



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

Issued by the Chief Inspector

Name of designated centre:	Glenveagh
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	04 May 2022
Centre ID:	OSV-0002381
Fieldwork ID:	MON-0027889

About the designated centre

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

Glenveagh is a designated centre operated by St. Michael's House. The centre is comprised of a six-bedroom bungalow located within the main St Michael's House complex on the Ballymun Road. It is within walking distance of lots of local amenities. The centre provides residential care for six residents over the age of 18 years of age with physical and intellectual disabilities with co-existing mental health concerns. The centre is a fully wheelchair accessible house. Each resident has their own bedroom and the centre provides communal areas for residents to use. There is a well proportioned private garden to the rear of the centre for residents to use as they wish. The centre is managed by a person in charge and person participating in management as part of the overall provider's governance oversight arrangement for the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 4 May 2022	09:10hrs to 17:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed COVID-19 information displayed at the front entrance, and masks and hand sanitising facilities were available.

The centre comprised a large single-storey building located on a campus type setting operated by the registered provider. The centre was located close to many services and amenities. The inspector completed a walk-around of the centre with the person in charge. The residents' bedrooms were personalised and nicely decorated. There was ample living space, including two sitting rooms, a dining room, kitchen, and large garden. There were sufficient bathroom facilities, however, some of the bathrooms were institutional in aesthetic. Overall, the centre was found to be well maintained and nicely decorated. However, some areas required cleaning and upkeep, and the inspector also observed some infection risks. The inspector observed video monitors located in communal areas of the centre. The monitors were recording from cameras located in three residents' bedrooms. The arrangements for the use of these intervention required improvement to ensure that residents' right to privacy was upheld. This matter is discussed further in the quality and section part of this report.

In advance of the inspection, resident questionnaires were issued to the centre, however, no completed questionnaires were provided to the inspector. The inspector met all of the residents during the inspection. One residents chose to communicate with the inspector in the company of staff. The resident told the inspector that they were happy living in the centre, and liked their housemates and the staff. The resident told the inspector about a recent birthday celebration and about their family. The resident also showed the inspector around their bedroom and their new furniture. The inspector observed staff supporting the resident to make choices about their meals and the activities that they wanted to participate in during the day.

Some residents attended day services while others were supported by staff in the centre to engage in activities inside and outside of the centre. Day service availability had been curtailed for some residents due to the constraints of the COVID-19 pandemic. Availability had increased in recent months, but was still limited for some residents. Staff spoken with advised the inspector that the provision of day services was very important for these residents. Staff were committed to supporting residents with limited day service access to partake in meaningful activities, however, there were challenges such as staffing pressures. The provision of day services and meaningful activities was being reviewed and monitored by the person in charge to ensure that it was appropriate to the residents' needs, wishes and interests. The person in charge and staff team were also supporting one

resident to trial a new day service.

Staff spoken with told the inspector about the activities that residents enjoyed, such as going on day trips, swimming, eating out, cycling, and walks. Some residents had been on holidays in Wexford in November 2021 and further holidays were being planned for the summer. There was a dedicated vehicle available to the residents to support them in partaking in activities outside of the campus.

The inspector met and spoke with several staff members during the inspection including nurses, social care workers, and direct support workers. The inspector observed staff engaging with residents in a kind and respectful manner, and staff spoke about residents in a dignified and warm manner. Staff described the quality and safety of care provided to residents as being very good and person-centred. It was clear that staff had a rich understanding of the residents' needs and were passionate about providing good quality and safe care and support.

From what the inspector was told and observed during the inspection, it appeared that overall, the residents received a good quality service and were supported in line with their needs and personal preferences. However, aspects of the quality and safety of the service required improvement such as the premises, fire safety arrangements, infection prevention and control measures, and in particular the arrangements for restrictive practices and interventions.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The registered provider had implemented governance and management systems to support the delivery of a safe, consistent and appropriate service to meet the residents' needs.

