Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Glencree
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	09 April 2019
Centre ID:	OSV-0002384
Fieldwork ID:	MON-0022463

About the designated centre

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

The service provided is described in the provider's statement of purpose, dated February 2019. The centre provides residential care for two adult residents. The centre comprised of a two bedroom bungalow. It was located on a campus based setting operated by the provider in north Dublin. Each of the residents had their own bedroom which had been personalised to their own taste. There was adequate communal space within the cottage. There were a number of communal garden areas within the campus which residents had access to. The purpose of this inspection, April 2019, is to inform a registration renewal decision.

The following information outlines some additional data on this centre.

Current registration end date:	05/10/2019
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 - 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
09 April 2019	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with the two residents living in the centre and observed some elements of their daily lives. The inspector observed warm interactions between the residents and staff caring for them. The inspector observed each of the residents bedrooms which had been personalised to their own taste. Both of the residents separately indicated to the inspector that they enjoyed living in the centre and that staff were good to them. However, each of these residents individually told the inspector that the behaviour of one resident was having a negative impact on their lives.

Both residents, with the assistance of staff, had completed a HIQA questionnaire about their views of the centre. These indicated that the residents were happy living in the centre. The provider had formally consulted with the residents and their families about the quality and safety of the service in the preceding period through the issuing of a feedback form and meetings. Overall, this feedback was positive and complementary of the staff team and care being provided. The inspector did not have an opportunity to meet with the families of either of the residents but staff reported that they were happy with the service provided.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits.

One of the residents was engaged in a day service located on the campus and the second resident had also been engaged in the same day service for a period. However, in 2018 the latter resident commenced an individualised day service from their home which it was deemed would better meet his needs. A new bus had recently been purchased for use by residents in this centre and this facilitated residents to engage in more community activities.

Capacity and capability

There were management systems in place to promote the service provided to be safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified, skilled and experienced person who

had an in-depth knowledge of the needs of each of the residents. The person in charge was in a full time position but was also responsible for one other centre which was located adjacent to this centre. He was supported by a deputy manager in each of the centres for which he held responsibility. He was a registered nurse in intellectual disabilities and a registered general nurse. He held a certificate in management and a higher certificate in applied management. He had been working with the provider for 10 years. He took up the post of person in charge in this centre in May 2018. The person in charge was found to have a sound knowledge of the requirements of the regulations and standards. A staff member spoken with told the inspector that the person in charge supported them in their role and was a good leader.

There was a clearly defined management structure in place that identified lines of accountability and responsibility which ensured staff were aware of their responsibilities and who they were accountable to. The person in charge reported the service manager who in turn reported to the chief executive officer. There was evidence that the service manager visited the centre regularly and was easily accessible as her office was on the same campus as this centre. The person in charge had formal supervision with the service manager at regular intervals.

An annual review of the quality and safety of care had been completed and included consultation with residents and their families as per the requirement of the regulation. The provider had completed six monthly unannounced visits to assess the quality and safety of the service. There was evidence that actions were taken to address issues identified on these visits. A quality enhancement plan was in place which incorporated actions arising from the last HIQA inspection and the provider's six monthly unannounced visits. The person in charge completed monthly data reports which were submitted to the service manager. These reports covered areas such as achievements in the last month, the quality enhancement plan, residents personal plans, incident reports, complaints, fire safety and restrictive practices. Audits completed included medication practices, health and safety and hygiene.

There were systems in place for the recording and management of all incidents. The provider had recently completed a retrospective review of all incidents and identified one incident which had not been notified to the Office of the Chief Inspector as per the requirements of the regulations. The inspector reviewed a sample of incidents and found that these had been appropriately recorded and notified as required.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The inspector reviewed a sample of staff files and found that all of the information as required by the regulations was available on the files reviewed. The full complement of staff was not in place with a shortfall of one and a half whole time equivalents for an extended period. These vacancies were being covered by a relief panel of staff and on occasions agency staff. However, there was evidence that generally the same core group of staff were used which meant that there was consistency of care for the residents.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy,

dated March 2018. A training programme was in place which was coordinated by the provider's training department. Training records showed that all staff were up-to-date with mandatory training requirement. There was evidence that staff had attended other specific training to meet the needs of the residents, such as training in a recognised sign language and There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been completed in line with the frequency proposed in the providers policy and was off a good quality. This suggested that staff were being appropriately supported to perform their duties to the best of their abilities.

A directory of residents was maintained in the centre and was found to contain all of the information specified in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team in place were considered to have the required skills and competencies to meet the needs of the residents living in the centre. However, there were one and a half whole time equivalent staff vacancies at the time of inspection. Staff had been identified to transition internally to fill these positions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Suitable staff supervision arrangements were in place to support staff.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and found to contain all of the information specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated February 2019 that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. However, the provider on completing a retrospective review of incidents had identified one incident which had not been notified to the Office of the Chief Inspector as per the requirements of the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the two residents living in the centre received care and support which was of a good quality and person centred. However, the behaviours of the individual residents were sometimes difficult for staff to manage in a group living environment

and had the potential to negatively impact on each other.

Both residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. Each of the residents personal plans were reviewed at regular intervals. Well being reviews had been completed in the last year with the involvement of individual residents families and members of the multidisciplinary team.

