

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

Issued by the Chief Inspector

Name of designated centre:	Glenview
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	12 October 2022
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0028911

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Wednesday 12 October 2022	10:20hrs to 18:35hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from observations, the inspector found residents were enjoying a good standard of care and support, in which their choices on how they wished to live their life were respected and supported. Residents enjoyed the time they spent in their home, and had very clear preferences on what they liked to do outside of the centre, which was supported through community activities.

The inspector met the three residents living in the centre, and spoke to two residents about what it was like to live in the centre. Both residents told the inspector they liked living in the centre, and felt safe. One of the residents showed the inspector their room, which was large, decorated to their liking, and had additional seating and a television. The resident with the help of staff, told the inspector they liked to watch the football matches in their room, and regularly bought the newspaper. While the resident said they were not really interested in developing goals, they enjoyed looking after a neighbour's cat, and going to local amenities such as the post office, shops and for walks. Another resident told the inspector they go to day services a few days a week, and enjoy painting and sketching, singing karaoke and going for meals and some shopping. The inspector also reviewed two questionnaires completed by residents who expressed their satisfaction with the services in the centre.

Staff were observed to be very kind and respectful when talking with and helping residents. For example, where a resident had a specific communication plan, staff were observed to use this, to let the resident know what was happening next, on a number of occasions throughout the inspection. Staff were also seen to respectfully support a resident with their lunchtime meal.

The inspector spoke to a family member over the phone, and the family member told the inspector they were very happy with the service their loved one received. They said their family member was well cared for, and always supported by staff to be well presented. The family member described the centre as a 'home from home', that staff were always very kind, and that they always felt very welcome when visiting the centre.

The centre was located in a rural town, within walking distance of local amenities. A car was provided for residents, and they often went out on trips to parks or to larger towns, with the help of staff. The centre was warm and welcoming, and residents appeared to be very comfortable and relaxed in the centre. Each of the residents had their own bedroom, which were decorated with personal photographs and paintings.

Residents were supported to maintain relationships with their friends, families and the community, and were supported with visits and phonecalls with their loved ones.

The person in charge and staff knew the residents well, and described the supports in place to ensure residents had a meaningful day, and their choices were respected. For example, some residents preferred a quieter pace of life or a structured routine, and staff described how activities in the centre and in the community were planned around these preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted positively on the quality and safety of the service being delivered.

Capacity and capability

There were appropriate systems and resources in place to ensure residents received a good quality of service, and high levels of compliance were found on this inspection. The person in charge, staff and management were responsive to risks and emerging needs of residents, which meant where issues arose, actions were effectively and efficiently implemented to mitigate such risks.

This inspection was carried out following an application by the provider to renew the registration of the centre. A full application was received, and the arrangements in the centre were reflective of the services and facilities described in the statement of purpose.

The provider had appropriate resources in place including sufficient staffing, centre transport, and a centre budget. The staff team were knowledgeable on the needs of the residents and of their support requirements, and consistent staff were provided in the centre.

The centre was monitored on an ongoing basis, and where areas for improvement were identified through audits or during staff and management meetings, actions were taken to mitigate any risks identified. Staff were given opportunities to raise any concerns they may have about the care and support provided to residents directly with the person in charge or managers, or during staff meetings.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre had been submitted to the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was sufficient staffing in the centre. The staffing levels were in line with the statement of purpose, and staff had sufficient knowledge and experience to meet the needs of residents. There were team leaders and direct support workers employed in the centre, with two staff on duty during the day time, and two staff in a waking capacity at night time. The inspector reviewed a sample of rosters for three months, and found consistent staffing had been provided. Nursing support was available from community nurses in the service if required. Planned and actual rosters were appropriately maintained. The inspector reviewed staff files for three staff, and found all of the required records as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 22: Insurance

The centre had up-to-date insurance, and a copy of the insurance certificate was submitted to HIQA as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate management systems in place to ensure the service was safe, met the needs of residents, and was monitored on an ongoing basis.

The provider had put in place resources including a skilled workforce, a centre car, a well maintained premises, and a centre budget, to ensure the individual and collective needs of residents were met. There was a clearly defined management structure. Staff reported to the person in charge, who reported to the assistant director of services. In the absence of the person in charge a team leader provided supervision and support to staff. The assistant director reported to the director of services, who reported to the chief operating officer and the chief executive officer. The chief executive officer reported to the board of management.

The person in charge worked in the centre three days a week, and was available by phone for support if required. A staff member told the inspector they had good support from the person in charge and the management team, and could raise concerns about the quality and safety of care and support should the need arise.

