



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

Issued by the Chief Inspector

Name of designated centre:	Sliabh Glas
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	01 June 2023
Centre ID:	OSV-0002518
Fieldwork ID:	MON-0031135

About the designated centre

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

Sliabh Glas is a designated centre run by the Health Service Executive (HSE) in Community Healthcare Organisation 1 (CHO1). Sliabh Glas provides a full-time residential service, with 24 hour support, to six adults with an intellectual disability. The centre comprises a dormer style bungalow and separate annex, and is located on the outskirts of a large town. The centre has access to it's own bus to facilitate community based outings and activities. Each resident has their own bedroom. Within the main house residents share communal areas which include the kitchen, utility room and sitting-room. Residents also have access to two bathrooms, one with a bath and one with a walk-in shower. The separate annex flat provides accommodation for one resident, and has an open plan kitchen and living area as well as two bedrooms and a shared bathroom. Residents also have access to a mature, private garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 1 June 2023	09:30hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the care and support which were offered to residents in this centre. The centre was operating at full capacity with six residents present on the day of inspection.

The centre was located within walking distance of a large town in Co. Donegal and it comprised of a large detached two storey house and a separate apartment, both of which were located on the same site. One resident lived in the apartment and they had their own ensuite bedroom and a large open plan kitchen/dining and living area. Five residents lived in the detached house, again each resident had their own bedroom and they could utilise a number of shared bathrooms and toilets. They also had a large reception room in which to relax and meals were prepared in a large kitchen and dining area.

The centre was very homely and residents had full access to all areas of their home. Two residents showed the inspector their respective bedrooms where they proudly displayed posters and autographed pictures of their favourite football teams and individual players. These two residents were also very proud of murals which were painted on the bedroom walls also of their favourite team and they both explained that they loved having their own bedroom to have space for privacy and also to relax. The centre was also comfortably furnished and the reception room was warmly decorated, had large couches and residents were observed chatting and relaxing there throughout the morning. The centre was also well maintained and a resident explained how they enjoyed looking after the garden and they loved cutting the lawn and pruning plants and scrubs.

Residents relaxed on the morning of inspection and they met and chatted with the inspector casually throughout the day. Some residents' day services were closed and residents took the opportunity to have a sleep on and they had planned to do some activities in the afternoon. Residents had planned to go shopping, have a look around the shops in the local town and maybe pop in for a coffee or for a drink to their favourite public house. There was a very casual atmosphere in the centre and this was reflected in the residents approach to activities on the day of inspection. Residents said that they may or may not choose to go out and it was entirely up to themselves. Overall they spoke in a positive manner in regards to community access with some of the residents saying that their favourite pastime was to head off to football matches together and support the local Gaelic football and soccer teams.

There was a very relaxed atmosphere throughout the day of inspection and residents and staff chatted warmly with each other. Residents appeared comfortable in staff members' company and staff who met with the inspector had a warm approach to care and they also had a good knowledge of residents' individual needs. A resident and staff member spent a period of time chatting at the kitchen table and this appeared to be a normal and everyday occurrence. The resident was doing some artwork and they discussed with the inspector what their life was like and how

they enjoyed going home to visit their mother at the weekends. Both the resident and staff member had an interest in soccer and they discussed who were the current top teams and who their favourite players were.

The inspector found that residents were supported to enjoy a good quality of life and they were active in their local communities. This inspection also identified some areas of care which required adjustments but overall the provider, management and staff team were committed to the delivery of person centred care.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life. In addition, prior to the inspection the provider had identified a new person in charge and they were in the process of formally taking over management of the centre. This inspection was facilitated by a senior manager who was found to have an in-depth knowledge of both the service and also of the resources which were in place to meet the residents' needs.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required adjustments. The provider also had a schedule of internal audits which assisted in ensuring that areas of care such as health and safety, fire safety and personal planning would be generally held to a good standard. The centre also had a quality improvement plan in place which condensed actions from both internal and external reviews and ensured that issues which were raised would be addressed accordingly. In addition, the provider had scheduled person in charge and safeguarding meetings which promoted a consistent approach to care in services operated by this provider and also ensured that safeguarding was promoted across the organisation.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that residents were supported by a consistent staff team. Although the rota demonstrated consistency of care, this document required some improvements to

ensure that staff members' working hours were accurately recorded.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that the residents were supported to enjoy their time in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider was aware of the regulatory requirement to apply to for the renewal of the registration of this centre. A complete application had been submitted as required and was under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the inspector had a good understanding of resident's individual and collective needs.

Some improvements in regards to the rota were required to ensure that staff members hours of work were it accurately recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a schedule of mandatory and refresher training in place and a review of training records indicated that staff were up to date with the training needs. In addition, staff attended for regular supervision and scheduled team meetings were occurring which assisted staff members to raise any concerns they may have in relation to care practices.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and a senior manager held responsibility for the operation of the centre. All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified.

