



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

## Issued by the Chief Inspector

Name of designated centre:	Glenageary
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0003578
Fieldwork ID:	MON-0035665

## About the designated centre

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

Glenageary is a designated centre operated by St John of God Community Services CLG. The designated centre is based in a suburban area of South County Dublin and is made up of two community based homes. The centre provides 24 hour residential supports for residents availing of its services and places a focus on providing person centred care, promoting independence, enhancing community integration and participation, and enhancing the quality of life of residents. The centre is managed by a person in charge, they are supported in their role by two Social Care Leaders.. A staffing compliment of social care workers support residents in each of the houses that make up the designated centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Wednesday 3 July 2024	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents in this designed centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value, for the most part, were taken into account. Residents who spoke with the inspector advised that they enjoyed living in their home, were happy who they lived with and that they were satisfied with the support provided by staff.

The inspector used observations and discussions with a number of residents alongside a review of documentation and conversations with key staff and management to inform judgments on the residents' quality of life. Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review, Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions.

The centre comprised of two premises that were within close distance to each other. Both houses were two story premises and included a kitchen and dining area, sitting rooms, downstairs toilets and upstairs bathroom and shower facility. Each resident was provided with their own private bedroom which was decorated to their individual style and choice. Residents had been consulted and part of the decision making about the décor and layout of their rooms and their home. During the inspection, residents seemed happy with their bedrooms and appeared proud showing off the different aspects of the room to the inspector. Overall, the inspector observed the two homes to be welcoming and homely and for the most part, clean and tidy however, improvements were needed to the upkeep and repair of some areas of the centre.

In addition, the inspector observed that in one house, the location of a resident's bedroom was impacting on the promotion of the resident's independence. As there was no shower facility downstairs, and in line with the resident's mobility assessed needs, the resident required support from staff every time they accessed the shower facility upstairs. This is discussed further in the quality and safety section of the report.

Both houses provided front and rear garden areas; The inspector observed the back garden of one house was spacious and included a patio seating area. There was a circular grass area with an array of plants and features around the edge of the garden. However, the back garden of the other house required improvement and in particular, to the section just off the pathway. This was to allow optimal accessibility and a nice place for residents to relax outdoors. In addition, the front garden for both houses were observed to be run very down and in need of upkeep.

In advance of the inspection, residents were each provided with a Health Information and Quality Authority (HIQA) survey. Seven of eight residents chose to complete the surveys. All seven residents were supported by their staff when completing the surveys. Overall, the surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre. For example, residents ticked that the centre was a nice place to live in and that they liked the food and had their own bedroom. Residents were also positive about their day to day choices and ticked that they felt safe in their home, were provided privacy when making calls and had sufficient money to spend .

The surveys also demonstrated that, residents' felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys relayed that staff provided help to residents when they needed it. Most residents noted that they felt listened to and were included in decision making in their home and overall, were kept informed about new things happening in the centre and in their life.

On the day of the inspection, the inspector was provided with the opportunity to meet and engage with six residents. In one house the inspector met with two residents. One resident, who the inspector was informed was semi-retired, told the inspector that they enjoyed living in their home and were happy with the people they shared their home with. On the morning of the inspection, they had chosen not to attend their day service. They told the inspector of their plans to visit the organisation's canteen for breakfast. The resident said that they enjoyed going to the canteen as the food was good and everyone there knew them and always called out their name when they arrived.

The inspector also met with another resident for a brief period before they headed out for a walk with their staff member. On observing the resident interacting and engaging using non-verbal communication with their, it was obvious that the staff member clearly interpreted what was being communicated. During conversations between the inspector, the staff member supported the conversation by communicating some of the non-verbal cues presented by the resident. In addition, through using thumbs up and down movements, the resident was able to express to the inspector that they were happy with who they shared their home with, they were happy with the support they received from staff and were happy about the choice of meals and activities provided. Throughout the conversation, the inspector also observed the resident smiling and appearing relaxed in the company of their staff member.

In the other house, the inspector met with four residents. Three residents were happy to show the inspector their bedroom. The rooms were decorated in line with their likes and preferences and contained a lot of family photographs and memorabilia that was meaningful to each resident.

