charge and communicated to staff.

Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. Residents were supported to avail of immunisation programmes according to their will and preference. Staff supported residents in education and learning programmes regarding infection prevention and control, such as hand hygiene, cough etiquette, and how to stay safe in the community during the COVID-19 pandemic. The premises was found to be clean and tidy, and while for the most part, the facilities were in good condition, the kitchen counter and some cabinets were found to be in a state of disrepair and required replacement or repair to facilitate thorough cleaning.

There were fire safety management systems in place in the centre, which were kept under ongoing review. The inspector found that residents took part in planned evacuations, and that learning from fire drills was incorporated into personal evacuation plans. There were suitable fire containment measures in place and suitable fire-fighting and detection equipment which was serviced regularly.

Regulation 10: Communication

Residents were supported to communicate using preferred methods. There were plans in place for a comprehensive review of communication support needs of

residents, and at the time of inspection there were detailed plans in place that utilised the most current assessment.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout. Kitchen counters were found to require repair or replacement in order to facilitate cleaning.

An IPC audit had not been carried out for a number of years, although it was found to be scheduled to occur in the weeks following the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Glencree OSV-0002384

Inspection ID: MON-0027912

Date of inspection: 07/04/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
IPC audit to take place on the 01/06/2022.

Kitchen counter tops have been added to the organizational works list and should be completed by December 2022

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022