There was ongoing monitoring and review of the services through staff meetings,

governance meetings, and the completion of audits. The inspector reviewed minutes of staff meetings and of governance meetings between the person in charge and assistant director of services. A range of areas of service provision were discussed and reviewed, and where issues arose, actions were developed and implemented. For example, all personal plans were to be reviewed and updated, night time fire drills were to be arranged, and supervision for all staff was to be completed, and the inspector found all these actions were complete on the day of inspection. Incidents in the centre were reviewed at staff meetings, with corrective actions initiated to reduce risks, for example, following some medicine errors it was agreed at a staff meetings that medicine presses were to be moved and this was complete on the day of inspection.

A range of audits were completed in the centre, for example workforce audits, safe services, and key performance indicators such as incidents, safeguarding, positive behaviour support plans and community access. Where issues arose, identified actions were either complete or scheduled in the coming weeks for completion. A six monthly unannounced visit by the provider had recently been completed, and from the sample of actions reviewed, these were either complete or planned for. An annual review of the quality and safety of care and support had been completed for 2021 and feedback had been sought from residents and their representatives as part of this review.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was available in the centre, and contained all of the information as per schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

HIQA had been notified of any incidents or practices occurring in the centre, as required.

Judgment: Compliant

Quality and safety

The inspector found residents were provided with a good quality of care and support, which reflected their choices, and their needs. There was a focus of respecting the individuality of residents, which supported residents to lead their day to day life as they chose and preferred. The provider had ensured that the arrangements in place protected residents from any potential risks, and met their needs in a holistic and person centred manner.

Residents' needs had been assessed, and the provider had made arrangements to meet these needs, as set out in personal plans. Residents were supported to develop goals and to access activities and amenities of their interests, both in the centre and in the community. Personal plans and individual goals were regularly reviewed. Assessments had also included the communication needs and preferences of residents, and suitable aids and equipment were provided to help residents with their communication needs. The nutritional needs of residents had been assessed by a speech and language therapist and a dietician, and residents were provided with a varied and nutritious diet, in accordance with the specific supports outlined by the allied health care professionals.

Residents' rights were promoted in the centre. Residents chose how they wished to live their life, and their dignity and privacy was respected through practices in the centre. Residents were supported with their emotional needs, and restrictive practices were implemented with the consent of residents, and were regularly reviewed.

The provider had ensured that residents were protected by practices in the centre, and staff were aware of safeguarding risks, and of the measures in place to protect residents.

The transition into, and discharges of residents from the centre were planned, and were based on transparent criteria, as set out in the statement of purpose. Residents had been involved in the transition and discharge processes, and were supported to visit their new homes before coming to, and leaving the centre.

The centre was well maintained with ample private and communal space for residents' use. There were suitable arrangements in place for the prevention and control of infection, and the provider had implemented their contingency plan with effect, during an outbreak of COVID-19 in the centre this year.

Regulation 10: Communication

The communication needs of residents had been assessed and staff were observed to use communication aids as per the recommendations from a speech and language therapist. Supports were in place to help residents with their communication including the use of objects of reference and mobile phones. Residents also had access to media such as newspapers, the internet and television.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy in the centre, and residents could receive visitors into the centre as they wished. If residents preferred to meet their visitors in private, there was a large sittingroom available.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their own possessions, and where needed, support was provided to manage their finances. Each resident had their own room, with ample storage for their personal possessions. There was sufficient room for residents to keep equipment and supplies to engage in their own interests, for example, art supplies, snooker table, and television. Staff helped residents with their finances, and kept account of all money spent by residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents chose how they wished to spend their day, and this included a range of activities in the centre and in the community, and access to day services for a resident. One of the residents with the support of staff told the inspector they enjoyed watching football matches on television, and had access to a range of sports channels. They also had a specific interest in cats and enjoyed spending time in the garden, taking care of a neighbour's cat. On a day to day basis, the residents liked to go for walks, visit farms, go to the local shops, go out for meals, go on shopping trips, and have aromatherapy sessions. Another resident told the inspector they really enjoyed art and singing karaoke music, and the inspector observed their artwork was on display in the centre. Residents were supported to maintain links with their families, either through regular visits, or by phoning their families.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection the provider had addressed the issue relating to storage, and had installed additional storage presses for personal protective equipment (PPE) and files. The inspector reviewed the premises with the person in charge, and found the centre was clean and well maintained. Residents had their own bedrooms, and there was sufficient number of bathrooms for residents' use. The kitchen was equipped with cooking and dining facilities, and residents had the use of a seating area in the kitchen dining area, or could use a larger sitting room. Residents liked to sit in the back garden, which also had seating available. Suitable laundry facilities were provided, and overall the inspector found the premises was laid out to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with the appropriate support to manage their nutritional needs, and where required, residents' needs relating to modified diets or specific nutritional requirements had been assessed by a speech and language therapist and a dietician. The inspector observed staff sensitively provide support to a resident with their meal, in line with the support described in their personal plan. A staff member described the specific plan relating to a resident's nutritional needs.

