



# 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:	Unannounced
Date of inspection:	17 August 2021
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0028915

## 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-dinner ,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:	5
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 17 August 2021	10:15 am to 5:30 pm	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service comprised of one detached house in County Meath, which was in close proximity to a number of villages and towns.

The inspector met five of the residents, spoke with two of them and spoke with two family members over the phone, so as to get their feedback on the service provided. Written feedback on the quality and safety of care from all five residents was also reviewed as part of this inspection process. The residents met with said they were very happy in their home and, staff were observed to be person centred and caring in responding to their needs.

One of the residents spoken with said to the inspector that they thought their home was 'stunning'. When the inspector asked them why they thought that was, they replied by saying that they loved living there and had everything they needed. They also said that they loved their room, the staff team were wonderful and, they were very happy with the menu options available to them. The inspector observed staff interacting with and supporting this resident in a person centred and respectful manner over the course of the inspection and, the resident appeared relaxed and comfortable in their presence.

Another resident was relaxing in their room watching TV and spoke with the inspector on a couple of occasions. They said that they were happy living in the house and liked the staff team. Staff were also observed to be caring and attentive to this resident and ensured that they had everything they needed.

Over the course of the day some residents went for a drive with the support of staff, which they seemed to enjoy very much. Prior to the COVID-19 pandemic, the inspector saw that residents were using their community and saw pictures of them on various social outings to parks, farms and shops. These activities were starting to resume again and one resident said they were looking forward to things getting back to normal.

The inspector also observed that some residents were recently supported to redecorate and paint their rooms. Residents made their own decisions on how they wanted to refurbish their rooms and, their choices were respected and supported by the staff team. Some residents also liked gardening and with the support of the staff team, had decorated the back garden patio area with multiple potted plants and flowers.

Later on in the inspection process, the inspector observed both staff and residents in the kitchen chatting and having a cup of tea. Staff were preparing the evening meal and residents appeared to very much enjoy the company and presence of staff

during this time.

The two family members spoken with (over the phone) were very positive about the quality and safety of care provided to their relatives. One said that the staff team were excellent and that their loved one was very happy living there. They also said that their relative got on great with staff and that staff team were very respectful and caring towards the residents. They were also happy that the healthcare needs of their loved one were being provided for. They told the inspector that their relative viewed the house as their home and if they had any issues, they would bring them to the attention of the staff team. However, they also said that they had no complaints whatsoever about the care and support provided in the service.

The second family member was equally as positive about the quality and safety of care provided in the service. They said that the house was very welcoming and that their loved one was very well taken care of. They also reported that the staff team were very kind and had recently supported their relative to redecorate their room. The resident was also very happy with their room when it was completed. The family member said their relative was very content living in the house, they had a great social life, their healthcare needs were well taken care of and, the menu options available were excellent. They too, had no complaints about the care and support provided to their loved one.

Written feedback on the service from all residents was also positive and complimentary. For example, residents reported they liked living in the house, they felt safe there, staff were friendly and supportive and if they had any concerns or complaints, they would speak to any staff member. However, it was observed that there were no complaints made about the service in 2021.

Management and staff were found to be responsive to and supportive of the individual needs and rights of the residents. For example, residents' choices were respected and supported, residents chose their own menus each week, residents' preferred social activities were provided for and, information on how to address an issue or make a complaint was available in an easy read format for the residents.

While some issues were identified with the premises and staffing arrangements on this inspection, they were not impacting on the quality or safety of care provided in the service.

In general, the governance and management arrangements were responsive in supporting and providing for the needs of the residents and, residents appeared happy and content in their home. Staff were also observed to be professional, warm and caring in their interactions with the residents. Feedback on the service from all residents and two family representatives was found to be positive and complimentary on the quality and safety of care provided.

The following two sections of this report, outline how the provider's capacity and capability to operate a responsive service, impacted positively on the quality and safety of care provided to the residents living in this centre.

## Capacity and capability

Residents informed the inspector that they loved their home and for the most part, the provider had ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by two team leaders, both of whom worked in the house on a regular basis. The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety, medication management, first aid, positive behavioural support and manual handling.

From speaking with two staff members and the person in charge, the inspector was assured that they had good knowledge of the care plans and assessed needs of each resident. It was also observed over the course of this inspection, that staff were at all times, responsive and attentive in meeting the needs the residents.

However, the staffing arrangements required review. At a recent multi-disciplinary team meeting it was identified that one resident would benefit from additional staff support. The resident in question, also liked to spend 1:1 time with staff. In the written minutes of that meeting it was also identified that providing additional staff support (and in particular 1:1 staffing support) was difficult to manage due to the current staffing arrangements in place. On reviewing a sample of the rosters, the inspector observed that there were only two staff members on duty from 8 am to 8 pm to provide care and support to five residents, some with significant, complex and multiple needs. In turn, the inspector was not assured that the current staffing arrangements were at all times adequate, to meet some of the recommendations as arising from multi-disciplinary meetings/reviews.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives

of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the most recent six-monthly unannounced visit to the centre in 2021 identified that residents inventory of personal belongings at stated in their plans required updating. The auditing process also identified that some staff supervision was overdue and that some staff were due training in positive behavioural support. These issues had been actioned and addressed by the person in charge at the time of this inspection.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements required review in this service. At a recent multi-disciplinary team meeting it was identified that one resident would benefit from additional staff support. However, it was recorded in the minutes of that meeting that providing additional staff support (and in particular 1:1 staffing support) was difficult to manage due to the current staffing arrangements in place. It was also observed that there were only two staff members on duty from 8 am to 8 pm to provide care and support to five residents, some with significant, complex and multiple needs. Taking this into account, the inspector was not assured that the current staffing arrangements were at all times adequate, to meet some of the recommendations as arising from multi-disciplinary meetings/reviews.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development



The person in charge ensured staff were appropriately qualified, trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety, medication management, first aid, positive behavioural support and manual handling.