There was a clearly defined management structure with associated lines of responsibility, authority and accountability. The person in charge commenced in their role in November 2021 and was full-time. The person in charge was based in the centre and was found to be suitably skilled, experienced and qualified. The person in charge had dedicated protected time to ensure that they could fulfil all aspects of their role. The person in charge had a very good understanding of the residents' needs and required supports. The person in charge was supported in their role by a nurse manager, and there was also a daily shift leader with associated responsibilities. The person in charge reported to a service manager who in turn reported to a Director of Service. The person in charge formally met with the service manager on a formal and structured basis every six weeks, and they also had regular informal contact and communication.

The registered provider had implemented effective systems for monitoring and reviewing the service provided in the centre. The person in charge completed a monthly data report on the governance and management of the centre. The report provided relevant information to the service manager and Director of Service to support their oversight of the centre. The registered provider had carried out an annual review and completed six-monthly unannounced visit reports on the quality and safety of care and support provided to residents. The annual review, carried out in January 2022, had consulted with the residents and their families. The feedback was very positive of the service and complimentary of the staff working in the centre. The most recent unannounced visit report had not consulted with the residents which compromised the integrity of the report, however, previous reports had consulted with residents, and this omission appeared to be an oversight. It was also clear that residents were being consulted with on a regular basis, such as through key worker meetings and weekly house meetings.

Audits had been completed in the centre in areas such as medication management, infection prevention and control and resident finances. The person in charge was also completing monthly health and safety checklists to identify potential hazards and risks for mitigation. The person in charge maintained an electronic quality enhancement action plan. The plan tracked the actions identified from audits and inspections, and the person in charge ensured that the actions were progressed and achieved to drive continuous improvement in the centre.

The staff skill-mix in the centre consisted of nurses, social care workers, and direct support workers. The skill-mix was appropriate to the assessed needs of the residents. There was also a chef and cleaner working in the centre Monday to Friday. There was one social care worker vacancy, however, there was minimal impact on the service as the vacancy was filled by a regular relief staff to ensure consistency and familiarity for residents. The provider was actively recruiting to permanently fill the vacancy.

The person in charge maintained a planned and actual rota showing staff working in the centre. The inspector reviewed a sample of recent staff rotas and found that some improvements were required, for example, some shift times were not clearly indicated and the full names of staff were not always recorded. The person in charge made the necessary amendments to the rotas during the inspection.

Staff completed training as part of their professional development and to support them in delivering safe and effective care to residents,. The training programmes included safeguarding of residents, positive behaviour support, administration of medication, and infection prevention and control. The person in charge maintained staff training records. The inspector viewed the training records with the person in charge and found some minor gaps in refresher training, however, the person in charge was scheduling the outstanding training.

The inspector spoke to a number of staff during the inspection. The staff described the quality of care and supported provided to residents as being very high, and spoke about a range of matters such as residents care and support needs, safeguarding procedures, infection prevention and control, residents' dietary needs,

fire drills, staff supervision, and how residents were supported to have choice and control in their lives. The staff were very knowledgeable on the matters discussed and spoke about residents in a kind and professional manner. The inspector observed staff and resident interactions to be warm and respectful, and residents appeared relaxed in the company of staff.

The person in charge provided formal and informal supervision and support to staff working in the centre. Formal supervision took place every three months and the person in charge maintained records of the meetings. The service manager acted for the person in charge in their absence and there were on-call arrangements for staff to use outside of normal working hour times. Staff could also raise concerns during regular team meetings. The inspector viewed a sample of the team meeting minutes. The most recent minutes from April 2022 noted discussions on infection prevention and control, fire safety, resident updates, and staff wellbeing. Staff spoken with advised the inspector that they were very satisfied with the support and supervision they received, and were confident in raising any potential concerns with management.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available in electronic and paper format for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

Regulation 14: Persons in charge

The person in charge commenced in their role in November 2021. The person in charge was full-time and possessed suitable skills, experience and qualifications. The person in charge was very knowledgeable on the residents' needs and had a clear understanding of the service to be provided.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers, and direct support workers. The registered provider had ensured that the skill-mix was

appropriate to the assessed needs of the residents. There was one social care worker vacancy that the provider was recruiting for, however, the vacancy was managed well with regular relief staff to reduce any adverse impact on residents.