Although residents had a good quality of life, several regulations which were examined required further attention to ensure they were held to a good standard at all times.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no active complaints on the day of inspection and information on how residents or their representatives could make a complaint were clearly displayed. Residents who met with the inspector stated that they could go to any staff member if they had a concern and it was clear to the inspector that the provider promoted an open and transparent culture.

Judgment: Compliant

Quality and safety

The inspector found that the provider offered a good quality service which aimed to promote the safety of residents who were using this service. Although, several areas for improvement were identified on this inspection, overall the inspector noted that the staff team and management of the centre were committed to the delivery of a service which was person centred and also promoted community inclusion.

Residents who met with the inspector generally enjoyed living in this centre and they openly discussed their lives and their personal interests. They explained to the inspector how staff were very supportive and that they would not hesitate to approach them if they needed assistance or had any concerns. Residents also explained how they decide themselves what they would like to do each day but plan most of their activities at the weekends. Two residents showed the inspector their personal plans which they kept in their rooms and they highlighted that holidays and attending football matches were top of the agenda for their goals in 2023. It was clear that the centre was very much resident focused and it had an open and transparent culture. Residents attended scheduled meetings where they discussed the running and operation of their home. Information in regards to rights, complaints, fire safety and IPC measures was also discussed at these meetings which ensured that this was an informed resident group.

Some residents required additional support and inputs in regards to behaviours of concern and guidance was in place to support a consistent approach in this area of care. Behavioural guidance was recently updated and staff who met an inspector clearly outlined a resident's behavioural needs. Although this area of care was maintained to a good standard, some adjustments were required. For example, a behavioural support plan which was reviewed by the inspector did not sufficiently describe the variety of behaviours which this resident could engage in and may require a response from staff. In addition, there were a small number of restrictive practices in place in regards to safety and behavioural concerns and although these were regularly reviewed the provider did not demonstrate how residents were consulted with and informed of these practices.

The provider had a system in place for recording, monitoring and responding to incidents and accidents which occurred in the centre. Management structures within the centre ensured that all incidents were reviewed by senior personnel which assisted in ensuring that any required responses or corrective actions were implemented in a timely manner. The provider had also implemented associated risk assessments for any identified safety concerns such as behaviours of concern and safeguarding.

Overall, inspectors found that residents were supported to enjoy a good quality of life and they enjoyed living in this centre. Although, some areas of care required further review, in general the care and support was maintained to a good standard.

Regulation 11: Visits

There were no restrictions on visitors and residents reported that they were well supported to visit family members. Residents returned home for overnight, weekend and day visits and family members were welcome to visit the centre. Residents could also contact their family via telephone or communication applications.

Judgment: Compliant

Regulation 12: Personal possessions

The staff team maintained an inventory of resident's individual possessions and residents stored most of these items in their own individual bedrooms. Residents required assistance with managing their finances and the provider ensured that detailed records were maintained of both cash and electronic transactions which were completed on behalf of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by a senior manager. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

The provider also a risk management assessments in place to assist in addressing any known or potential safety concerns. Some additions and amendments were made to two risk assessments on the day of inspection to better reflect the identified risk and associated control measures.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Hand sanitising stations were present at entrance and exits and staff were observed to regularly wash or sanitise their hands.

Information in relation to IPC remained in situ and there was clear guidance in place to assist staff in the cleaning and sanitisation of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Then provider had fire safety equipment in place such as a detection and warning system, fire doors, emergency lighting and fire fighting equipment. All equipment had a schedule of servicing in place and staff were completing regular equipment checks to ensure that they were in working order. Fire drill records also indicated that both residents and staff members could safely evacuate the centre in the event of a fire and residents who met with the inspector explained that they would leave the house and go to the assembly point if the fire alarm was activated.

Some improvements were required in regards to fire safety as a fire door was not closing properly. Guidance for the individual evacuation of some residents also required review to include their supervision requirements post evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Some improvements were required as some medication receptacles were not thoroughly cleaned before being stored. In addition, staff knowledge in relation to the administration of rescue medication required review to ensure that it was inline with medical guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were reviewed on at least an annual basis. Residents who met with the inspector stated that they were well supported to access their local community and also to pursue personal interests.