One resident informed the inspector that they had recently become a grand-aunt, and smiled and seemed very happy and proud of the fact. The resident showed the inspector photographs of the new-born child and advised that they had already purchased the frames for the photographs. On the day of the inspection, the resident, supported by their staff, had gone shopping and purchased a present for

their relative. The resident showed the inspector the wrapped gift and seemed happy and proud of their choice of present.

Two other residents showed the inspector their bedrooms at the same time. They seemed happy and excited to show off their rooms. The residents told the inspector that they cleaned their rooms themselves every Wednesday; This was to ensure their rooms stayed nice and tidy. The inspector observed that the residents' bedrooms contained lots of family photographs and items that were important to them. One resident was smiling throughout the conversation and pointed out their bedroom window and told the inspector that they loved the view. They also drew the inspector's attention to their television set and told the inspector how happy they were to have the biggest bedroom in the house. The other resident, while showing the inspector their room, informed them that they really enjoyed knitting and how it helped them relax. They showed the inspector the item they were currently making as well as an array of wool they had stored in their room. The two residents told the inspector that they were good friends and both enjoyed living with each other.

Later in the afternoon, the inspector met all the residents downstairs in the sitting room together. As a group, the inspector observed all residents engage in a positive and respectful way towards each other. The inspector observed a happy and jovial atmosphere in the room. One resident was due to celebrate their birthday the following day and appeared very excited. There was great enthusiasm among the whole group about their house-mate's birthday.

The inspector pointed out framed newspaper clippings that were hung up on the wall. Some of the clippings had been observed on a previous inspection, however more clippings had been since added. The clippings related to an art exhibition delivered by one of the residents. As the resident used non-verbal communication, some of the residents informed the inspector about the resident's achievements. The inspector observed the resident to smile and appear happy and proud when their art exhibition was discussed by their house-mates. A staff member asked the resident if they could show the inspector some of their art and the resident nodded in agreement. The resident smiled when the inspector, staff members and their housemates, all praised their artwork.

There was an individualised approach to supporting residents that recognised their uniqueness. During conversations with staff and through observations in one of the houses, the inspector found that residents were supported to grieve the recent loss of one of their house-mates, and in ways that met their own individual needs. There was a framed photograph of the resident placed on a side table in the main dining room. The inspector was informed by the person in charge that there were plans in motion to place a new bench in the back garden and put a plaque on it with the resident's name. At the time, staff and residents were planning on inviting the resident's family to commemorate the resident's anniversary and to see the bench.

Overall, the inspector found that the health and well-being of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Through observations and a review of

menu plans, the inspector saw that residents were provided with a choice of healthy meal, beverage and snack options. Treats were also available to residents such as take-out meals and a wide variety of healthy snacks.

Where appropriate, residents were involved in the running of their home through meaningful household roles and tasks which in turn promoted their independence. Residents informed the inspector that they were supported to clean their rooms and get involved in household tasks. In addition, the inspector saw a rota system in place to support residents with their weekly laundry.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Weekly resident house meetings occurred with the agenda including matters such as complaints, advocacy, menu choices and safety matters but to mention a few. On review of the minutes of two meetings in May 2024, the inspector saw that they included an educational piece regarding active listening, empathy, boundaries and conflict resolution, but to mention a few. These topics had been included on the meeting's agenda in line with actions from a safeguarding plan. The inspector was informed that this was to support residents understand their own behaviour in a manner that respected the rights of others as well as supporting their own development.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives. Residents were living in homes that for most part, were observed to be cosy and homely. However, improvements were needed in the internal and external areas of both houses to ensure that the centre promoted accessibility in all areas and that it was kept in good upkeep and repair.

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 on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This was an announced inspection. The purpose of the inspection was to inform a

registration renewal recommendation for the designated centre.

The inspector found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The service was lead by a capable person in charge, supported by two front-line supervisors, who were knowledgeable about the support needs of residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. However, while the provider was endeavouring to ensure the centre met the changing needs of all residents, and in particular in terms of accessibility, improvements were needed to ensure residents right to privacy, dignity and independence was promoted at all times.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory responsibilities of their role. The person in charge was familiar with residents' needs and endeavoured to ensure that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualifications, skills and sufficient practice and management experience, to oversee the residential service and meet its stated purpose, aims and objectives.

