



## Office of the Chief Inspector

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

Name of designated centre:	Glenbow Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	18 September 2019
Centre ID:	OSV-0003364
Fieldwork ID:	MON-0027022

## About the designated centre

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

Glenbow Services is run by the Health Service Executive and is located a short distance from a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have mild to profound intellectual disabilities. The centre is based on a campus setting and comprises of two bungalow dwellings located within close proximity to each other. Residents have access to their own bedroom, some en-suite facilities, shared communal areas, bathrooms and each bungalow provides residents with level access to a green area. Staff are on duty both day and night to support the residents who avail of this service.

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

Number of residents on the date of inspection:	10
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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
18 September 2019	10:30hrs to 15:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with eight of the residents who live at this centre, some were unable to speak directly with the inspector and two spoke briefly with the inspector about the care and support they receive. One of these residents told of how they were attending campus-based day services that day and the other resident briefly engaged with the inspector with the support of the person in charge, about how he was spending his day.

Residents who could independently mobilise were observed to access all areas of the centre, as they wished. Residents requiring support with their manual handling needs were supported by staff working at the centre to attend campus-based day services. Staff were also observed to support residents at meal times and all staff spoke respectfully of residents' preferences and how they support residents to regularly access the community and to engage in meaningful activities. The person in charge also spoke of how some residents were recently supported to have an overnight break-away from the centre.

## Capacity and capability

The purpose of this inspection was to follow-up on the actions required from the last inspection which occurred in April 2019. Overall, the inspector found the provider had made improvements to the centre's risk management systems and to the quality of residents' personal plans. However, further improvements were required to the monitoring systems in place at the centre to ensure the quality of care and support provided.

On the day of inspection, the provider was in process of recruiting additional staff for the centre. Although additional staff were required, the person in charge spoke with the inspector regarding interim staffing arrangements and stated that through the effective use of staff in neighboring centres within the campus and temporary agency staff, appropriate numbers of suitably skilled staff were available to meet the nursing care needs of residents, as and when required. Furthermore, staffing levels were subject to review by the person in charge on a regular basis, ensuring that familiar staff were at all times available to support residents. In addition, the person in charge was frequently present in the centre and regularly met with staff and residents, which had a positive impact on ensuring residents received the care and support they required.

The inspector observed that planned improvements to the provider's audit and monitoring systems at the centre had not been implemented in line with time frames agreed in the submitted action plan response to the findings of the last inspection in

April 2019. The provider did provide assurances to the inspector that they had revised plans in place to commence these monitoring systems subsequent to this inspection. However, the inspector observed that delays in the introduction of improved monitoring systems impacted on the oversight of the quality and safety of care and support provided to residents. For example, the inspector noted inconsistencies in some medication prescribing practices and in identifying gaps in residents' personal plans. In response to this, written assurances were received from the person in charge the day subsequent to the inspection that these specific findings were addressed.

### Regulation 15: Staffing

At the time of inspection, the provider was in the process of recruiting additional staff for this service. In the interim, the provider had alternative staffing arrangements to ensure the nursing care needs of residents continued to be met through the resources available to them.

Judgment: Compliant

### Regulation 23: Governance and management

Since the last inspection, the provider had not ensured the implementation of a schedule of audits to oversee the quality of service delivered to residents by the agreed time frame, as set out by the provider in the previous compliance plan response. The provider had plans in place to commence monitoring systems at the centre subsequent to the inspection; however, the delay in the introduction of these monitoring systems impacted the provider's ability to effectively oversee the safety and quality of care to residents at the centre.

Judgment: Substantially compliant

### Quality and safety

Since the last inspection, the provider had made improvements to the care and support provided to residents, especially in the areas of risk, health care and behaviour management. However, improvement was further required in practices which related to the assessment and review of restrictive practices to ensure that where used, they were managed in accordance with the provider's own organisational policy.

Following a review of some personal plans for residents with assessed health care needs, the inspector noted an overall improvement in the quality of information available to guide staff on the specific supports these residents required. Furthermore, there was evidence that regular reviews of personal plans were occurring and discussions the inspector had with some staff members demonstrated that staff had a good understanding of their role in supporting residents which resulted in positive outcomes for residents. For example, the implementation of effective skin integrity care interventions had a positive impact on the quality of life experienced by a resident who was assessed as being at high risk of developing a pressure ulcer. However, the inspector did observe some personal plans were not available to guide staff practice where residents' healthcare needs were supported through the use of enteral feeding regimes. On the day subsequent to this inspection, written assurances were received from the person in charge that these plans were now in place.

The last inspection of this centre in April 2019, identified medication errors with regards to the prescribing of emergency medicines. Although the provider had put measures in place to address these occurrences following the inspection, similar medication errors were found by the inspector during this inspection, in relation to the prescribing of oxygen and nutritional therapy. Written assurances were received from the person in charge the day subsequent to the inspection, providing assurances that these discrepancies had been rectified and addressed. The provider also had plans in place to conduct audits relating to medication prescribing practices subsequent to this inspection.

In response to some peer to peer incidents which were notified to the Chief Inspector since the last inspection, the provider had put effective measures in place to support residents requiring identified behavioural support. Measures implemented were effective in nature and had resulted in no further peer to peer incidents re-occurring. However, the inspector noted that there were a number of physical and chemical restraints in use at the centre. Although records were maintained on the restrictive practices use, not all were supported by an appropriate risk assessment or protocol to ensure the least restrictive practice was at all times being used to support residents' needs.

Following on from the last inspection, significant improvement was found to the assessment of risk at the centre. Risk assessments reviewed by the inspector demonstrated clear identification of hazards, accuracy in the rating of risk levels and clarity in the identification of current and additional controls implemented by the provider in response to risk at the centre.

## Regulation 26: Risk management procedures

Since the last inspection, the provider had made improvements to the centre's risk management system, ensuring accuracy in the rating of risks, in the identification of specific hazards and in ensuring risk assessments reflected the specific measures

put in place in response to the risk identified.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines. However, two medication errors were observed by the inspector regarding the prescribing of oxygen and nutritional therapy. Assurances were received from the person in charge in the day subsequent to the inspection that these errors were addressed. The provider also had plans in place to commence an series of monitoring systems which included a review of prescribing practices by 23rd September 2019.

Judgment: Compliant

### Regulation 6: Health care

Since the last inspection, the provider had improved the personal planning arrangements for residents with specific health care needs. Residents also had access to a wide variety of health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

In response to some peer to peer incidents that occurred at the centre since the last inspection, the provider had implemented positive measures which resulted in no further peer to peer incidents re-occurring. However, a review of the management of restrictive practices was required to ensure each restrictive practice was supported by assessment and protocol to ensure the least restrictive practice was at all times being used.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Glenbow Services OSV-0003364

Inspection ID: MON-0027022

Date of inspection: 18/09/2019

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule of audits is now in place in the designated Centre. A new medication audit has been developed and implemented in the Centre. This audit will highlight any deficits in medication administration, thus ensuring the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.</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>A review of all the restrictive practices will be completed. Each restrictive practice will be used for the shortest duration necessary after all alternative measures have been considered</p> <p>Each restrictive practice will have an assessment, protocol and log in place to ensure the least restrictive practice is used at all times. This will be in line with the restrictive practice policy and evidence based practice.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/10/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2019