



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

Issued by the Chief Inspector

Name of designated centre:	Glenhest Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0006701
Fieldwork ID:	MON-0039770

About the designated centre

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

The designated centre comprises two separate houses which are located in a town in the West of Ireland. The centre is registered to support up to six residents with an intellectual disability and can support people who may have some mental health and mobility needs. The service can provide full-time residential placements to those who live there . One house can support residents with reduced mobility. A combination of nurses, social care workers and care assistants are employed to support residents during both the day and night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 22 June 2023	12:00hrs to 17:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

Residents came and went to and from the centre during the day, to attend activities in the community. The inspector met with all the residents who lived in the centre, some of whom were happy to tell the inspector about their lives there. As this centre had opened in recent years, all residents had transitioned from other services and they told the inspector that they had settled in well and enjoyed living there. They also said that they all got along well together. Residents who spoke with the inspector expressed a high level of satisfaction with all aspects of living in the centre. These residents were complimentary of staff, stating that they provided a high level of care and support.

Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. It was clear that residents trusted the staff and knew who was in charge. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. The inspector saw that home cooked meals were being prepared in line with residents' assessed needs.

Throughout the inspection residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. During this time, staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, drives and beach visits, sensory activities, relaxing treatments such as palm and head massages, and visits with their families.

A resident who valued their religion attended Mass several times each week, and Sunday Mass for this resident always involved a drive and lunch out. Staff also organised online Mass on the television for days when the resident preferred not to travel, for example if the day was very wet. This resident enjoyed dining out, and lunches out were arranged either individually or with one or two other residents, depending on resident's preferences. The resident also went to the hair dresser and manicurist in the local town. Another resident who enjoyed going out for refreshments in the town, went out to either lunch, snacks or a drink most days, and frequently used the services of the local barber, cinema and library. A resident who was a GAA supporter, was supported to go to matches and to watch matches on television.

Both houses in the centre were in residential areas, within easy reach of a busy town centre. There were a range of amenities and facilities available in the nearby areas. Both houses had transport vehicles, one of which was wheelchair accessible,

and these could be used for outings or any activities that residents chose. Residents in this centre had the flexibility to spend their days in the ways that they preferred. As this was a home-based service, residents were involved in activities that they enjoyed in the centre and the community.

The centre was modern, clean, spacious, and suitably furnished and decorated in a homely style. There was Internet access, televisions, exercise equipment, a selection of games and puzzles, and music choices available for residents. There was adequate communal and private space for residents, well-equipped kitchens and sufficient bathrooms. Both houses had outdoor areas for residents' use. In one house a resident who enjoyed gardening had carried out considerable amount of planting in the garden. Plans were in place to make outdoor areas in both houses more accessible and enjoyable for residents.

All residents had their own bedrooms. Residents were happy for the inspector to see their bedrooms, which were comfortably decorated, suitably furnished and equipped, and personalised. In the bedrooms that the inspector visited, residents kept a selection of valued belongings such as family photos, collections of memorabilia, framed artwork, a jewellery display, and hobby materials. Colour schemes and decor were varied and had been chosen in line with residents' preferences. All bedrooms had televisions.

The provider had been mindful of residents' changing needs and there were several future-proofing adaptations to the building to ensure that residents could continue to be safely supported. For example there were grip rails in all bathrooms, shower units were accessible and overhead hoists were fitted in all bedrooms. Furthermore, since the last inspection of the centre, the exit ramp had been restructured to allow for safer and faster evacuation from the building in the event of an emergency.

Throughout the inspection it was very clear that the management team and staff prioritised the well being and quality of life of residents. It was evident from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed.

The next two sections of the report outline the findings of this inspection in relation to the infection prevention and control arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported, and that residents were safeguarded from infectious diseases, including COVID-19. However, some improvement was required to the infection

control policy and cleaning guidance to ensure that a high standard of infection control would be maintained.