The inspector reviewed records of meals provided to residents, and found residents had been provided with a varied and nutritious diet, of their choice, and there was ample supply of alternative meals, snacks and drinks available. Two of the residents told the inspector they were happy with the choices of meals provided in the centre, and one of the residents said they enjoy baking sometimes. Food was observed to be stored and prepared in hygienic conditions.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which included all the required information as per the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed records pertaining to some transitions of residents into the centre, and discharges from the centre. Discharges from the centre were found to be based on transparent criteria in line with the statement of purpose. Planned transitions into the centre had been implemented, with information provided to residents on the services and supports in the centre. Staff described the transition plans implemented, as two residents moved to another designated centre, and residents had been given the opportunity to visit their new home prior to leaving this designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable arrangements were in place for the prevention and control of infection, and the provider had put in place a range of policies and procedures in response to the COVID -19 pandemic. There were adequate handwashing and hand sanitising facilities, and staff were observed to wear face masks in line with public health guidelines. There was adequate supply of PPE in the centre, and supplies were appropriately stored.

The centre was clean, and the inspector reviewed records of cleaning schedules for the preceding month, which were all complete. Cleaning included for example, frequent high touch cleaning, deep clean tasks, equipment and soft furnishings, and the centre vehicle. Suitable arrangements were in place for laundry management, and for the disposal of general and clinical waste.

The provider had developed a contingency plan, which had been implemented earlier in the year, during an outbreak of COVID-19 in the centre. The contingency plan outlined the procedures to be followed if a case of COVID-19 was suspected or confirmed. The individual risks for residents relating to infection prevention and control had been identified, and risk management plans outlined the measures to protect residents, including the measures for self-isolation if required.

The provider had convened an outbreak response team, who had met and reviewed the arrangements in the centre at the beginning of and during the outbreak of COVID-19. A notice of closure of the outbreak of COVID-19 had been received from public health.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed documentation relating to assessments and care plans, for the three residents living in the centre. Each of the residents had an up-to-date assessment of need completed, which were informed by input from residents, their families, and by multidisciplinary team members and their general practitioner. Health, social and personal care plans were developed which were based on the identified needs of residents, and were reviewed on an ongoing basis as residents' preferences or needs changed, or following review by an allied healthcare professional. Personal plans clearly set out the support to be provided to residents to meet their needs. The provider had ensured arrangements to provide the supports to the residents in line with their personal plans were in place. For example, the inspector observed that staff were supporting residents with their mobility needs, and supervision levels in the centre were in line with the stated needs as per risk assessments. Residents were supported to develop goals as they wished, and the progress of goals were reviewed monthly with the residents, supported by their keyworkers.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist or behaviour specialist. The inspector reviewed two behaviour support plans, which were up-to-date and described the proactive and reactive supports to help residents manage their emotions and to keep them safe. Consent had been received from a resident prior to the implementation of an environmental restriction, and at the recent request of the resident, this restriction remained in place.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were protected. There had been a safeguarding incident reported to HIQA since the last inspection, and the inspector found safeguarding measures were in place following this incident to ensure residents were protected. A staff member described these measures to the inspector. The inspector reviewed records pertaining to the three residents' finances. There were measures in place to ensure residents' finances were protected, money was securely stored, and all money on or on behalf of residents was accounted for.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted through practices in the centre and the care and support was planned around the wishes and needs of residents. For example, some residents preferred to have a structured routine, and their day was organised to support this preference. Residents met every week and shared their own news, talked about activities they would like to do in the coming week, and staff shared information with residents about developments relevant to the centre.

Residents' choices with regards to their care were respected, and included their right to refuse interventions or activities. Information was available on an external advocacy service. Arrangements were in place to ensure the privacy and dignity of each resident, and specific needs relating to personal care were set out in intimate care plans. Each of the residents had their own bedroom, and personal information was securely stored.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant