Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Short Notice Announced
Date of inspection:	09 July 2021
Centre ID:	OSV-0002381
Fieldwork ID:	MON-0033574

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 person in charge is also responsible for one other designated centre which is located nearby on the same campus. They are supported by a deputy manager in each of the centres for which they hold responsibility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 9 July 2021	10:30 am to 5:20 pm	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector adhered to national best practice and guidance concerning infection prevention and control in carrying out this inspection; they reviewed documentation and spoke with members of the management team in an office nearby the centre. The inspector visited the centre later in the inspection and conversations between the inspector and staff took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and were time-limited in line with public health guidance. While residents did not verbally communicate their views on the service's quality and safety, the inspector used observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life.

The inspector met with five of the six residents who lived in the centre. One resident was out at the time of inspection. Each of the residents had lived in the centre for a number of years and were well known to each other. Residents were observed in their home shortly after lunch time, during which they were served a nutritious home cooked meal. Residents appeared comfortable in their home and were seen freely using the facilities and accessing all areas of the premises with support from staff.

Most of the staff in the centre had worked there for an extended period of time and were seen to have a friendly and caring rapport with residents. Staff were very familiar with residents' needs and preferences and were knowledgeable with regard to their communication methods.

Residents were supported by a team of nurses, social care staff and assistant support workers. The provider had recently reviewed the nursing needs of residents and had increased the whole-time- equivalent nursing staff in response to this review.

The inspector was shown around the premises by a staff member. The design and layout of the premises was seen to be adequate in meeting residents' needs. There was a modest sized kitchen and a large dining area that comfortably seated residents and staff at meal times. Each resident had their own bedroom which was decorated to their tastes and contained any assistive devices or equipment they required. There was a main living area and a second lounge area for residents to use. There was a large bathroom with shower and bathing facilities, including a hyrdo-bath, which at the time of inspection was not in use and required repair. The provider had arranged for the bath to be repaired.

While the premises was in a good state of structural repair, numerous areas required painting and the decor needed attention. The ventilation in the kitchen area required improvement, as evidenced by steam damage to paint. The windows in the kitchen were clouded and required replacement; this issue was outstanding from the previous inspection. There was a large well equipped and well tended garden

accessible from the dining area, which had seating available for residents to enjoy their garden and receive visitors when the weather permitted.

Residents appeared to have choice and control in their daily lives. Residents appeared content and comfortable living in their home. Residents meetings were held regularly and this was a forum for residents to share their views and make plans.

A view of records revealed that residents were supported to maintain personal relationships and friendships. While residents had limited access to day services and community activities in the previous year due to national restrictions, the person in charge and staff endeavoured to provide opportunities for socialising, recreation and development. At the time of inspection some residents had returned to day services on a phased basis. The centre was located in a campus based setting near a number of large towns, and residents enjoyed using local amenities such as parks and cafés.

Overall, the inspector found that the residents in Glenveagh were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as possible. There were a variety of systems in place to ensure that the care and support residents received was safe and that the centre operated in compliance with the regulations, although some improvement was required in relation to ordering of medicines.

In the next two sections of the report, the findings of this inspection will be presented with consideration of the governance and management arrangements and how they impacted the quality and safety of the service being delivered.

Capacity and capability

This was a short-notice announced inspection used to observe the centre's ongoing levels of compliance with the regulations. The governance and management arrangements were ensuring a safe and good quality service was being delivered to residents. For the most part, the provider had ensured that the oversight mechanisms in place were facilitating required change to deliver a safe and quality service, although there was some outstanding action required with regard to premises.

The inspector reviewed the management arrangements in the centre and found there was a clearly defined management structure which ensured staff and management were clear of their roles and responsibilities.

The provider had carried out an annual review of the quality and safety of the service, as required by the regulations. This reviewed many aspects of the care provided and supports available in the centre. The review also included consultation

with residents and staff members and a review of compliance indicators. Residents each reported high levels of satisfaction with the service provided.

The provider had ensured that an unannounced visit was carried out by a nominated person on their behalf on a six-monthly basis. The visits informed a report on the quality and safety of the service. There were a range of additional review systems and oversight mechanisms in place that monitored the quality and safety the service received by residents. Any issues highlighted in these reports were included in an action plan with clear time lines for addressing them and persons responsible.

The provider had not implemented one of the actions required in the compliance plan submitted to the Office of the Chief Inspector following the inspection carried out in 2019. This is described in further detail under premises.

The staff team comprised of social care workers, assistant support workers and nursing staff. The number and skill mix of staff was suitable in meeting residents' assessed needs and was subject to regular review. Workforce planning was seen to be informed by residents needs and preferences, including recruitment and scheduling of staff. There was a team of relief staff available to cover staff vacancies and leave periods and this facilitated continuity of care for residents. There was a planned and actual roster maintained by the person in charge.

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs.

There was a clear complaints procedure in place. Complaints were managed in line with the organisations complaints policy. Records indicated that where a compliant was made, considerable effort was taken to address areas of concern, and complainants were notified of the outcome of complaints made. The complaints procedure and details of advocacy services were displayed in the centre.

Regulation 15: Staffing

There were appropriate staffing numbers with a suitable skill-mix in place to meet the assessed needs of the residents.

