



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

Issued by the Chief Inspector

Name of designated centre:	Glenview
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	08 October 2019
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0022472

About the designated centre

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

This service provides residential services to adults over the age of 18 years, diagnosed with an intellectual disability, autism, acquired brain injuries and who may also have mental health difficulties. The centre can accommodate up to five residents and is situated in a large town in County Meath. In this centre the provider' stated aim is to offer supports to residents to experience life in a home-like environment and to engage in activities of daily living typical of those which take place in a domestic setting. Additional supports are in place in line with residents assessed needs. The house consists of five bedrooms, a kitchen-dinner ,utility room and a living room. The centre is staffed with direct support workers, team leaders and has access to nursing support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
08 October 2019	10:30hrs to 17:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking with residents, observing residents, reviewing resident questionnaires and other documentation.

The residents that spoke to the inspector said they were very happy in their home. Residents bedrooms were personalised with personal items such as family photos and artwork and this was something that was important to them. Residents told the inspector they were engaged in meaningful activities within their community and were supported to attend events of their choosing. Residents told the inspector that if they were unhappy about something, they would feel comfortable raising their concerns.

From a review of two completed questionnaires, the inspector noted very high levels of satisfaction within the centre. Residents noted they enjoyed participating in activities outside the centre, such as tidy towns, aroma therapy classes, going to restaurants and concerts.

The inspector observed that residents were very comfortable in their home and with staff. They appeared to know staff well and had a good rapport with them.

Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs and wishes.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. Monthly governance meetings were held by the head or deputy head of community services and the person in charge, these meetings identified areas requiring improvement . The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement, which promoted quality outcomes for residents.

The provider had ensured that staff had the required competencies to manage and

deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. Furthermore, the inspector spoke with a number of staff and found them to be genuinely interested and knowledgeable about residents needs.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. The inspector also reviewed a sample of staff supervision records and found them to be of high quality.

There was a clear planned approach to admissions within the centre and this included the opportunity to visit the centre prior to admission. Admission to the centre was timely, determined on the basis of fair and transparent criteria and placements were based on written agreements with the provider. Appropriate assessments of suitability of placements were completed prior to admission, which ensured the suitability and compatibility of residents living within the centre.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Staff discussed the complaints process with residents regularly, during residents meetings. Residents told the inspector they understood the complaints procedure and were confident that if they raised a concern, it would be managed appropriately. Staff were also familiar with the policy and could explain to the inspector how they would manage any complaints received.

Regulation 14: Persons in charge

The person in charge managed more than one designated centre but had ensured the effective governance, operational management and administration of the designated centre concerned.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. The provider had ensured all Schedule 2 information was in place.

Judgment: Compliant

Regulation 16: Training and staff development
The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriate to their role.
Judgment: Compliant
Regulation 23: Governance and management
The management structure was clearly defined and identified the line of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The centre's admissions process considered the wishes, needs and safety of the individual and the safety of other residents currently living in the centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaints process was user-friendly, accessible to all residents and displayed prominently.
Judgment: Compliant
Quality and safety
Overall residents received a very good quality and safe service within the designated centre. There were systems and procedures in place to protect residents, promote

their welfare, and recognise and effectively manage the service when things went wrong.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community.

Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community. These included attending local day services, going to concerts and engaging in alternative therapies.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

Positive behaviour support plans were in place for residents where required. The inspector reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. Staff spoken with outlined consistent approaches to managing behaviours of concern. These approaches primarily focused on low arousal techniques and de-escalation. Additionally, staff were clear about when restrictions should be implemented. However, there was insufficient evidence that informed consent was received when therapeutic interventions were implemented.

Residents' personal possessions were respected and protected. Each residents' bedroom was equipped with ample and secure storage for personal belongings and furniture. However, some improvements were required in ensuring residents had easy access to personal monies and control over their own financial affairs.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. The provider had a robust recruitment, selection, training and supervision process in place for all staff. This ensured staff were knowledgeable about their role in safeguarding residents and that they understood the systems that were in place.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Any incidents that did occur were reviewed for learning and where

appropriate additional control measures were put in place to reduce risk.

Regulation 12: Personal possessions

While residents had access to and control of their property and possessions, some residents have not been provided with adequate support to manage their financial affairs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the residents' disability and assessed needs and their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including

medicinal refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre is suitable is suitable for the purpose of meeting the assessed needs of each resident and, where reasonably practicable, arrangements are in place to meet these needs. Each resident has a personal plan that is reviewed annually or more often if required.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare is made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports are in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

There was insufficient evidence that informed consent was received when therapeutic interventions were implemented.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge has initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and takes appropriate action where a resident is harmed or suffers abuse.

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
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 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenview OSV-0002418

Inspection ID: MON-0022472

Date of inspection: 08/10/2019

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:

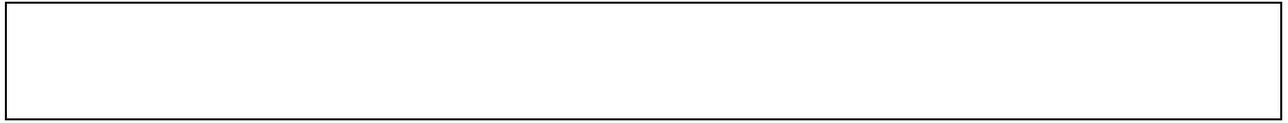
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Financial Policy reviewed and now clearly outlines thresholds and governance structures for spending for residents who lack in capacity to manage own finances.</p> <p>Level of Supports for residents outlined in Individual Money Management plans and residents capable of doing so have signed same.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Resident 0007 had two restrictions in place.</p> <p>Hourly cigarette scheduled has been agreed with resident. Reduction in restriction discussed with resident to offer more independence in this area. Social story given and signed by resident. This will be revised if changes occur or should resident change his mind. Restriction to be reviewed regularly with MDT.</p> <p>In relation to storage of manual razors resident was shown a wet/dry electric razor and stated he would like to purchase same instead of manual. Resident was supported to do so and is now keeping this razor in his room. Restriction removed. Resident currently being supported by staff in learning to use new electric razor. Same outlined in intimate care plan.</p>	



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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/10/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/10/2019