There was a staff roster in place in the centre and overall, it was maintained appropriately. However, improvements were needed to ensure that the staff roster clearly identified the times worked by each person, including the person in charge and two front-line supervisors. The inspector reviewed a sample of the centre's actual and planned rosters and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis. There was one staff vacancy at the time of the inspection and the person in charge was endeavouring to ensure continuity of care by employing the same relief staff member to cover the vacancy.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements. The inspector spoke with staff throughout the day who demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. On the day of the inspection, the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

The inspector saw that overall, staff mandatory training was up-to-date as well as refresher training which enabled staff provide care that was up-to-date and reflected

best practice. There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge.

There was a schedule in place for staff one-to-one supervision and performance management meetings to support staff perform their duties to the best of their ability.

On review of a sample of policies, that Schedule 5 policies and procedures were in place and up-to-date. Policies and procedures in place in the centre were relevant and were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

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

Overall, the inspector found that the registered provider was endeavouring to strive for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from an inspection of another centre, run by the same provider, had been reviewed and shared resulting in a safer environment for residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge divided their role between this centre and two others. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centres concerned. The person in charge was supported by two front-line supervisors who divided their time between this and one other centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with residents' needs and was endeavouring to

ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed a sample of the centre's actual and planned rosters and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of the resident on a daily basis. For the most part, the actual and planned rosters were maintained appropriately.

However, improvements were needed to ensure that the roster accurately relayed the on-site times worked by the person in charge and two frontline supervisors in each centre they were responsible for. In addition, not all rosters included the full names of each member of the relief staff team. For example, on the review of the roster for one house, since April 2024, not all surnames of relief staff were included on the shifts they were allocated. This meant that roster was not clearly identifying each person that worked in the centre.

There was one social-care worker vacancy in the centre. The person in charge was endeavouring to provide continuity of care when filling the gaps on the roster. For example, the same relief staff was employed to cover shifts while the vacancy remained. The meant that overall, the person in charge was ensuring continuity of care as much as possible.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

On review of the training matrix in place, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training such as safeguarding, fire safety, safe medicine management, infection and prevention and control, but to mention a few. Where a small number of refresher training was out of date, a training course had been scheduled within the next two months.

For the most part, supervision and performance management meetings, that support staff in their role when providing care and support to residents, was being completed in line with the organisation's policy. Where there had been some gaps in

the first quarter of 2024, staff had since been provided with one to one supervision meetings.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations. The provider had an index in place on where to access the other pieces of information if required.

Judgment: Compliant

### Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place.

On the day of the inspection, the person in charge organised for staff records to be made available to the inspector in the providers main office for review. On review of a sample of five staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre; The person in charge was supported by a person participating in management and assisted by two front-line supervisors to carry out their role.

The provider had completed an annual report in July 2023 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review.

In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits reports. The robust auditing system enabled the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents; For example, the schedule of audits for 2024 including fire safety, safe medicine management, infection prevention and control and personal plan audits, but to mention a few.

Overall the provider was ensuring the the service provided met the needs of residents living in the centre. In terms of promoting accessibility, the provider was striving to ensure that the service was meeting the changing needs of some residents. The provider's annual report of the quality of care and support provided to residents (between July 2022 and July 2023) had identified that, due to changing needs of residents, adaptations were required to ensure residents' homes were appropriately accessible.

For example, one of the actions on the report included submitting an application to the local authority for an extension to the house. This was to provide an additional downstairs bedroom with accessible shower room and toilet. While the building works had not yet commenced, on the day of the inspection, the inspector was informed that a business case for funding for the adaptations had been submitted and awaiting response. This matter is addressed further under regulation 17.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives.

In addition, a walk around of the two properties confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

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

It was evident that the centre strived for excellence through shared learning and reflective practices. Where there had been adverse incidents, appropriate review and follow up had taken place with shared learning discussed at staff team meetings. For example, the inspector saw that where two medication errors had taken place, a full review had taken place by the supervisors and where appropriate, shared learning had taken place at staff meetings to mitigate the risk of recurrence.