Workforce planning was responsive to residents emerging needs.

Staff were suitably qualified and experienced and were found to be knowledgeable in their roles.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that the person in charge promoted a culture of professional development and that staff had undertaken a range of training courses and development opportunities.

All staff had completed mandatory training and necessary refresher training.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place and the provider demonstrated that they had the capacity and capability to provide a safe service to residents.

There were a range of systems in place to monitor and enhance the quality of the service received by residents.

The provider carried out an annual review and unannounced visits to the centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

There had been a number of complaints made in the centre and these had been appropriately recorded, investigated and resolved where possible.

There was a nominated complaints officer and person responsible for overseeing the complaints process.

Judgment: Compliant

Quality and safety

Overall, the inspector found the residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. Residents were being supported to make choices and engage in meaningful activities. The inspector identified good practice regarding healthcare, infection prevention control, and risk management. Improvement was required in relation to the ordering of medicines and premises.

There was an assessment of need carried out for all residents on at least an annual basis. This assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a wide range of allied health care services. Arrangements to meet residents' health care needs had been amended to ensure that residents could achieve best possible health during a period where access to some services was restricted. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

The centre had adapted and implemented procedures and protocols for protection against infection and for the management of COVID-19 associated risks. The inspector observed hand washing facilities and sanitising points around the centre. The provider had ensured ample supplies of personal protective equipment (PPE) were in stock. Staff were observed wearing appropriate PPE in line with national guidance for residential care facilities. The provider had carried out a comprehensive assessment of risk in relation to infection control and there were a range of control measures in place, including staff contingency plans and isolation arrangements.

The provider had ensured that safe and effective procedures were in place with regard to fire safety management. Fire evacuation drills were being completed regularly by staff and residents. All residents had personal emergency evacuation plans in place. The inspector observed containment systems, fire fighting equipment, emergency lighting and detection systems. These were all subject to regular servicing by an appropriate specialist. All staff had received mandatory training in fire safety.

The inspector completed a walk through of the centre and found that the premises was suitable, in terms of design and layout, in meeting residents' needs. There was sufficient private and communal space for residents, including a second living area and large garden in which residents could receive visitors. Residents had access to any assistive equipment or devices they required to enjoy their home as independently as possible and receive safe and dignified care.

However, improvement was required with regard to ventilation in the kitchen area and an outstanding action concerning damaged windows. Some areas of the centre, including the ceiling of a bathroom, required painting and further attention to decoration and soft furnishings was required to improve the interior of the premises.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear procedures. There was an identified designated officer. It was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. All residents had intimate care plans

in place which directed the provision of dignified care in line with residents' preferences.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy in place. The inspector reviewed individual risk assessments for the residents, which contained a good level of detail, were specific to the residents and had appropriate measures in place to control and manage the risks identified. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place.

The inspector reviewed the management of medicines within the centre and found that improvement was required with regard to the ordering and receipt of medicines. A review of medication audits found that some medicines were borrowed from residents in the centre and in nearby centres when they were not available for the resident they were prescribed for.

While administration records evidenced that residents received medication that was prescribed to them, on occasion this medicine was taken from another resident and replaced at a later stage. This practice contributed to errors in medication audits and demonstrated ineffective ordering arrangements.

There were appropriate storage arrangements for residents' medicines. The person in charge had ensured that residents capacity to manage their own medicines had been assessed and that they received support in accordance with their needs and preferences.

Regulation 17: Premises

While the premises was in a good state of repair internally and externally, the provider had failed to implement a plan submitted to the Chief Inspector in 2019 which committed to repairing or replacing the damaged window in the kitchen. At the time of inspection the windows above the sink in the kitchen were clouded and stained.

There was insufficient ventilation in the kitchen. The premises required painting and some improvements with regard to internal decor.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre. There was an accurate risk register in place that reflected the risks

identified in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had adopted and implemented procedures and protocols for protection against infection and for the management of COVID-19 associated risks.

There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor the implementation and effectiveness of these measures.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment.

The inspector found that residents took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was required with regard to the ordering and receipt of medicines.

A review of records indicated there were occasions when medicines prescribed to residents as PRN (medicines taken as the needs arises) were not available.

Medication audits records indicated there were occasions when medicines were borrowed from another resident or centre.

The inspector checked medication stocks for two residents and found two PRN medicines were not available.

Judgment: Not compliant

Regulation 6: Health care

Residents healthcare needs had been comprehensively assessed.

There were clear personal plans in place for any identified health care need and these incorporated recommendations of specialists where applicable.

Healthcare plans contained sufficient detail to support the delivery of effective and responsive healthcare.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse.

Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenveagh OSV-0002381

Inspection ID: MON-0033574

Date of inspection: 09/07/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A schedule of paint works for the Centre has been placed for completion • The Person in Charge has sought quotes in relation to shatter resistant windows for the Kitchen area to allow for adequate ventilation in the main kitchen area of the Centre	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The Person in Charge has implemented a weekly checklist for ordering and maintaining PRN medication management within the Centre. • The Person in Charge has devised a local policy for Medication Management in relation to ordering of PRN medication and out of hours Pharmacy practice.	

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 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	10/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	10/11/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Not Compliant	Orange	13/07/2021

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			