A clear organisational structure had been developed to govern the centre. There were effective arrangements in place for the management of the centre and support of residents and staff in the absence of the person in charge. At the time of inspection, the person in charge was absent, but there were suitable arrangements in place to manage the centre during this time. A person participating in management was deputising for the person in charge and she was present in the centre during the inspection. On-call arrangements to access the support of senior managers were in place at all times, this contact information was clearly displayed, and staff were aware of these arrangements.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These resources included the provision of suitable, safe, clean environment, and adequate staffing levels to support residents and to ensure that the centre's cleaning schedule could be carried out. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels, cleaning materials, and colour coded equipment. Supplies of disposable gloves, aprons, face masks and thermometers were also available for use if required for infection control purposes.

Information and training about infection control protocols and practices had been supplied to staff. Staff had received training in various aspects of infection control, such as training in personal protective equipment, hand hygiene, and infection prevention and control. The provider had also ensured that a range of guidance documents, policies and procedures were available to inform staff. Staff who spoke with the inspector confirmed that they had received a wide range of training in relation to infection control. However, the infection prevention and control policy was out of date and required review to ensure that it provided staff with the most up-to-date guidance.

There were systems in place for reviewing and monitoring the service to ensure that a good quality and safe service was being delivered to residents. Unannounced audits were being carried out twice each year on behalf of the provider, and an annual review of the service had been completed. A detailed infection control audit had recently been completed in the centre. Although no significant issues of concern had been identified in this audit, any areas for improvement had been addressed. For example, some toilet brushes and a paper towel holder had been replaced. The person in charge had developed a comprehensive quality improvement plan which included any areas for improvement arising from audits, reviews and reports. The quality improvement plan was being actively updated to reflect progress.

Overall, the infection control and COVID-19 documentation viewed during the inspection was informative and up to date. A cleaning plan for the centre had been developed by the provider, although cleaning guidance for assistive equipment not sufficient to guide practice and required review.

The person participating in management was mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre. The provider had also developed a contingency plan for the management of COVID-19 infection should it occur.

The risk register had been updated to include risks associated with COVID-19.

Quality and safety

The centre consisted of two houses, in central areas of a busy town. Both houses were in walking distance of the main town centre. The location of the centre enabled residents to visit the shops, swimming pool, coffee shops, restaurants, cinema, concerts and activities of their choice in the town. Both houses had had dedicated transport, including a wheelchair-accessible vehicle, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed both in the centre and in the community included outings to local places of interest, sensory activities, going out for coffee, housekeeping tasks including food preparation, table-top games, arts and crafts, gardening and music. As the centre was close to the coast residents could also access beaches and scenic rural areas.

During a walk around the centre, the inspector found that the houses were clean and well maintained, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Both houses were comfortable, and were furnished to a high standard. The internal surfaces in the centre contributed to the overall standard of hygiene and infection management. Wall and floor surfaces in bathrooms were of impervious material, and junctions were coved which allowed for effective cleaning.

Cleaning schedules had been developed which detailed the centre's hygiene requirements and, overall, the centre was clean and hygienic throughout. However, some cleaning processes required improvement to ensure that all glass and mirror, and wheelchairs were kept clean at all times.

A supply of colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. Both houses had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice.

Arrangements were in place for residents to have visitors in the centre as they wished, in line with latest public health guidance. Since the COVID-19 pandemic, residents had returned to full visiting arrangements with their families and friends, both in the centre and elsewhere.

Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre. The centre was very well maintained, was structurally hygienic and was kept clean. However, some areas required improvement:

- the cleaning schedule did not include sufficient guidance for the cleaning of wheelchairs and assistive equipment
- the organisation's infection prevention and control policy which guided practice in the centre was out of date.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Glenhest Service OSV-0006701

Inspection ID: MON-0039770

Date of inspection: 22/06/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"><li data-bbox="170 987 1442 1144">1. The Cleaning Schedule did not include sufficient guidance for the cleaning of wheelchairs and assistive equipment. The cleaning schedule has been revised to provide specific guidance for the cleaning of wheelchairs and assistive equipment and put into effect from August 1st 2023.<li data-bbox="170 1182 1442 1404">2. The organisation's infection prevention and control policy which guided practice in the centre was out of date. The HSE Infection, Prevention and Control National Clinical Guideline was updated on 31/07/2023. This has been circulated and available in Schedule 5 folder. The local Implementation plan is being developed for Mayo Community Living and will be in place by August 31st 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2023