



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

Issued by the Chief Inspector

Name of designated centre:	Glenview House & Cottage
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	19 June 2020
Centre ID:	OSV-0005180
Fieldwork ID:	MON-0029674

About the designated centre

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

Glenview House and Cottage consists of a large two-storey house and a cottage located opposite each other in a rural area but within a short driving distance to a nearby town. The centre can provide full-time residential support for up to seven residents of both genders, over the age of 18 with intellectual disabilities and other issues such as Autism and mental health needs. In the house of the centre there is a sitting room, a dining room, a kitchen, bathrooms, staff rooms and two-self contained apartments. In total this house can accommodate six residents, each of whom has their own bedroom. In the cottage there is a kitchen, a living room, bathrooms, staff rooms and a bedroom for one resident. Support to residents is given by the person in charge, social care workers, support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Friday 19 June 2020	10:30hrs to 17:00hrs	Lucia Power	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector met with two of the five residents. One of the residents had moved to this centre recently due to Covid-19 as it was deemed a more appropriate centre to suit their assessed needs for the period of the pandemic. The resident told the inspector they were very happy in this centre, and considered it their retirement home. This resident spoke about previous services they were in, and since moving was now much happier. The resident told the inspector that the move to this centre was due to Covid-19 and, while they were told about the move, they would have preferred more consultation.

This resident talked about their life in this centre and how they enjoy being part of the home, they described the enjoyment of making apple crumble, helping in the kitchen, walks around the garden and talking with family on the phone. The resident also spoke about the staff, and described them as very good and supportive. The inspector observed staff been very respectful with the resident and the resident was very comfortable with staff. The resident also told the inspector they were happy living with the other residents.

The inspector met with the other resident in their own sitting room, this room was decorated and personalised to support the resident in this environment. The resident appeared to be very happy in this setting and was very welcoming of the inspector. The one-to-one engagement from the resident's support staff was very respectful and from observing this interaction it was evident the staff member had a good understanding of the resident's needs.

As stated earlier on in the report the inspector only met two of the residents, however the inspector observed a third resident and a staff member in the back area of the house where they were discussing cars. The staff member was explaining to the resident the different models of cars and it was observed that this interaction was very respectful, unhurried and person-centred.

Capacity and capability

There was a clearly defined management system in place in this centre to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored. From the regulations reviewed on the day of inspection, the provider demonstrated a good level of compliance which evidenced that the centre was well managed.

The staff team in place was overseen by the person in charge who had the necessary skills, experience and qualifications to perform the role. While the person

in charge worked full-time they were responsible for a total of two designated centres. This had no impact in relation to his management of the current centre. The person in charge receives supervision per quarter and has appraisals with a director of operations yearly.

The person in charge recently moved to this centre from another of the provider's designated centres. Some of the residents in the centre on the day of inspection came from a centre the person in charge previously managed. The person in charge had a very good knowledge of residents' needs and gave examples of the positive changes in residents' lives, as some had previously lived in institutional settings. Examples included residents having more independence, choice of activity and community inclusion.

During the inspection the inspector spoke with staff and they demonstrated a good understanding of the residents needs. They also told the inspector they were well supported by the person in charge.

The registered provider had in place contracts of care for each resident. These contracts included, support, care and welfare of residents, serviced provided and the fees to be charged. Contracts were signed by the resident and the person in charge. Due to Covid-19, two of the residents did not get to visit the centre before admission to the centre, however the provider did carry out the required needs assessments which will be discussed in the quality and safety section of this report.

The provider is required under the regulations to have an effective complaints policy and procedure. This was in place and on the day of inspection. The inspector reviewed the logs for all residents in the centre and there was no open or closed complaints noted for the previous four months

Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills, qualification and experience to manage the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure effective delivery of care and support in accordance with the statement of purpose. The provider had a clearly defined management structure that identified the lines of accountability.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had contracts in place for residents, which included the support, care and welfare for the residents in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in writing a statement of purpose containing all the information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of any adverse incidents in the designated centre within the prescribed time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and supports provided to residents in the centre and found it to be of a very good standard.

The provider has ensured that there was a comprehensive needs assessment in place for residents. Two residents moved from another centre due to Covid-19 as it was deemed a more suitable placement due to the pandemic. There was a comprehensive needs assessment carried out to facilitate these moves. These assessments reviewed the health, personal and social care needs of each resident and included input from health care specialists based on the presenting need of the residents. For example one resident had mental health needs and there was very good guidance in place to support their assessed needs, this guidance ensured there was a consistent approach from staff when supporting the resident. The person in charge ensured that there was a personal plan in place for residents and the inspector noted that plans reviewed had long term and short term goals while being subject to ongoing discussion and review between residents and keyworkers. It was noted where a resident had a goal and this goal could not be realised due to negative impact for the resident, the provider had put in place a protocol to support the resident understand this impact.

