Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glen Heron
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0005890
Fieldwork ID:	MON-0036830

About the designated centre

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

Glen Heron is situated close to a village in Co. Louth. Facilities offered within Glen Heron support residents to experience life in a home like environment and to engage in activities of daily living, typical of those which take place in many homes with private access to laundry, cooking and personal care facilities, with additional supports in place in line with residents' assessed needs. Glen Heron provides a residential service for six adults, both male and female, over the age of 18 year of age. It is a two-storey community house. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home like environment, where possible. There are six individual bedrooms for residents; two bedrooms are on the ground floor and they share an adjacent bathroom and shower facilities. There is an additional toilet on the ground floor. The remaining four bedrooms are on the first floor, two of which are en-suite and two which have shared bathroom and shower facilities. All bedrooms are fitted out to a very high standard and residents are encouraged to bring personal items which will ensure their environment is as homely as possible. There is a domestic kitchen-diner and a separate dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. The house has three living rooms as well as an open plan sitting room off the kitchen area. There is also a southwest facing sun room off the kitchen-diner and a utility room and storage area off the kitchen. Glen Heron is surrounded by a large garden and a private driveway with ample parking outside. The centre is staffed by a full-time person in charge, direct support workers and has access to nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 March 2023	11:00hrs to 19:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre. Some minor improvements were required under premises and notification of incidents.

The inspector had the opportunity to meet with all six of the residents that lived in the centre on the day of inspection. Most residents had alternative communication methods and they did not share their views with the inspector. They were observed at different times during the course of the inspection. Two residents briefly spoke with the inspector and said they were happy in the centre but did not want to speak anymore about it and one wanted to speak further about their own interests. They chose to spend time with the inspector throughout the course of the inspection.

Three residents went out for a drive and lunch out. Some residents had reflexology appointments and one resident went on a family visit home for the day.

Residents appeared at ease in their home and they comfortably used their environment. Staff members appeared to know the residents well and were observed interacting with them in a relaxed and friendly manner. One resident was observed chatting to a staff member about how their day was when they returned from their day service programme. Other staff members were observed to have jovial interactions with some residents.

The premises was spacious and homely. There were several different areas were residents could go to spend time on their own or socialise with others. For example, there was four separate living area spaces. Some had sensory items for use, for example, a bubble tube and three of the areas had televisions in them. Residents each had their own bedrooms. There were shared bathroom facilities and some residents had en-suite bathrooms. The inspector had the opportunity to see most of the residents' bedrooms and they were decorated to their personal preferences.

There was a large garden to the back of the property that had sensory areas that were developed by residents and staff. For example, a traffic cone had been painted to look like a lighthouse and different items were painted bright colours. There was a trampoline and an outdoor seating area provided.

There were regular residents' meetings and there was a schedule for the year as to what additional topics would be covered at each meeting. For example, advocacy, human rights, adult protection and complaints.

The provider had sought resident and family views on the service provided to them by way of questionnaires in 2022. Resident and family responses communicated that they were very happy with the service. One family stated that the quality of care and support to their family was excellent and that all staff were very caring. Some residents gave suggestions as to some improvements that could be made, for example, they would like to go for more walks and another resident said they would

like to go on a train more. The assistant director communicated to the inspector that residents' activities were currently under review.

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

Capacity and capability

Overall, residents were receiving a consistent and good standard of care. The centre was effectively resourced and there was a clearly defined management structure in place. The inspector found that actions identified during the last inspection had been addressed however, on this inspection some improvements were required to the notification of incidents in the centre.

There was a defined management structure in place which consisted of an person in charge who worked on a full-time basis. They were supported in their role by two team leaders. The person in charge was not present on the day of the inspection and the inspection was facilitated by the assistant director for the organisation.

The provider had completed an annual review of the quality and safety of the service for 2021 and a review for 2022 was scheduled. In addition, they had carried out six monthly unannounced audits as required by the regulations. There were a range of local audits and reviews conducted in areas such as individualised support and care and a combined health and safety, risk and infection prevention and control audit.

There was a planned and actual roster in place that was maintained by the person in charge. From a review of a sample of rosters there was sufficient staff on duty each day to meet the needs of the residents.

A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices. Staff supervision records were not reviewed on this inspection.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. For example, staff were trained in adult safeguarding and feeding, eating and drinking. Some refresher training was scheduled for staff in the coming weeks.