From speaking with two staff members the inspector was assured that they had good knowledge of the care plans and assessed needs of each resident.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by two team leaders, both of whom worked in the house on a regular basis.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge aware of their legal remit to notify the chief inspector within 3 days of any adverse incident occurring in the service as required by the Regulations.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. Some issues were identified with the premises which are discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that each resident had a personal plan in place identifying goals they wished to achieve. These plans were updated monthly with the input of the resident and, goals were tracked so as to ensure they were being implemented. For example, one resident's goal was to redecorate and paint their room. The inspector saw that this goal was in the process of being implemented and the resident's room had been painted in a colour of their choosing. The resident was very happy with the finished result and, at the time of this inspection, staff were supporting them to get new furniture.

Some residents also attended a day service, where they engaged in social and learning activities of their choosing. For example, they went swimming, attended art classes, took part in table top activities and, one resident was a member of a peer advocacy group. Residents were also being supported to use their community and avail of social outings of interest. For example, they liked to go to parks, farms, the zoo, drives, shopping and meals out. They were also supported to maintain regular contact and communication with their families.

The healthcare needs of the residents were being provided for and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to physiotherapy, occupational therapy, optician, dental and chiropody services. Hospital appointments were facilitated as required and care plans were in place to guide practice and ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents however, there were no open safeguarding issues in the centre at the time of this inspection. Feedback from residents and two family representatives spoken with also informed the inspector that they were satisfied with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy available on risk management and each resident had

a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk of falling, they had a falls risk assessment in place. They also had access to a physiotherapist and occupational therapist for advice and support and, equipment such as a walking aid was available where/if required.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in June 2021, informed that all residents and staff evacuated the building in 2 minutes and 15 seconds with no issues reported. Each resident also had a personal emergency evacuation plan in place and from a small sample of files viewed, staff had training in fire safety.

While the house was observed to be homely and welcoming on the day of this inspection and one resident reported that they were very happy with their accommodation, parts of the premises required attention. For example, the residents lounge was also being used as an office and a storage facility. The inspector observed that files were also stored in this room, as was personal protective equipment (PPE), kitchen rolls, a large seated weighing scales and reams of printing paper. This meant that this room was not an inviting space for resident to use and was not being used for its stated purpose. In addition the utility room was also observed to be cluttered with various items piled high on the counter tops and, some external doors required painting.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. Residents made their own decisions with regard to the decor of their rooms and, one resident was a member of a peer advocacy group.

## Regulation 17: Premises

Parts of the premises required attention. For example, the residents lounge was also being used as an office and a storage facility. The inspector observed that files were also stored in this room, as was PPE, kitchen rolls, a large weighing scales and reams of printing paper. The utility room was also observed to be cluttered with various items piled high on the counter tops and some external doors required

painting.

Judgment: Not compliant

### Regulation 26: Risk management procedures

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

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in June 2021, informed that all residents and staff evacuated the building in 2 minutes and 15 seconds with no issues reported.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that each resident had a personal plan in place identifying goals they wished to achieve. These plans were

updated monthly with the input of the resident and, goals were tracked so as to ensure they were being implemented. Residents were also being supported to use their community and avail of social outings of interest. For example they liked to go to parks, farms, the zoo, drives, shopping and meals out. They were also supported to maintain regular communication with their families.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of the residents were being provided for and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguarding the residents however, there were no open safeguarding issues in the service at the time of this inspection. Feedback from residents and two family representatives spoken also informed the inspector that they were satisfied with the quality and safety of care provided in the service. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent advocate was available in the centre

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. Residents made their own decisions with regard to the decor of their rooms and, one resident was a member of a peer advocacy group.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not 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 Glenview OSV-0002418

Inspection ID: MON-0028915

Date of inspection: 17/08/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A review of the current staffing arrangements within the centre will be conducted, to ensure there is sufficient numbers of staff with the necessary experience and competencies to meet the assessed needs of all residents at all times. This will include the utilization of meaningful supports through residents actively reengaging with their day services, in line with Irelands roadmap to easing COVID-19 restrictions. Staff will then be deployed within the centre to ensure all resident’s assessed needs are met appropriately.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A review of the premises will be completed to ensure that all areas within the centre are used for their stated purpose, this will ensure the centre is homely for residents. A review of storage arrangements in the centre will be completed to ensure there is suitable storage throughout the centre. The management of storage within the house will be assessed daily and recorded on the daily cleaning check list. A review of all maintenance requirements within the centre will be completed and any maintenance issues identified will be included on a time specific schedule of works.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2021