Judgment: Compliant

### Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

On a review of the centre's Schedule 5 policies, the inspector found that all policies and procedures were up-to-date. This meant that the the register provider had ensured that that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

However, the inspector found that a review of the provider's current medicine management policy was needed. The was to ensure that there was sufficient information included in the policy relating to the oversight of PRN medicine (medicine used when needed) protocols. For example, previously PRN protocols

were written by the local pharmacist, however, currently they were written by local management, who did not have a medical background. The policy did not include any guidance or procedures in relation to the protocol documents; for example who is responsible for writing, reviewing, and oversight of the protocols and in particular what, if any, medical expertise were needed with this responsibility.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the designated centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure positive outcomes for residents at all times, improvements were needed to the layout and upkeep and repair of internal and external areas of centre's premises.

Overall, the design and layout of the two houses within the centre were in line with the statement of purpose and in general, met the needs of residents living in the centre. However, due to the changing needs of some residents, currently one of the houses within the centre, was not adhering to best practice in achieving and promoting accessibility for all residents. In addition, there were a number of upkeep and repair works required internally and externally in both houses, which was also impacting on the promotion of independence. Furthermore, the state of repair of some areas of the centre, meant that there was a risk of spread of infectious healthcare-associated infection, as the areas could not be cleaned effectively.

The person in charge ensured that there was a comprehensive assessment completed for each resident, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports. Plans were reviewed annually, in consultation with each resident, their family, representatives and where appropriate included multi-disciplinary input. Plans were reviewed more regularly if required. Where appropriate, there was an accessible version of the plan available to residents.

The inspector found that the person in charge and staff understood that behaviour is a form of communication and were endeavouring to support residents to acquire new or different strategies to communicate their needs. Residents were encouraged to express their feelings and supported to manage any situation that impacted on their emotional wellbeing. However, improvements were needed to ensure, that where appropriate, there were adequate support plans to help residents understand their own behaviour in a manner that respects the rights of others and supports

their own development.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individual and location risk assessments were in place to ensure the safe care and support provided to residents.

There were written policies and procedures for the management of medicines in the centre, including on the prescribing, storage, disposal and administration of medicines. The inspector found that staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had been assessed around suitability to self-medicate and at the time of inspection one resident was supported to be responsible for their own medication management.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping residents safeguarded. The person in charge and staff demonstrated good levels of understanding of the need to ensure each resident's safety. There was an appropriate level of oversight to ensure that safeguarding arrangements ensured residents' safety and welfare. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There were infection, prevention and control (IPC), measures and arrangements to protect residents from the risk of infection. For the most part, the inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents.

The inspectors found that the systems in place for the prevention and detection of fire were observed to be satisfactory. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. There was emergency lighting and illuminated signage at fire exit doors. Local fire safety checks took place regularly and were recorded and fire drills were taking place at suitable intervals.

## Regulation 17: Premises

Overall, both houses were clean and tidy and decorated in line with each resident's needs, likes and wishes. All residents were provided with their own individual bedroom in both houses.

However, improvements were needed to the layout of one house, in relation to promoting accessibility. For example, a resident's current assessed needs meant that

they required the support of an assessable bathroom on the ground floor. There was a risk assessment in place regarding the resident's poor mobility in climbing and descending stairs and control measure had been implemented to lessen the risk of falling. For example, the resident required support from staff when going up and down the stairs to access the bathroom/shower facility in their home.

Alongside actions on the centre's annual report relating to planned adaptations to allow better accessibility, the inspector was informed on the day of the inspection, that the provider had plans to build an extension to both houses in the centre so that they each provided a downstairs bedroom and accessible bathroom/shower facility. However, as the provider was awaiting a response to a funding application, there was no commencement date in place for the planned works. Overall, this situation was negatively impacting on the promotion a resident's right to dignity, privacy and independence on an ongoing basis.

In addition, there were a number upkeep and repair works required in the centre to ensure the effectiveness of infection prevention and control measures in place. For example, the kitchen counter tops, kitchen tiles and areas around a cooker were worn, scuffed and required upkeep. Areas of flooring at the front entrance of one house and in the downstairs bathroom of another house required upkeep as they were badly scuffed and could not be effectively cleaned. There were other deficits such as chipped and marked paint on walls, worn and ingrained stains on one of the house's carpet as well as a worn and cracked leather couch in a sitting room. The person in charge had identified some of these deficits however, there were no time lines in place for some of the larger upkeep and repair projects, such as work to be completed on the kitchens.