The person in charge maintained a planned and actual staff rota. The inspector viewed recent rotas and found that some improvements were required as some of the shift times were unclear and the full names of staff working in the centre were not always recorded. The person in charge made the necessary amendments to the rotas during the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their continuous professional development, and to support them in the delivery of safe and effective care. Staff completed a suite of training in areas such as medication management, positive behaviour support, infection prevention and control, food safety, fire safety, modified diets, and the safeguarding of residents. The inspector reviewed the staff training records with the person in charge. A small number of staff required refresher training in some areas, and the person in charge was scheduling the outstanding training.

The person in charge had ensured that staff were appropriately supervised and supported. The person in charge provided formal and informal supervision and there were alternative arrangements for staff to utilise when the person in charge was off duty. Staff spoken with indicated that they were very satisfied with the supervision and support they received.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support to residents. There was a clearly defined management structure with lines of authority and accountability. The person in charge was supported by a services manager who in turn reported to a Director of Service. There were established arrangements for the lines of management to communicate and escalate any issues. There were also arrangements for staff to escalate any concerns about the quality and safety of care and support provided to residents.

The registered provider had implemented management systems to ensure that the

service provided to residents was safe, consistent and regularly monitored. An annual review and six-monthly unannounced visit reports on the quality and safety of care and support provided to residents had been completed. A suite of audits had also been carried out in areas such as medication management, infection prevention and control, health and safety, and resident finances. The actions from audits and inspections were captured on a quality enhancement action plan. The plan was maintained by the person in charge and regularly reviewed to ensure that actions were progressed and achieved to continuously improve the quality and safety of service provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was readily available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector viewed a sample of the written policies and procedures on the safeguarding of residents, intimate care, behaviour support, restrictive practices, personal property and finances, communication, monitoring and documentation of nutritional intake, and food safety. The inspector found that the policies had been reviewed within three years of approval. The policies had also been signed by staff to indicate that they had read them.

Judgment: Compliant

Quality and safety

Residents' wellbeing was maintained by a good standard of care and support. However, the inspector found that the arrangements for the use of restrictive practices and interventions was inadequate and required improvement. Improvements were also found to be required to the premises, infection prevention

and control measures, and fire safety systems.

The centre comprised a large single-storey house located on a campus type setting. The centre had been recently painted and was found to be bright and nicely decorated, however, the large shower rooms would benefit from further decoration in order to be more inviting spaces to use. The residents bedrooms were personalised and the communal areas were homely and comfortable. Some residents used electric beds and these were found to be up-to-date with servicing. Generally, the centre was well maintained, however, some renovation and upkeep was required, for example, flooring was damaged in places. Some areas were also found to require cleaning, for example, the storage room, bathroom fans, kitchen cupboards, and the vehicle used to transport residents.

A garden room structure was located at the end of the garden. The garden room was used as donning and doffing area and stored personal protective equipment (PPE). The garden room had a battery operated fire alarm but was not connected to the main fire alarm panel. The room was in a very poor state; for example, the room was very dirty, the door was damaged and therefore could not prevent potential rodent activity, and there was ivy growing through the roof. The room was not an appropriate space to store PPE. The wooden entrance path to the room was also damaged and unsteady to walk on.

The provider had implemented systems and precautions to reduce the risk of infection to residents. The provider had developed a suite of written policies and procedures on infection prevention and control (IPC) matters. The provider also had IPC specialists that were available to provide guidance and support to the centre as required. The person in charge had completed relevant IPC risk assessments with corresponding control measures for implementation.

There was information displayed in the centre on COVID-19, and staff had access to guidance from public health on COVID-19 and donning and doffing. The inspector found that staff were knowledgeable on the IPC matters discussed. Residents had been provided with information during resident meetings. The person in charge developed an IPC plan for the centre to be followed in the event of an outbreak of infection. The centre had experienced a COVID-19 outbreak in January 2022 and it was managed in line with the plan. The person in charge had also completed a COVID-19 self assessment tool to assess the COVID-19 precautions which demonstrated a commitment to quality improvement.