The registered provider had comprehensive health care plans in place for residents. The provider had a nurse employed at the centre to oversee the health care needs of residents. There was very clear care plans pertaining to each of the residents' healthcare needs and these were subject to ongoing monitoring and review. Where residents required input from medical and other healthcare professionals, this was provided in a very timely manner. There was also a detailed clinical summary in the centre's clinical room detailing each resident's health condition, blood reviews, appointments and administration of PRN (a medicine only taken as required) medication to ensure that it was in line with PRN protocols.

Behavioural support plans were in place for resident who experienced behaviours that challenge. These plans identified the behaviour, outlined the precursors to the behaviour, and identified proactive strategies to support the resident. The provider maintained a restrictive practice log and reviewed each restrictive practice, in terms of risk hazards, control measures implemented and any necessary action. The provider ensured these restrictive practices were reviewed as part of the personal planning process.

When the inspector had arrived at the centre at the start of the inspection, the person in charge asked them to use the sanitation hub which was separate from the main house, this hub housed all the necessary personal protective equipment (PPE), sign in for staff and visitors. On the day of inspection the inspector observed good practice in relation to PPE. The provider also had up to date guidance in relation to Covid-19. along with comprehensive risk assessments in place for residents. These risk assessments also included potential risk of residents contracting Covid-19. The assessments were very detailed and included any underlying conditions, mild to severe illness and potential quarantine. The risk assessments were regularly updated and reviewed in line with the residents' needs.

The inspector reviewed the notes from the residents weekly meetings and noted that residents were updated in relation to what was going on in the centre. For example there was an update that new residents might be moving into the centre, discussion on menus and choice, if residents had a concern or wanted to

make a complaint. It was also observed by the inspector on the day of inspection that staff were very respectful of residents and engaged in conversations that were meaningful while interactions were observed to be person-centred.

Two residents had moved to this centre during the Covid-19 pandemic as highlighted earlier in this report. During the period since the residents' move, it was proposed by the provider that both residents would stay in the centre permanently. One of the residents clearly expressed to the inspector on the day of inspection that they were very happy in their current home and wanted to stay in this centre. At the point of inspection there was discussions ongoing about the other resident remaining permanently in this centre. The inspector reviewed documentation in relation to this proposal. The inspector noted evidence of key working sessions where the resident had been provided with information on complaints on their right to make a complaint. There was also evidence at another key working session where it was discussed with the resident the role of advocacy and their rights in relation to this support. Following a key working discussion with the resident in relation to advocacy, the inspector saw evidence that a referral was submitted by the person in charge to the National Advocacy Service (NAS). However, it was noted from documentation provided, that there was no record of the proposed permanent transition being discussed with the resident until two months after they had moved into the centre.

Regulation 26: Risk management procedures

The registered provider ensured there was systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associated infection were protected. The provider has good systems in place in relation to Covid-19 and followed the guidelines furnished by the Health Service Executive and the Health Prevention Surveillance Centre,

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured there was a comprehensive assessment carried out for residents by an appropriate healthcare professional. Plans were reviewed on a regular basis and updated based on the need of the residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured a healthcare plan was in place for residents and residents had access to the appropriate healthcare professional.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured where required there was a behaviour support plan in place for residents who has behaviours that challenge. The person in charge that every effort was made to alleviate the cause of the behaviour and alternative measures were reviewed before a restrictive practice was used.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was protected from all forms of abuse, and where required safeguarding plans were in place to support the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not consult with a resident in a timely manner in relation to decisions about their choice in staying in their current residence

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glenview House & Cottage OSV-0005180

Inspection ID: MON-0029674

Date of inspection: 19/06/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The Person in Charge completed a personal plan care review on 30 June 2020 with the resident so that they can exercise choice and control in their daily lives. 2. The PIC shall ensure that any changes to the residents Personal Plan that they are consulted with to ensure that they can exercise choice and control within their daily lives. 3. Any changes to the Residents Personal Plans shall be communicated to the staff team as required at monthly team meetings. 4. The Person in Charge will discuss the above points at the next staff team meeting on 20 July 2020. 	

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 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	20/07/2020