A review of documentation relating to the administration of a particular medication used to support one resident since January 2022 was carried out. The inspector found that, the person in charge had not notified the Chief Inspector of Social Services (The Chief Inspector) at the end of each quarter regarding all of the

restrictive practices within the centre as required by the regulations.

Regulation 14: Persons in charge

The person in charge was a suitably qualified social care professional who worked full-time in the centre at the time of the inspection. They were supported by team leaders in order to provide adequate oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

From a sample of rosters viewed, there was sufficient staffing employed in the centre to meet the needs of the residents. In addition, there was an actual and planned roster in place maintained by the person in charge or the team leader. A sample of personnel files reviewed contained all information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A sample of records viewed indicated all staff received additional training to support residents, for example, epilepsy training. Training also included in areas that the provider had determined as mandatory training, such as safeguarding vulnerable adults, fire safety, the safe administration of medication and food safety. Some refresher training was due for some staff in the coming weeks and set dates provided to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place consisting of, the person in charge and the chief operating officer was in the position of the person participating in management for the centre.

The provider had completed an annual review of the quality and safety of the

service and had carried out unannounced visits twice per year. The annual review provided for consultation with residents and their family representatives. The person in charge arranged for regular team meetings to occur to ensure there was shared learning among the team.

There were other local audits and reviews conducted in areas, such as responsive workforce, medication management, infection prevention and control (IPC) and health and safety.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of documentation with regard to the administration of a particular medication used to support one resident since January 2022, the person in charge had not notified the Chief Inspector at the end of each quarter all of the restrictive practices within the centre in line with the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the provider had measures in place to ensure that the wellbeing of residents was promoted and there was evidence that a good quality service was provided to residents. Some minor improvements were required to the premises.

Residents' needs were assessed on at least an annual basis and reviewed in line with changing needs and circumstances. There were personal plans in place for identified needs. Personal plans were reviewed at planned intervals for effectiveness.

Each resident had goals in place, for example, one resident was being supported to buy a mobile phone and learn how to use it. This in turn would promote independent family contact. The assistant director communicated to the inspector that, the centre planned to focus on developing more meaningful goals for residents and was supporting staff to explore what that could look like. The inspector saw some evidence of these discussions in a team meeting.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. For example, residents had access to psychiatry, speech and language therapy and occupational therapy (O.T) as required.

The provider had ensured residents had access to a range of clinic supports in order

to support them and staff to manage their behaviour positively. There was comprehensive guidance in place to support residents who may engage in behaviours of concern and staff on duty had a good understanding of these support needs. There were restrictive practices in place for residents' safety, for example, sharp knives were locked away. Restrictive practices were logged and reviewed at least annually by the provider.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed.

While generally the premises was in a good state of repair, there were some cosmetic issues that needed to be addressed and some areas required a more thorough clean, repair or replacement to ensure they could be adequately cleaned going forward. For example, one table in the dining area had residue of padding that once was around the table.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

Regulation 17: Premises

The premises was spacious, tastefully decorated and laid out to meet the assessed needs of the residents. Some minor repair works were required and some areas required repair of replacement to ensure they were conducive for cleaning. For example, in the sitting room one windowsills had chips in the paintwork, the radiator surface was slightly work and part of the ceiling required painting. One of the lounges had some cracks in the plasterwork. Some other areas required sanding and repainting, for example, areas of the wall of the stairs and the lounge.

In addition, the bathroom and the water closet had areas with a build-up of limescale and a storage area of a resident's en-suite surface was damaged. This would mean that the areas could not be effectively cleaned. Furthermore, it was observed that some of the residents' pillows were stained.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Incidents that occurred in the centre were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the residents. For example; following an increase in incidents for one resident significant supports from allied health professionals had been arranged to support the individual. In addition, after a safeguarding incident one daily staff shift pattern was altered to better suit the needs of the residents.

Furthermore, the inspector observed that the centre's vehicle was insured, serviced and was on the waiting list for an appointment to have the national car test (NCT).