Furthermore, the front garden in both houses were observed to be very run down and unkempt. In addition, the back garden in one house required upkeep to a section at the edge of the pathway so that it provided an optimal area for residents to sit out and enjoy but also so that it allowed full accessibility at all times. This meant that the provider had not fully ensured that all garden spaces in the centre were accessible and safe to support residents access and enjoy all outdoors areas independently.

Judgment: Not compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the two houses.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, behavioural and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector found that, for the most part, the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents. The inspector observed the centre to be clean and that cleaning records demonstrated a satisfactory level of adherence to cleaning schedules.

The inspector reviewed training schedules that demonstrated that, staff had completed specific training in relation to infection, prevention and control and overall, refresher training was up-to-date.

The inspector found that learning, from an inspection of another centre, run by the provider, (in relation to pest control), had been shared and had resulted in positive outcomes for residents. On speaking with the person in charge and on review of associated documentation, the inspector saw that where there had been sightings of vermin in one room in the centre, this had been followed up promptly and appropriately; An external pest control company visited the centre on three separate occasions ensuring the issue was quickly dealt with in an effort to mitigate the risk of a possible infestation.

On review of the centre's infection, prevention and control documentation, the inspector saw that there were satisfactory contingency arrangements in place in the case of an infectious disease outbreak. The contingency plan for the centre had

been updated in May 2024. Policies and procedures and guidelines in place in the centre, in relation to infection prevention and control, clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections.

There were some required upkeep and repair works observed on the walk-around of the two houses however, these have been dealt with under regulation 17.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire.

On review of the centre's fire safety folder, the inspector saw that emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required timeframe.

Staff completed daily, monthly and quarterly fire checks of the precautions in place to ensure their effectiveness in keeping residents safe in the event of a fire.

Addition equipment, (vibrating pillow), that was in line with a resident's assessed needs, had been implemented to better support the resident evacuate the building, in the event of a fire. A protocol regarding the equipment and its use, including checking instructions was in place. On the day of the inspection, the inspector saw that daily and weekly checks of the equipment had been added to the daily duty log and to the house's weekly fire checks schedule. These checks ensured that the residents equipment in place and working effectively at all times.

All staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty. This was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans.

In addition, the person in charge had prepared fire evacuation plans and resident personal evacuation plans for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews. Where there had been issues with fire drills, the inspector saw that personal evacuation plans had been reviewed, updated with any new measures put in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Residents' medication was administered by staff who were provided appropriate training in the safe administration of medicine, including regular refresher training. On the day of the inspection, a staff member showed the inspector the layout of the medication cupboard and the safe medication management systems in place. On speaking with the staff member and other staff through out the inspection, the inspector found that they were knowledgeable of the associated medication policy and procedures in place and were confident and knowledgeable regarding safe medicine practices and arrangements in the centre. Overall, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.

Through observations and documentation, the inspector saw that there were safe practices in relation to ordering, receipt and storage of medicines; Medicines were clearly labelled with opening and expiry dates. There was a system in place for return of out of date medication. Medicines were counted on a weekly bases when signed into the centre. In addition, there were checking systems in place that ensured the safe transfer of residents' medicines when required. (i.e. during times of community activities, family visits and trips away).

The guidance documents in place endeavoured to ensure that medicines were administered as prescribed and overall, the inspector found that they were accurate and sufficiently detailed. Where PRN medication was required, there were protocols in place to support and guide staff around their administration. However, the inspector found that the medication policy and procedures in place required review. This was to ensure that there was adequate and clear guidelines in place for persons responsible for writing and overseeing protocol documentation (this has been addressed under regulation 4).

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents' health, personal, and social care needs had been carried out. The inspector reviewed a sample of the assessments and found that they were reviewed on an annual basis or more frequently if required. For example, when changes had occurred in residents' health personal or social care needs, plans were updated with the changes.

The person in charge had ensured that personal plans were developed for each resident. The plans were informed by the assessments and reflected the supports required to meet each resident's needs. The plans viewed by the inspector were up-to-date and readily available to guide staff in the appropriate delivery of care and

support interventions. (Care plans relating to positive behaviour support have been addressed under regulation 7).