Residents also had their goals in an accessible format and they held their plans in their own bedrooms. Residents who met with the inspector stated that some of their goals were to go on holiday and also to visit the sports ground of their favourite Scottish team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required support in relation to behavioural support and there was guidance in place to guide staff in this area of care; however, this guidance required review to ensure it accurately reflected behaviours which were recorded prior to this inspection. In addition, there were a small number of restrictive practices in place in regards to safety and behavioural concerns and although these were regularly reviewed the provider did not demonstrate how residents were consulted with and informed of these practices.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required on the day of inspection and residents reported that they felt safe in their home. The centre also had a very pleasant and homely atmosphere. Although residents were safeguarded, some improvements were required to ensure that residents' knowledge in the area of self care and protection was promoted.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were actively involved in decisions about their care and home. They also had good access to their local community to engage in areas of personal interest. Residents had their own bedroom which promoted their rights and information on advocacy was readily available in the centre. In addition, all staff members had undertaken rights training and staff who met with the inspector stated that this had a positive impact on the provision of care.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sliabh Glas OSV-0002518

Inspection ID: MON-0031135

Date of inspection: 01/06/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to bring the centre into compliance with Regulation (15) Staffing the following action has been taken</p> <ul style="list-style-type: none"> • The Centre's Rota Template has been reviewed and updated which now reflects staff members hours of work in the centre. Completion date: 26-06-2023. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring the centre into compliance with Regulation (23) Governance and Management the following actions has been taken</p> <ul style="list-style-type: none"> • The centre has an audit schedule in place, with the PIC completing a number of audits on a monthly basis. Actions arising from audits are placed on the centres QIP for follow up and close out. Completed audits are reviewed by the DON in conjunction with the PIC as part of the individual PIC meetings. • The self – assessment judgement framework is completed by the PIC on a quarterly. Actions arising from the SAJF are added to the centre's QIP for follow up and closing out within identified timeframes. Date of last self- assessment 11-04-2023 • The service has a schedule in place for the completion of the Unannounced Provider Nominee Visits to the centre. The first PN visit for 2023 was completed on the 28-03-2023. Actions arising from the PN visit have been included on the centres QIP for follow up and close out within identified timeframes. • The service has a schedule in place for the completion of the annual review of the services. Most recent annual review of the centre took place on the 30-10-2022 	

- The DON will continuously monitor the centre and carries unannounced visits in addition to 6 monthly and annual review visits. The most recent site visit took place on the 24-05-2023.
- Bi – monthly individual PIC meetings are held with the Director of Nursing. These meetings follow standard agenda items. Actions arising from these meetings are added to the centres QIP for follow up and close out within identified timeframes.
- Bi- monthly staff governance meeting takes in the centre to ensure the sharing of information. The most recent meeting took place on the 18-05-2023.
- Quarterly Quality Safety Service Improvements meetings are held and chaired by the DON. The most recent meeting took place on the 31-05-2023.
- The centre’s QIP is reviewed on an ongoing basis by the PIC and monthly by the DON.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 In order to bring the centre into compliance with Regulation (28) Fire Precautions the following actions were undertaken

- Masterfire has completed the necessary maintenance work on the fire door and the door is now closing property. Completion date: 26-06-2023
- The Personal Evacuation Plans for two residents have been reviewed and updated to reflect their supervision requirement post evacuation. Completion date: 26-06-2023

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 In order to bring the centre into compliance with Regulation (29) Medicines and pharmaceutical service following actions will be undertaken

- Four residents in the centre are prescribed Buccal Midazolam for seizure activity. The Individual Buccal Midazolam Protocol for each resident will be discussed again at the local governance meeting scheduled for 04-07-2023 to ensure all staff understand the protocols in line with medical guidance. Completion date: 04-07-2023.
- The need for ensuring that medication receptacles are thoroughly washed and dried before being stored will also be discussed at the local governance meeting schedule for 04-07-2023. Completion date: 30-06-2023

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 In order to bring the centre into compliance with Regulation (7) Positive Behavioural Support following actions will be undertaken

• The Behaviour support plan for one resident will be reviewed and updated by the psychologist in conjunction with the staff to ensure all behaviors of concern is accurately reflected in the Behaviour support plan. A meeting is scheduled for 28-06-2023 to complete this review. Completion date: 28-06-2023

• One resident has a restrictive practice in place due to mobility issues and a safeguarding concern. The named nurse for the resident has consulted with the resident informing the resident as to why the restrictive practice is in place and has gained the residents consent for the restrictive practice to be implemented. This is now clearly recorded in the residents' records. Completion date: 21-06-2023

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
In order to bring the centre into compliance with Regulation (8) Protection following action will be undertaken

• Easy read documentation on protection will be discussed at the next residents meeting to promote residents knowledge in the area of protection. Completion date: 31-07-2023.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	26/06/2023
Regulation 23(1)(c)	The registered 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.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	26/06/2023
Regulation	The person in	Substantially	Yellow	11/07/2023

29(4)(b)	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.	Compliant		
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/06/2023
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	21/06/2023

Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	31/07/2023
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