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:	Glenealy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	11 July 2024
Centre ID:	OSV-0002385
Fieldwork ID:	MON-0038854

About the designated centre

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

Glenealy is a designated centre operated by St. Michael's House. The centre comprises a campus based seven bed-roomed bungalow located within the main St Michael's House complex in North Dublin. It is within walking distance of lots of local amenities which residents frequently use. The centre provides full-time residential care for seven residents. Residents are both male and female and over the age of 18 years with physical and intellectual disabilities with co-existing mental health concerns. It is a fully wheelchair accessible house. Residents present with a range of complex needs which were assessed on an individual basis. There is a small patio area to the rear of the centre for residents to use as they wish. Care and support is provided in the centre by a person in charge, deputy manager, registered staff nurses, social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 11 July 2024	09:45hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were endeavouring to ensure that residents' well-being and welfare was maintained by a good standard of evidence-based care and support; They promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account.

The person in charge was on leave on the day of the inspection, so the team leader on duty facilitated the inspection in their place. The inspector primarily used observations of residents and their engagement with their staff, in addition to a review of documentation and conversations with key staff, to form judgments on the resident's quality of life living in the designated centre.

On the day of the inspection, the inspector was provided with the opportunity to meet six of the seven residents living in the centre. Residents used different forms and methods of communication. On observing residents engage with their staff, it was clear that staff could understand what was being communicated to them by each resident.

During times when the inspector met with each resident, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. On speaking with staff throughout the day, the inspector found that they were familiar with the residents' needs and the support required to meet their needs.

On the day of the inspection, a number of the residents were supported to attend their day service in the community. However, the inspector was informed, that due to current transport arrangements in place in the centre, not all residents had the choice of attending their day service on all of the days that the service was available to them. This issues had been previously raised on the last inspection and is discussed further in the next two sections of the report.

Residents enjoyed a variety of activities throughout the day. One resident was supported to have a morning relaxing bath in the newly installed height-adjustable sitting and reclining assisted bath. Another resident, supported by two staff, went out for lunch to a local café. Later in the day, another resident went out for walk to the local town with the support of their staff. During the afternoon, the inspector met more residents who had returned from their day service; residents were observed relaxing in the sitting room watching television or in their room listening to music.

The inspector observed staff to provide assistance to residents with their food in a sensitive and appropriate way. Residents received support with feeding, eating and drinking which was observed to be in accordance with their support plans. During meals times, the inspector observed mindful and respective interactions by staff

towards each resident. Staff had been provided specific training which ensured they were equipped with the appropriate level of knowledge, skill and competence to meet the feeding and nutritional needs of residents.

The designed centre consisted of a bungalow with seven bedrooms. There was a large living area and a separate dining area which was connected to a kitchen. There were three bathrooms with bathing facilities (two of which were en-suite). Overall, the designated centre was observed to be clean and tidy and in good decorative and structural repair. Since the last inspection there had been a number of upkeep and decorative repairs completed. A new height-adjustable sitting and reclining assisted bath had been installed, new fire resistant double doors in a resident's bedroom and new flooring and cupboards had been fitted in the staff office. While many of the upkeep and repair requirements previously identified had been completed, some upkeep to chipped doors and door frames was observed on the day. In addition, the inspector observed a number of boxes on floors and shelves that required more appropriate storage.

Residents living in the designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. The inspector observed bathrooms to be supplied and fitted with various assistive aids. Since the last inspection, an overhead tracking hoist had been fitted in a resident's bedroom. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs.

Overall, the inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Through observations and a review of menu plans, the inspector saw that residents were provided with healthy meal, beverage and snack options. Treats were also available to residents such as take-out meals.

While residents were provided with choices on a daily basis, there were was no regular structured system in place, such as resident household meetings, that better ensured residents were facilitated and empowered to exercise choice and control as well as make decisions about matters that were important to them; for example, matters about their home, staffing updates, upcoming activities, complaints procedures, current affairs, but to mention a few.

The inspector observed staff facilitated a supportive environment which enabled residents to feel safe and protected in their home. There was an atmosphere of friendliness, and residents' modesty and privacy was observed to be respected. Where appropriate, and to ensure residents' dignity was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

In summary, through speaking with management and through observations, and a review of documentation, it was evident that the management team and staff were

striving to ensure that residents lived in a supportive and caring environment.