There were arrangements to prevent the cross contamination of infection such as using colour coded cleaning equipment and products. However, the storage of toothbrushes required further consideration to ensure that the risk of cross contamination were mitigated. As described earlier in the report, some areas of the centre required cleaning, and the cleaning records were found to require enhancement to ensure that all areas were cleaned appropriately. It was also found that the arrangements for managing soiled laundry were inadequate. There were sluicing facilities, however, this practice went against the provider's policy and the provider had failed to provide alternative options or sufficient guidance for staff on

this matter.

There were effective arrangements and systems to manage the risk of fire in the centre. There was fire detection, fighting and containment equipment including fire alarms, emergency lights, fire doors, fire blankets and extinguishers. The emergency lights, fire alarms, blankets and extinguishers were serviced by an external company, and staff in the centre were completing daily, monthly and quarterly fire checks. The inspector found that the servicing was up-to-date, however, the fire extinguisher in the vehicle used to transfer residents had not been serviced in several years. The fire alarm panel was addressable and indicated the location of potential fires. During a walk-around of the centre, the inspector tested several of the fire doors and found that they closed properly when activated. However, the door between the laundry room and bathroom did not appear to be a fire door. The exit door in the kitchen was key operated. A key was in the lock and there was also a break glass unit beside the door. However, the key in the break glass unit did not fit the lock. This presented a risk to the prompt evacuation of the centre. The person in charge replaced the key in the unit during the inspection, and also ensured that the break glass unit at the front of the door had the correct key.

The person in charge had prepared fire evacuation plans and personal evacuation plans for staff to utilise in the event of an evacuation. Staff had also completed fire safety training, and fire drills had taken place to test the effectiveness of the fire evacuation plans.

The inspector reviewed a sample of the residents' individual assessments and personal plans. The inspector found that the assessments were comprehensive and had been reviewed as required. Personal plans informed by the assessments had been developed and were available to staff to guide their delivery of required interventions and supports. The personal plans viewed by the inspector, included health and personal care plans, were up-to-date.

Some of the residents communicated through augmentative means. The inspector reviewed a sample of their communication assessments and plans, and spoke to staff about the plans. Communication specialists had been involved in the initial communication assessments and the assessments and plans had been subsequently reviewed and updated by staff in the centre. The assessments and plans would benefit from renewed input from a communication specialist to ensure that they were appropriate, and the staff spoken with advised the inspector that a referral would be submitted to the relevant health care professional. The staff spoken with could explain the content of the plans and how residents were supported with their communication needs. Some residents used communication aids such as pictures and visual boards and these were readily available. The residents had access to different forms of media sources and technology. There was Wi-Fi in the centre and some residents used tablets and devices to keep in touch with their loved ones.

The inspector found that residents had up-to-date feeding, eating, drinking, and swallow (FEDS) plans as required, and the plans were readily available to staff to guide them in supporting residents. Staff had also completed relevant online training on FEDS. There was a chef in the centre Monday to Friday who cooked the

residents' main meals. Residents choose the menu at weekly house meetings, however, there was also a variety of alternative food options. The inspector observed a meal time experience during the inspection. The inspector observed staff offering residents choices and supporting them in a kind and respectful manner.

Staff had completed training in positive behaviour support to aid them in appropriately responding to behaviours of concern. Positive behaviour support plans were developed for residents where required. The inspector found that the plans were up-to-date and available to staff.

There were a number of restrictive practices and interventions implemented in the centre, including locked doors, harnesses and vests, sleep suits, video monitors, helmets, window restrictors, and access to light switches.