Where appropriate, residents were provided with an assessable format of their personal plan. The inspector observed that some residents were provided with vision boards which included pictures and photographs of their 2024 goal choices. This meant that residents were provided with a plan that they understood and that was in a communication format that was of preference to them.

One resident, with the support of their staff, showed the inspector a section in their personal plan called 'using your environment'. The resident talked to the inspector about their goals for 2024 and how they had commenced and progressed a number of goals. The resident was smiling and appeared proud and happy when going through their goals and achievements.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a restrictive free environment in both houses. As such, residents were not restricted in any way or form in their own home or in the community.

The inspector was informed that, currently, no resident in the centre met the threshold to be provided with a positive behavioural support plan. On review of a resident's assessment of need, the inspector saw that their plan noted, that at times, the resident presented with anxiety, low mood, withdrawn, tearful, and argumentative. The centre's behavioural incident log demonstrated that there was an increase of behavioural incidents in May 2024. Two of the incidents had impacted on other residents and safeguarding concerns. While, the resident was provided with psychiatry support, (appointment every six months), and more recently, support from their psychologist and occupational therapist, the inspector found that there was no adequate support plan in place, regarding these behaviours, for the resident or for staff (to guide them in supporting the resident).

For example, where there had been behaviours such as, name calling, refusing to get in to a car or put on a seat belt, there was no follow-up guidance or proactive strategies in place to guide staff on how to best support the resident manage their behaviours. There was a mental health care plan in place to support the resident but again this provided minimal guidance on how staff could best support the resident during times when they needed it.

While there had been a number of measures put in place, as part of a safeguarding plan, the inspector found that the measures were minimal and unclear. For example, one of the measures included staff providing reassurance when the resident was anxious. However, there was no clear guidance in place on how to provide reassurance that was in line with the resident's assessed needs, likes and

preferences.

This meant that there was a potential risk that approaches to support the resident, through times of anxieties or when they were presenting with behaviours that challenge, was not consistent and may result in behaviours escalating in to safeguarding concerns.

Judgment: Substantially compliant

## Regulation 8: Protection

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

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection through weekly household meeting discussions and through working with their keyworker using the residents' 'getting to know my environment' plans.

Staff working in the centre completed safeguarding training to support them in the prevention, detection and response to safeguarding concerns. Staff who spoke with the inspector were knowledgeable about their safeguarding remit; Staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

Residents' personal plans included person-centred and up-to-date intimate care plans. The plans detailed the supports required to protect each resident's autonomy and dignity in delivering personal 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glenageary OSV-0003578

Inspection ID: MON-0035665

Date of inspection: 03/07/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Rosters have been reviewed and amended to ensure they accurately reflect the on-site times worked by the front-line supervisors and person in charge. The full names and staff grades have been added for all relief and agency staff employed in the centre ensuring each staff member is identified.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: A policy review group will be set up in September 2024 to review the current medicine management policy. This review will take into consideration any additional information that may be required relating to the oversight of PRN medication protocols.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An Architect will assess the house for modifications that can be made to the down stairs existing staff office which could provide an accessible downstairs bathroom which would give sufficient space for assisting, changing and turning.</p> <p>A plan is in place with local maintenance to replace kitchen countertops, tiles and the area around the cooker requiring attention.</p> <p>Flooring in both locations is being assessed and quotes to replace stairs and landing carpets in one house are being sourced.</p> <p>Chipped and marked paint on walls will be touched up with residents choosing colour of choice.</p>	

Front Gardens in both houses and back garden in one house will be reviewed by the garden landscape company and new soil and grass seed will be put down in the front gardens of both houses, the pathway in back garden in one house will also be reviewed to ensure it is accessible to residents at all times.

Regulation 7: Positive behavioral support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:

The residents mental health care plan will be reviewed and a positive behaviour care plan will be devised to ensure that staff providing support will have guidance and strategies to outline how to support the resident manage their behaviours when they may need it.

This will ensure a consistent approach by all staff when supporting the resident.

## 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	14/08/2024
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.	Substantially Compliant	Yellow	31/05/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Not Compliant	Orange	31/05/2025

	internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/05/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2025
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	31/08/2024

	necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
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