The inspector found that for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support however, some improvements were needed to areas such as medication management, staff training and development and premises. These are discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of the inspection was to monitor compliance levels in the centre and ensure that residents were in receipt of a good quality service that met their needs, was safe, consistent and in line with the statement of purpose.

The provider had made improvements to the designated centre since the last inspection and in particular, in relation to fire safety, infection prevention and control and premises. The provider had also reviewed the staffing arrangements in place and had, subsequent to the inspection, employed an additional staff nurse, a part-time driver and reduced the levels of agency staff working in the centre.

However, on the day of the inspection, the inspector found that improvements were needed as not all compliance plan actions had been completed or within a timely manner. In addition, the inspector found that significant improvements were needed to timeliness of addressing staff training and development deficits and to a number of arrangements in place regarding the transfer and management of residents' medicines. Furthermore, a transport issue, that was impacting on residents' general welfare and development was ongoing since the last inspection.

For the most part, there were governance and management systems in place to ensure that the centre was monitored effectively. The inspector found that further to the annual report and six monthly unannounced reviews of the quality and care and support provided to residents, there was a local auditing system in place by the person in charge. The audits were in place to evaluate and improve the provision of service and to achieve better outcomes for residents living in the centre. However, some improvements were needed to the effectiveness of some of the local monitoring systems in place.

Overall, the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and a deputy manager, who were supported by a staff team, who were knowledgeable about the support needs of residents living in the centre. On the day of the inspection, both the person in charge and deputy were on leave and the team

leader facilitated the inspection. The person participating in management, who attended the end-of-day feedback meeting, was also available to support the inspection throughout the day, if required.

The provider ensured that there were suitably competent and experienced staff on duty to meet residents' current assessed needs. The inspector reviewed a sample of the centre's actual and planned rosters and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis, however there were a number of staff vacancies which potentially posed a risk to the continuity of care. The inspector observed that the skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to facilitate their choices in their home.

There was a training schedule record in place for all staff working in the centre which was reviewed by the person in charge. On review of the training matrix, the inspector saw that a high number of staff mandatory refresher training was out-of-date. On the day of the inspection, there was no available schedule in place for staff one-to-one supervision and performance management meetings.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Overall, the inspector found that there was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

Regulation 15: Staffing

The inspector spoke with staff during the inspection who demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. The inspector found that staff had the necessary competencies to support residents living in the centre. Throughout the day, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The staff team were managed and supervised by a full-time person in charge who was supported by a deputy manager who assisted the person in charge with the administration and operational oversight of the designated centre.

The inspector reviewed a sample of the centre's actual and planned rosters and saw that, for the most part, there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis. The staff roster was maintained appropriately and clearly identified the times worked by each person, including the person in charge and deputy manager.

However, there were three staff vacancies in the centre; one staff nurse and two social care workers. While there had been a reduction in the use of agency staff in the centre since the last inspection, agency staff and relief staff were still required to cover vacancies. The person in charge was endeavouring to provide continuity of care as much as possible by employing the same relief staff however, this could not always be guaranteed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Improvements were needed to ensure that the training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for residents. On review of the June 2024 training records, the inspector saw that there was high number of staff training and refresher training out of date.

For example:

Four staff were due online training in infection prevention and control, five staff were due in person training in manual handling; five staff were due online training in safeguarding, four staff were due online training in fire safety, four staff were due training in positive behavioural support (two online and two in person). Two staff were due online training in food safety and two staff were due online training in feeding, eating and swallowing difficulties (FEDs).

Supervision and performance management meetings, that support staff in their role when providing care and support to residents, was not being completed in line with the organisation's policy. On day of the inspection, there was no satisfactory supervision schedule available for the inspector to review. In addition, staff working in the centre were not aware of a schedule in place or when their supervision was due to be carried out. The inspector observed a hand-written note in the daily roster folder which suggested five out of the nineteen staff had received one to one supervision meetings during in May and June 2024.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

For the most part, the local governance was found to operate to a good standard in this centre. There were a number of monitoring and auditing systems in place. The

person in charge, assisted by the deputy manager, completed monthly data reports. These reports enabled the person in charge to monitor on a monthly bases a range of areas of service provision. For example, the report monitored documentation within residents personal plans, completion of residents annual wellbeing meetings, quality and safety checks such as fire safety checks, training audits, finance audits and medication audits, but to mention a few.