During the walk-around of the centre, the inspector observed three video monitors in communal areas. The video monitors were connected to cameras in three residents bedrooms as a measure to alert staff of seizure activity at night. The video monitors were still on even though the residents were out of bed, and furthermore were in common areas where other residents, staff, and visitors could potentially see the monitor screens. Therefore, the privacy and dignity of residents was not upheld. The inspector highlighted this to the person in charge, and they turned off the monitors and circulated correspondence to the staff team regarding use of the monitors. The recording of use of restrictions was poor and required improvement to demonstrate that restrictions were used for the shortest duration necessary, and were implemented with the informed consent of the resident. The notification of restrictions to the Chief Inspector also required improvement to ensure that all right restrictions and intervention were notified.

The registered provider implemented safeguarding arrangements to ensure that residents were protected from abuse. There was a comprehensive policy that underpinned the arrangements. Staff had also completed safeguarding training, and could explain the procedures to be followed if they had any safeguarding concerns. Safeguarding concerns were reported and where required safeguarding plans were developed and implemented.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. The inspector viewed a sample of the residents' communication assessments and plans. The plans were readily available to staff, and staff spoken with could describe the content of the plans and described how residents were supported to communicate. Communication aids such as pictures were available for residents to use as per their individual plans.

The registered provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets, and mobile devices, and there was Wi-Fi available in the centre. Some residents were supported to use video

technology to keep in contact with their loved ones.

Judgment: Compliant

Regulation 17: Premises

The designated centre was found to be comfortable, warm, bright, and generally well maintained. The residents' bedrooms were nicely decorated and personalised, and the main living areas were homely. The centre had been recently painted and new windows and a door had been installed in the kitchen. The main bathrooms were functional but would benefit from further decoration to be more inviting spaces to use. Some areas of the centre required upkeep:

- The flooring in the sitting room and a bedroom was marked and damaged.
- The flooring in a small toilet had detached from where it met the wall.
- The skirting board in one bedroom required replacing.
- Cupboards in one of the bathrooms were damaged, and the veneer on some kitchen cupboards was slightly damaged.

The inspector also found that some areas of the centre required cleaning:

- The storage room required a deep clean to clear dust and cobwebs.
- The kitchen cupboards and freezer shelves required cleaning.
- The privacy veneer on a bedroom window required cleaning.
- The washing machine drawer required cleaning of detergent residue.
- Two bathroom fans were dirty.
- The vehicle used to transport residents required cleaning.

The storage arrangement for personal protective equipment (PPE) in the outdoor garden room was inappropriate due to the poor state of the room and potential risk of infection.

Electric beds used by residents were found to be up-to-date with servicing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some of the residents required modified diets and had up-to-date plans to guide staff on supporting them with their food and drinks. Staff had also completed online training on modified diets to support their delivery of evidence-based care. Staff spoken with were able to describe the dietary needs of the residents.

There was a chef in the centre Monday to Friday who prepared the meals chosen by

the residents. The menu was planned on a weekly basis but there were also alternative options available to residents. The inspector observed a variety of food and drinks options in the centre. The inspector observed a meal time experience when some residents were having their lunch. The residents were offered choices and chose their own meals, and staff provided support in a kind and respectful manner.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented systems to prevent or minimise the occurrence of healthcare-associated infections in the centre however some areas required improvement. The registered provider had implemented a suite of written procedures and policies on infection prevention and control (IPC) matters. The person in charge had also completed risk assessments on IPC matters with associated control measures for implementation. Staff also had access to information from public health guidance on COVID-19 and donning and doffing. Information on IPC had been discussed with residents at weekly meetings to help them understand IPC and COVID-19 measures.

The provider had established arrangements for the governance and management of IPC matters. There was an team that convened to support centres experiencing outbreaks. There were also IPC specialists to provide guidance and direction. The IPC specialists had completed a comprehensive audit in the centre which identified actions for improvement. The person in charge also reviewed a COVID-19 self assessment tool to review the adequacy of the COVID-19 measures. The centre had experienced a COVID-19 outbreak in January 2022. The outbreak was managed well and in line with the centres outbreak management plan. Following the outbreak, a 'close out' meeting was convened to identify any potential learning.

As detailed under regulation 17, some areas of the centre required cleaning and renovation. These issues presented a risk of cross contamination of infection.