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to Covid 19. The centre was maintained in a clean condition throughout with hand washing and sanitising facilities that were available for use. In addition, infection control information, contingency plans and protocols were available to guide staff and staff had received relevant training. Some surfaces required repair or replacement in order to ensure they could be adequately cleaned. This is being dealt with under Regulation 17: premises.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. There was evidence of regular fire evacuation drills taking place which included drills that took place during the hours of darkness and a drill with maximum numbers of residents participating and minimum staffing levels.

In addition, each resident had an up-to-date personal emergency evacuation plan (PEEPS) in place which outlined how to support them to safely evacuate in the event of a fire. All actions identified at the last inspection had been completed by the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a sample of residents' files, there was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care and there were arrangements in place to carry out reviews of effectiveness.

In addition, residents were supported by staff to work on goals for themselves and this was reviewed monthly by each resident's key worker. For example, one resident was being supported to research and buy a mobile phone for themselves and learn out to use it. The resident had never previously owned a mobile phone and the inspector saw evidence of different types of phones being researched.

The assistant director spoke of further work being completed with staff to support them to in turn better support residents in the areas of goal setting and activity planning. Some residents had demonstrated reluctance in starting back or doing different activities since the COVID-19 pandemic restrictions were lifted. Staff were attempting to slowly expand on residents' opportunities for old and new experiences, such as going to the cinema and horse riding. In addition, the aim was to support them in coping with changes related with trying those activities.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were assessed and appropriate healthcare was made available to each resident. For example, residents had access to general practitioner (G.P) services, O.T, chiropody and a speech and language therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had access to specialists to support them to manage

behaviour positively. For example, they had access to psychiatry, psychology and behavioural support specialists as required. There were behaviour support plans in plans where applicable to guide staff on how best to support the resident. Staff spoken with were familiar with the guidance within the plans.

There were restrictive practices in use in the centre, for example, sharps were locked away and there was the use of a chemical restraint to support some residents with their behaviours. Consent for restrictive practices was sought from the resident and or their family representative and restrictive practices were reviewed by the provider. When a chemical restraint was deemed necessary a protocol was in place signed by a psychiatrist and additionally a member of the management team or the nurse for the service had to agree for each occasion of its administration.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy. In addition, residents' finances were checked daily by staff and audited monthly by the person in charge.

It was found that concerns of potential abuse were screened, reported to relevant agencies and safeguarding plans put in place where required. In addition, from a sample of safeguarding plans reviewed the person in charge had gone though the person's safeguarding plan with them to explain how it may affect them. Staff completed social stories with the residents where applicable in relation to living with others or being nice to others.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to make choices about their care, or how they spent their day. There were regular residents' meetings occurring. The provider had a number of easy-to-read information in place to help residents better understand what they were being informed of or what may impact them. For example, in addition to the original document present in the house, the provider had converted the six monthly unannounced provider lead audit into and easy-to-read document for the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Compliant

Compliance Plan for Glen Heron OSV-0005890

Inspection ID: MON-0036830

Date of inspection: 14/03/2023

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A full review of restrictive practices within the centre was completed and records have been updated including additional easy read material for residents. The person in charge will ensure that the Chief Inspector is notifitied at the end of each quarter of all of the restrictive practices within the centre in line with the regulations. Restrictive practies are continualy reviewed within the centre as per policy.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A full review of the premises was completed for maintenance and cleanliness. A general Environment Audit was completed, and any maintenance issues were escalated to the maintenance department. Any actions identified have been completed or a time bounded plan has been put in place. The Person in Charge and Assistant Director of Services will discuss and monitor this at monthly governance meetings. Windowsills, ceilings and walls have been reviewed and will be repainted by 30/05/2023. Radiator surface to be repainted by 30/05/23 New pillows purchased for all residents; pillow protector covers also purchased. Schedule in place to ensure soft furnishings from bedrooms reviewed and replaced as required. A new table in the dining room will be delivered by 15/05/2023. The bathroom and the water closet have been checked and either cleaned or areas	

scheduled to be repaired to ensure no limescale. Works to be completed by 15/05/2023.

The storage area of resident's en-suite surface has been sanded and repainted to allow effective cleaning.

Daily walk around completed, weekly report completed and sent to Assistant Director of Services.

Person in Charge held a team meeting highlighting the importance of monitoring the premises and notifying maintenance of any issues or concerns. This is a standing agenda item for all team meetings.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/05/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/05/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any	Substantially Compliant	Yellow	30/04/2023

	occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			