The inspector found that the local auditing system in place was, for the most part, effective in ensuring that the provision of service delivered to residents was of a good standard and overall, resulted in positive outcomes for residents. However, improvements were needed to the systems responsible for monitored staff supports. This was to ensure that all staff were provided with the support, education and training to enabled them provide care that reflected up-to-date, evidence-based practice.

An annual review of the quality of care and support provided to residents living in the centre had taken place and there was evidence to demonstrate that residents, their families and representatives had been consulted and participated in the review.

Provider audits and unannounced visits were also taking place and included action plans and timelines. The audits and reviews were striving to ensure that service delivery was safe and that a good quality service was provided to residents living in the centre. Overall, the inspector found that the provider reviews were effective in identifying deficits that required improvement.

The provider's six monthly unannounced review of the centre in March 2024, had identified a number of deficient relating to staff training and supervision, transport issues, lack of residents' meetings and outstanding compliance plan actions. However, improvements were needed to better ensure the timeliness of completing actions. For example, deficits regarding the lack of residents' house meetings had been identified on two previous reviews during 2023 however, there had been minimal traction in resolving the issue.

In addition, other deficits that had previously been identified on the last inspection of the centre, relating to fire safety and transport, had not been completed in line with the provider's compliance plan timelines. For example, where a fire safety action was due to be completed in December 2022, the new expected completion date was changed to July 2024. In addition, in relation to the centre's transport issue, the inspector was advised on day, that the provider was not in a position to increase transport delivery for their day service attendees without commitment from their funders. Overall, this response did not provide satisfactory assurances that the matter would be addressed in a timely manner.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements;

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents' well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The team leader and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Since the previous inspection, there had been a number of improvements in the centre resulting in positive outcomes for residents. However, to ensure continued positive outcomes for residents, some improvements were needed, and in particular, to the centre's management of residents' medication.

While there were written policies and procedures for the management of medicines in the centre, including for the prescribing, storage, disposal and administration of medicines, the inspector found that the medicine arrangements and practices were not always in accordance with the provider's associated policy.

A staff member showed the inspector the layout of the medication cabinets as well as the medication management systems in place. Overall, the staff member was knowledgeable of safe medicine management practices, policies and procedures. However, a significant improvement was required in the designated centre to the practices relating to the transfer and recording of residents' medication.

Each resident was provided with a personal plan that included an assessment of their health, personal and social care needs. There were care plans in place that included information on how to support each of the resident's assessed needs. However, on review of a sample of plans, the inspector found that not all residents had been provided with an annual review of their assessment of needs, in addition there was a number of out of date documents included in residents' plans.

For the most part, there was evidence to demonstrate that appropriate healthcare was made available to residents having regard to their personal plan. Residents' healthcare support plans were regularly reviewed and where changes occurred, they

were updated.

Improvements were needed to ensure that all residents were provided with the choice and right to be facilitated to make the best possible use of their inherent and potential capacities in order to allow them to achieve the fullest possible social integration and individual development. However, the inspector found that where residents had the option to attend their day service on a daily basis, due a number of factors, this was not always facilitated.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were restrictive practices in place in the centre. Primarily the restrictions were in place to support the health, safety and wellbeing of residents. Where applied, restrictive practices were clearly documented and were subject to review by the appropriate health professionals. In addition, restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance during their respite stay, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The physical environment of the house was clean and in good decorative and structural repair. Residents expressed themselves through their personalised living spaces. They were consulted in the décor of their bedrooms and other areas of their home which included family photographs, paintings and memorabilia that were of interest to them. However, improvements were needed to ensure that there was sufficient storage facilities available in the house, and in particular, for residents personal and healthcare items.

There were infection, prevention and control (IPC), measures and arrangements to protect residents from the risk of infection however, some improvements were required to meet optimum standards. For the most part, the inspectors found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, some improvements were needed to the cleaning systems in place for residents' mobility equipment and aids.

There had been a lot of improvement to the fire safety systems in place relating to the prevention and detection of fire however, on the day of the inspection, one of the required improvements from the previous inspection remained outstanding. Notwithstanding this, the inspector saw that there was suitable fire safety equipment in place as well as appropriate systems to ensure it was regularly serviced and maintained. There was emergency lighting and signage at fire exit

doors. Local fire safety checks took place regularly and were recorded. Fire drills were taking place, however, not all drills were completed in line within the provider's timelines.

Regulation 13: General welfare and development

The person in charge and staff were endeavouring to ensure that residents were supported and encouraged to connect with family and friends and to feel included in their chosen communities.