Both residents were supported to engage in meaningful activities in the centre and within the community. One of the residents was engaged in a day service located on the campus and the second resident had also been engaged in the same day service for a period. However, in 2018 the latter resident commenced an individualised day service from their home which it was deemed would better meet his needs. This resident was engaged in a social farm project. Activities residents enjoyed included, trips to a trampoline park, gymnastics, tag rugby, music classes, relay racing, gym, Tai Chi, visits to a dog park, shopping, going to the cinema and going out for dinner. There were some arts and crafts materials in the centre for residents use also. A new bus had recently been purchased for use by residents in this centre. This facilitated residents to engage in more community activities.

The centre was homely, accessible and laid out to meet the aims and objectives of the service. Each of the residents had their own bedroom which had been personalised to their tastes and choices. There was adequate communal spaces available for both residents. This promoted the resident's independence, dignity and respect. It was noted that the wall tile grouting in areas in the bathroom was in need of some attention, but otherwise the centre was in a good state of repair.

The residents were provided with a nutritious, appetising and varied diet. The timing of meals and snacks throughout the day were planned to meet the needs of the residents. Meals were agreed with each of the residents on a weekly basis. It was noted a healthy eating programme was promoted in the centre. One of the residents was supported to follow a special diet with input from a dietitian.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. A local risk register was maintained as a 'live' document in the centre. These outlined appropriate measures in place to control and manage the risks identified. An analysis of all incidents was undertaken on a quarterly basis to identify trends, learning for the staff team in order to prevent re-occurrences. There was evidence that incident reviews were undertaken following all serious incidents.

Arrangements in place for the containment of fire had been identified by the provider as requiring improvement. There was evidence of plans to address the deficits on a planned basis. There was a fire safety policy, dated January 2019. Fire drills involving residents were undertaken at regular intervals and indicated an

appropriate time taken to evacuate the centre. A fire risk assessment had been completed. There was also documentary evidence that fire fighting equipment and the fire alarm system had bee serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. The staff team had received appropriate training and there was evidence that one of the residents had also undertaken online fire safety training.

There were measures in place to protect residents from abuse and residents were provided with appropriate emotional and behavioural support. However, the individual behaviours of each of the residents, were on occasion, difficult for staff to manage in a group living environment. This had the potential to have a negative impact on the individual resident. Behaviour support plans were in place for each of the residents and these provided a good level of detail to guide staff in meeting the needs of residents. There was evidence that plans in place were regularly reviewed by the provider's psychologist.

There were systems in place to ensure the safe management and administration of medications. The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place, dated February 2018. There was a secure cupboard for the storage of all medicines. Staff had received appropriate training in the safe administration of medications. Individual medication management plans were in place. There were some systems in place to review and monitor safe medication management practices which included a count undertaken by staff on receipt of medications from the pharmacy and thereafter on a weekly basis. There was evidence that where deficits were identified these were then investigated by the person in charge.

Regulation 10: Communication

The communication needs of residents had been assessed and were being met.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and laid out to meet the aims and objectives of the service. However, it was noted that the grouting in areas in the bathroom were

in need of some attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, suitable fire safety arrangements were in place. However, the provider had identified a small number of fire containment issues. A plan had been put in place with time lines to address same.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of

evidence-based care and support.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, the individual behaviours of each of the residents were on occasions difficult for staff to manage in group living environment. This had the potential to negatively impact on each other.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Glencree OSV-0002384

Inspection ID: MON-0022463

Date of inspection: 09/04/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • There is ongoing recruitment to fill vacancies and the Registered Provider will continue to schedule interview dates for the existing vacancies in the centre • The PIC and Service Manager will review the roster to ensure the roster meets the needs of the residents. • The PIC has completed the competency based recruitment training and is involved in the recruitment process to ensure potential employees are suitable to the designated centre to meet the specific needs of our residents.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • 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 allegation, suspected or confirmed, of abuse of any resident. • PIC has set as part of staff meeting agendas reporting of incidents as per HIQA notification of incidents document.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC has contacted Technical services department to carry out the necessary repairs to the grout areas in the bathroom.

• The registered provider will continue to ensure provisions relating to schedule 6 are maintained for the centre.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• PIC has consulted with the Organisations fire officer and completion dates for works to be completed have been scheduled and included within the organizational fire register of repairs. Medium risk identified on the organisational fire register will be completed by 30/6/19. Low risk identified on the organisational fire register will be completed by 30/12/19

• All fire precautions are regularly reviewed and fire equipment is tested including emergency lighting.

• Arrangements are in place to ensure detecting, containing and extinguishing fires, giving warning of fires and evacuating where necessary in the event of fire and identifying a safe location.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• A multidisciplinary meeting is scheduled to discuss the individual behaviours of each of the residents in group living environment and the the potential to negatively impact on each other.

• Through residents meetings, each resident is supported to develop skills so that they have knowledge and skills to promote their personal self care and protection.

• Where there are any incidents, allegations or suspicion of abuse, the PIC will ensure

this is reported to the Designated Officer and notifications are made to the authority.

• Each resident is assisted and supported to develop the knowledge, self awareness and skills needed for self – care and protection.

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 15 (1)	Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2019
Regulation 17 (1) (b)	Provide premises which are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	25/05/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/12/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Substantially Compliant	Yellow	01/06/2019

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
08 (2)	Protect residents from all forms of abuse.	Substantially Compliant	Yellow	12/06/2019