There was dedicated cleaning staff working in the centre Monday to Friday and there were cleaning schedules and tick-lists. However, the cleaning records required enhancement to ensure that all areas were included in the schedules as required, for example, the bathroom fans, washing machine, and bath tub (to be cleaned in between use).

The storage arrangements of toothbrushes in shared bathrooms required reconsideration to prevent the risk of cross contamination. One commode was very rusty which posed an infection hazard, but a replacement had been ordered. The utility room required enhanced hand washing facilities, and the person in charge installed a hand sanitiser dispenser during the inspection. The person in charge also arranged for some bins to be replaced with foot-pedal operated bins.

There was a sufficient supply of personal protective equipment (PPE) stored in a dedicated donning and doffing space (garden room). However, the storage of the PPE was not appropriate due to the poor state and cleanliness of the garden room which presented a risk to the integrity of the PPE and of cross contamination of infection.

It was found that the registered provider had not made sufficient arrangements for the management of soiled laundry. There were sluicing facilities in the centre and the person in charge had prepared a risk assessment on sluicing soiled laundry. However, the providers policy had recommended against the sluicing of infected laundry, but had not provided sufficient alternative options or guidance for staff.

Staff working in the centre had completed IPC training. The staff spoke to the inspector about how the recent COVID-19 outbreak was managed and the measures to prevent COVID-19 transmission. The staff described the arrangements for cleaning such as cleaning schedules, appropriate use of chemicals, and colour coded products and equipment. The staff were found to be knowledgeable on the IPC matters discussed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that there was effective fire safety management systems in the centre. There was suitable fire equipment including fire alarms, emergency lights, fire doors, fire blankets and extinguishers. The fire alarm panel was addressable and indicated the location of potential fires. The inspector tested several of the fire doors and found them to close properly. However, the door between the laundry room and a bathroom did not appear to be a fire door. Staff completed daily, monthly and quarterly fire checks; and the emergency lights, fire alarms, blankets and extinguishers were serviced by an external company. The inspector found that the servicing was up-to-date as required, however, the fire extinguisher in the vehicle used to transfer residents had not been serviced in several years.

The exit door in the kitchen was key operated. A key was in the lock and there was also a break glass unit with a key in it beside the door. However, the key in the break glass unit did not fit the lock. This presented a risk to the prompt evacuation of the centre during an emergency and the person in charge replaced the key in the unit during the inspection.

The person in charge had prepared fire evacuation plans and personal evacuation plans for staff to follow in the event of an evacuation. Staff had also completed fire safety training and described to the inspector how residents would be evacuated in the event of a fire. Fire drills were carried out to test the effectiveness of the fire evacuation plans. A fire drill had taken place with the most amount of residents and

the least amount of staff on duty to provide assurances that residents could be safely and promptly evacuated.

Judgment: Substantially 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.

The person in charge had ensured that personal plans were developed for residents. The plans were informed by the assessments and reflected the supports required to meet the residents 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.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills to respond to and support residents with behaviours of concern. Staff completed training in positive behaviour support and there were up-to-date positive behaviour support plans for staff to refer to.

There were several rights restrictions and practices implemented in the centre. These included locking of the front door, locked kitchen door, sleep suits, video monitors, limited access to light switches, window restrictors, and travel harnesses and vests.

The use of restrictions had been referred to the provider's group for approving restrictions. However, the prescriptions for some restrictions were not evident. It was also not clear if restrictive interventions had been implemented with the informed consent of each resident or their representative. The recording of use of restrictions was not adequate to provide assurances that the restrictions were used for the shortest duration necessary. Furthermore, as mentioned earlier in the report, during a walk around of the centre at approximately 10.00, the inspector observed three video monitors in communal areas of the house. The video monitors were connected to cameras in three residents bedrooms to monitor potential seizure activity at night, however, they were still operating even though the residents were not in bed. The placement of the video monitors in communal areas did not uphold

the residents' right to privacy.