Family members played an important part in the resident's life and the management and staff acknowledged and supported these relationships and supported and encouraged the resident keep regular contact with their family.

Residents attended a variety of community based activities as well as their day services, including musical shows, concerts, dinning out in their local community, going to the cinema and going on holidays. Residents' personal plans demonstrated that activities were based on residents' interests, abilities, likes and preferences.

On the day of the inspection, the inspector was advised that three of the residents living in the centre were not always facilitated to attend their day service as much as they would like. Due to risk of potential behavioural issues occurring on the bus, only two residents travelled on the bus together, with the third resident remaining at home. Except for when the deputy manager drove the bus, there was no other transport solution that enabled all three residents attend day services on all days that the day service was available to them. Staff were endeavouring to alternate as much as possible so that all three residents were facilitated as much as possible to spend an equal amount of time at their day service.

Overall, there was limited numbers of staff with a driving licence, which was impacting on residents' choice to attend their day service.

Judgment: Substantially compliant

Regulation 17: Premises

A lot of premises works had been completed since the last inspection resulting in positive outcomes for residents; a new bath had been purchased and installed, the bath pipes that were previously exposed, had been addressed and new flooring and cupboards were installed in the staff office.

However, some improvements were needed and in particular, to storage arrangements in place in the centre. During a walk around of the centre, the inspector observed nine large boxes of personal healthcare related products lying in

the corridor outside a resident's bedroom. While this posed a potential trip or fall hazard, it was also was impacting on the resident's right to privacy and dignity, in relation to their personal information. In addition, the inspector observed three medium size boxes or oral care swabs stored on an open kitchen shelf.

Overall, the inspector found that a review of the storage arrangements in place was needed to ensure all items were appropriately and safety stored.

Furthermore, the inspector observed that the outdoor furniture in the patio area at the front of the house to be worn, run-down with a lot of peeling paint on the the table and chairs.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

The provider had ensured that the risk management and emergency procedures policy met the requirements as set out in regulation 26 and that the policy was reviewed regularly and in line with Schedule 5 requirements.

There were individual and location risk assessments in place which endeavoured to ensure that safe care and support was provided to residents living in the centre.

There was a risk register in the centre and it was maintained and updated on a regular basis. The register provided a good overview of all managed risks in the centre. On review of the register, inspector saw that it had been reviewed in August and November in 2023 and in January and April in 2024.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the centre appeared clean and tidy. Since the last inspection, the provider had addressed a number of infection prevention and control issued that had been previously identified. New equipment had been purchased to replace old equipment that was in disrepair or needed upkeep. Office furniture and flooring that had been in disrepair and could not be cleaned effectively and pose a infection prevention and control risk, had been replaced. Areas that had been identified as unclean had underwent cleaning and these areas were added to the centre's cleaning schedule.

However, on the day of the inspection, the inspector found that improvements were

still required. In particular, relating to the cleaning arrangements in place for residents' individual mobility equipment as well as mobility aids and appliances that supported residents' personal hygiene care needs.

For example, the inspector observed a mobile shower chair in one of the bathrooms to have a lot of lime scale marks on the cushioning of seat and back of the chair. In addition, there was a build up of grime observed on the lower areas of the frame. Furthermore, the inspector observed the lower area of the frame of a resident's wheelchair to be unclean.

On the day of the inspection, the cleaning schedule had not included the cleaning of residents' mobility equipment, aids or appliances. In addition, there was no documentation in place to guide staff on how to clean the equipment in line with manufactures' instructions.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There had been a number of improvements to the centre's fire safety systems since the last inspection. Where a fire door had been previously difficult to open, new fire double doors had been installed. In addition, a new footpath had been laid outside the door to support better ease of egress, in the case of a fire outbreak. Deficits in fire extinguishing equipment had been addressed and the laundry room door had been replaced with a new fire resistant door.

However, some improvements were needed. While a night-time/simulated fire drill had taken place with the minimum amount of staff and the maximum amount of residents in May 2023, the same drill for 2024 was due with no date scheduled.

On the day of the inspection, the inspector observed two baskets of laundry in front of the two machines. The position of one of the baskets prohibited the fire door in closing shut. As such, if there was a fire, the door would not be able to act as an effective containment measure. On the day of the inspection, the team leader promptly removed the baskets from the room and closed over the door.

The inspector observed a small window opened in the laundry room. A mechanical extraction fan, to ensure satisfactory ventilation in the room, was due to be installed by December 2022. However, the new date for instalment had been moved out to July 2024. Overall, the timeliness to resolve this risk, was not satisfactory and impacted on the safety of residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that not all residents' health and wellbeing was supported by the residential service's policies and procedures for medication management.

The inspector was shown the medicine cupboard where residents' medication was stored. There was a separate shelf allocated to each resident's medication. The inspector observed that a number of medicines were not provided with an 'open date' label. In addition, not all residents' medication (tablet form) was provided an appropriate label that included the resident's full name, details and administering information.

The arrangements in place for transfer of residents' medication from one location to another was not appropriate or safe. For example, the transfer of medication from residents' home to their day service. For example, the inspector was advised that the current weekly arrangement in place for one resident saw blister packets being removed from the labelled box and brought to the day service in an envelope by staff.

The inspector was informed that where residents were administered medication in their day service, a note to the effect was written in their diary. However, on the day the inspection, the inspector saw that a resident's diary had not been brought to their day service. The inspector was informed that it was likely a page would be returned with the resident regarding medicines administered that day.

The inspector saw a note in the resident's diary, where on the 28th of June 2024, more medicine (tablets) had been requested. The inspector was informed that the medication had been provided however, the resident's medication audit had not recorded the transfer of the medicine to the day service.

Another similar example, included a prescribed spray not been signed out when it was transferred to a resident's day service. Overall, it was unclear if the spray was still available in the day service. On the day, on review of the resident's medicine administration record, the inspector saw that the spray had been signed as administered one and a half hours before it was due to be administered.

Overall, the inspector found that the medication management systems in place were not adequate and required significant improvement to ensure that practices in relation to storing, administering and transferring and recording of medication were safe. The current arrangements in place were not satisfactory and posed a risk to the health and safety of residents living in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

On review of a sample of residents' personal plans, the inspector found that not all reviews of the plans were effective or were carried out on an annual basis. In addition, the content in a number of residents' personal plans was not representative of what was current in the residents' lives.

The provider's May 2024 unannounced six monthly audit had identified that while there was an assessment of need in place for all residents, all residents' personal plans required review. The review identified that some of the assessments included documentation going back as far as 2017 to 2020, some of which was no longer relevant or current.

On the day of the inspection, the inspector observed one assessment dated as last reviewed in 2022. Where other information relating to the resident's care had been updated, a lot of out of date information was observed in the plan; for example, community passports, social supports document, and lifestyles and skills document noted that they were last reviewed between 2020 and 2022.

Residents' personal plans included support plans which were reviewed every three months or sooner if required. On review of a sample of support plans, the inspector saw that for the most part, they were in date and had been reviewed in line with the provider's policy. However, where residents' assessment of needs were not up-to-date, the provider could not be assured of the effectiveness or relevance of the support plans.

Judgment: Substantially compliant

Regulation 6: Health care

For the most part, there was evidence to demonstrate that appropriate healthcare was made available to residents having regard to their personal plan. Residents healthcare support plans were regularly reviewed and overall, where changes occurred they were updated.

Residents received appropriate person-centred care and had appropriate access to a medical practitioner of their choice to support their health and wellbeing.

From speaking with staff and from a review of residents' healthcare support plans, the inspector found that the person in charge and staff were proactive in referring residents to healthcare professionals and ensuring recommendations were implemented. All residents were supported to access and attend specialist services when needed. The services provided to each resident were either in their community or within their organisation.

Healthcare plans demonstrated that where significant healthcare changes took place in residents lives, the person in charge ensured that individual clinical meetings took place. This was to ensure that the provision of care required to meet the changes

were identified and implemented.

Staff empowered residents to understand and access the healthcare they need. Where appropriate, residents were made aware of and supported to access if they so wish preventative and national screening services. For example, a resident who had been diagnosed with diabetes, was facilitate to attend Diabetic Retina Screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

On a review of a sample of personal plans, the inspector saw that some of the plans included positive behavioural support plans. These plans were specific to each resident and included information to guide staff in their approach to managing behaviours that were challenging. The plans included information and guidance relating to, triggers, functions of behaviour and preventative strategies, but to mention a few.

Staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

In line with the organisation's policy, the provider had a very clear restrictive practice assessment process. All restrictive practices were risk assessed. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by practices that promoted their safety.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Safeguarding measures were in place to ensure that staff providing personal

intimate care to each resident, who required such assistance, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

Staff had been provided with up-to-date training in safeguarding and protection of vulnerable adults.