It was also found that not all restrictive interventions implemented in the centre were reported to the Chief Inspector.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had ensured that arrangements and procedures were in place to protect and safeguard residents from abuse. The arrangements and procedures were underpinned by a policy on safeguarding residents.

Safeguarding concerns were reported and recorded, and safeguarding plans were developed as required. The safeguarding plans were readily available for staff to refer to and follow. An audit on safeguarding arrangements had been completed in February 2022 to ensure that the appropriate arrangements were in place.

Staff had completed training on the safeguarding of residents to enable them to appropriately detect and response to safeguarding concerns. A member of the social work department had also attended a staff team meeting to discuss safeguarding. The inspector spoke to some staff about safeguarding and they were able to explain the safeguarding procedures.

There were intimate care plans developed for residents who required support in this area to ensure that they were supported in a manner that respected their dignity.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenveagh OSV-0002381

Inspection ID: MON-0027889

Date of inspection: 04/05/2022

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: Under regulation 15(4):</p> <ul style="list-style-type: none"> • PIC has ensured that system is in place for roster highlighting shift times that are clear and legible and that full names are documented clearly on the roster. PIC has implemented auditing system to ensure roster management is maintained to the correct standard. • HR department are continuing an active recruitment campaign for Social care worker vacancy. PIC ensures that vacancy is highlighted within the roster and currently has regular relief staff assisting to fill the vacancy. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Under regulation 17 (1) (c):</p> <ul style="list-style-type: none"> • Technical services have been contacted to repair sitting room and bedroom flooring, skirting in small bathroom, skirting in one bedroom and the cupboards in the bathroom and kitchen cupboards. <p>Under Regulation 17(1)(b):</p> <ul style="list-style-type: none"> • The storage room has been added to the cleaning schedule and is part of daily practice within the Centre 	

Under Regulation 17(7)

- The PIC has ensured the enhanced cleaning schedules for the kitchen has been amended to reflect freezer shelves and cupboard shelves.
- The PIC will ensure that there are adequate storage is made available within the centre as per schedule 6(5) and the outdoor seomra will be completed and an application to vary will be submitted for this.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Under Regulation 27:

- The PIC has included bathroom fans to the daily cleaning schedule and checklist
- The PIC has implemented a weekly protocol for the washing of the washing machine for staff team to adhere to.
- The cleaning of the Jacuzzi bath between use has been added to bathroom checklist for cleaning on a daily basis.
- Alginate bags have been sourced so sluicing and is in place within the Centre. The Centre now operates on a no sluicing policy.
- The PIC has sourced shed to be purchased for the Centre through the procurement process for the storage of PPE.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Under Regulation Regulation 28(2)(b)(iii) and Regulation 28(3)(a):

- PIC replaced fire extinguisher on the bus, transport department have informed Center that vehicle is an NCT category and is not required to have a fire extinguisher by law. However following inspection fire extinguisher was replaced and a check system was put in place for review of extinguisher to ensure same is monitored and replaced as required.

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Regulation 07(5)(c) and Regulation 07(4):</p> <ul style="list-style-type: none"> • The PIC has liaised with psychologist and has scheduled 3 monthly reviews of all restrictions • PIC has introduced a restrictive practice monitoring log to ensure times of resections are recorded and to monitor the use of same. <p>Regulations 7(3):</p> <ul style="list-style-type: none"> • The PIC has implemented a restrictive practices protocol in conjunction with MDT to ensure that where therapeutic interventions are implemented it highlights the process of how informed consent of each resident was gained or steps to gain were trialled, or his or her representative have been part of the process, ensuring it is reviewed as part of the personal planning process <p>Regulation 07(5)(b):</p> <ul style="list-style-type: none"> • The PIC has implemented a restrictive practices protocol in conjunction with the MDT to ensure where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used 	

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	05/05/2022
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 internally.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out	Substantially Compliant	Yellow	31/12/2022

	in Schedule 6.			
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	31/05/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	05/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/05/2022
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.	Not Compliant	Orange	31/05/2022

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/05/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	31/05/2022