The provider's internal audits had been effective in ensuring that where incidents had occurred, the person in charge and provider had appropriately followed up on them and notified the associated organisations.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenealy OSV-0002385

Inspection ID: MON-0038854

Date of inspection: 11/07/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • One full-time nurse and one full-time social care worker allocated from recent recruitment drive. Onboarding process underway. Completed by: 31/11/2024 • A Social care worker vacancy is due to a temporary relocation for 1 year. Being backfilled by regular relief staff. • The PIC will endeavor to provide continuity of care as much as possible by employing regular relief staff/ agency staff who are familiar with the service users.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC already linked in with training department and training dates allocated for the four staff that are due for in person manual handling training. This training will be completed by end of September 2024. • The Five staff due for safeguarding training will be completed by the end of September 2024. • The three staff due for online fire training will be completed by the end of September 2024. • The Positive behavior support training online will be completed by end of September 2024.The PIC will contact training department regarding one staff for in person training in PBS. Emailed 13th August 2024. The other staff already due to take the training, just awaiting dates. • The two staff due for online training in food safety will be completed by the end of September 2024. • The two staff due for online training for FEDS will be completed by the end of September 2024. • The PIC has made a supervision schedule for this year and will continue having a	

schedule of supervision every year. Two copies made one in the roster folder and one on the notice board. Schedule date will be allocated in the diary in advance for staff supervision meeting.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC allocated two staff to set up resident's house meetings by end of October 2024. • SLT will contacted to support in enabling residents to take an active role in meetings. Relevant updates will be made to service user plans where appropriate. • Fire Safety Action – Installation of extractor fan to utility room, will be completed by the end of August 2024.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • Taxi to be booked to take one service user to and from day service, on the days that they cannot use the unit bus, ensuring that all service users can attend day service on allotted days. • Full-service review of transport needs for day service underway, to include service user changing needs, driver ratio on roster and type of transport in use. Initial meeting will be held with Director of Estates on 30/08/2024 • Follow up meeting to be held with transport manager Completed by: 30/09/2024 • Permanent plan to be put in place to ensure service users will continue to attend day service on allotted days. Completed by: 31/01/2025	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Area identified for additional storage and the PIC emailed (24th July 2024) the technical service manager to requisition same. • New outdoor furniture will be purchased to replace existing furniture by the end of September 2024 • Medical swabs removed from the kitchen.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Weekly schedule of cleaning for all mobility aids and appliances now in place. Also	

included in checklist for night staff.
• The shower chair in one of the bathrooms will be replaced. Referrals sent it to occupational therapist on the 7th August 2024. Now on OT waiting list for assessment.
• PIC to add manufacturers guidance on cleaning of equipment to cleaning folder. To be in place by the end of August 2024.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Night fire drill scheduled for the week commencing 18th August.
• The laundry baskets will not be left where they will obstruct the fire door. All staff reminded of this at staff meeting.
• The mechanical extractor fun will be installed at the end of August 2024 by technical service department.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• All bottles labeled with immediate effect.
• Deputy Manager Spoke to pharmacy to make sure that all boxes are labelled. Staff auditing the medications will check that all are in place.
• Arrangements made for transfer of medications; the PIC put in place a local protocol for transportation of medications to day services/home visits with immediate effect.
• All medications sent to day service will be recorded and audited out in the drug audit record.
• The PIC met with health and medical trainer (7th August 2024) and agreed that medicines given in day service will be recorded after the service user returns home from day service.
• Prescribed spray medications were reviewed, and afternoon dose discontinued, so they do not need to be transported.
• Health and Medical Trainer will do an unannounced audit of the above.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• PIC to ensure that all assessments of need are reviewed and updated as necessary and, where there is no change to assessment of need on review, this is tracked in the relevant section of the document. PIC to schedule time after staff meetings for staff to complete and will check during staff supervision, to ensure compliance. Completed by: 31/10/2024

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2024
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of	Substantially Compliant	Yellow	31/10/2024

	residents, it is provided.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/10/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/09/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2024
Regulation	The registered	Substantially	Yellow	31/08/2024

23(1)(c)	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.	Compliant		
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	31/08/2024

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	15/08/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	15/08/2024
Regulation 05(6)(c)	The person in charge shall	Substantially Compliant	Yellow	31/10/2024

	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			