



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

## Issued by the Chief Inspector

Name of designated centre:	Glenmalure
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	14 August 2024
Centre ID:	OSV-0002386
Fieldwork ID:	MON-0036217

## About the designated centre

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

Glenmalure is a designated centre operated by St. Michael's House. The designated centre is located in a campus setting that provides residential support and care to up to six adults with an intellectual disability. Glenmalure can also support residents with additional healthcare, mental health or behaviour support needs. The designated centre is wheelchair accessible and can provide support to residents with mobility needs. The service provided is nurse led; and a team of nurses, social care workers, and healthcare assistants provide full time care and support to residents. Glenmalure can provide day service support for residents where required. It is located in close proximity to a busy North Dublin suburb, and there are a range of amenities in the locality for residents to utilise.

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

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 August 2024	10:00hrs to 17:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. During this inspection, the inspector had an opportunity to meet the residents in this house and speak with their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in this designated centre. This inspection was announced in advance and residents and families were offered surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures.

Overall, the inspector observed this to be a service in which residents were content with their home, kept safe, and were encouraged to enjoy meaningful and varied participation in their community. Residents appeared comfortable with their support team and the inspector observed evidence of a patient and friendly rapport between residents and staff. The staff team were well established with very little turnover, and regular relief personnel and staff committing to overtime hours had substantially mitigated potential impact on continuity of support during the absences and vacancies of staff posts at the time of inspection. One resident preferred to work only with a small number of staff members and this was accounted for in shift allocation. The centre team had exclusive use of two suitable vehicles and sufficient staff who could drive to support residents to access the community and travel to their preferred activities and services.

The inspector attained commentary from residents and their families through written surveys. Commentary spoke positively on staff in the centre, indicating that residents "always have full attention, love and support from staff" and that the "key workers go above and beyond" to ensure support needs are met. Comments noted that activities in the community were varied and enjoyable, that family members were kept up to date by the centre team, and residents were supported to stay in contact with loved ones.

The provider reflected on recent stories, achievements and experiences of service users in the annual report for this designated centre. Residents had been supported to enjoy concerts, musicals and ice skating shows. One resident enjoyed a tour of the Guinness storehouse and learned to pull a pint. One resident was supported to attend a family event and to have overnight stays in Wexford. Another resident was supported to spend a holiday in England with family, with staff supporting them to travel and then enjoy the visit without staff support. Two residents had had a holiday together in Donegal in 2023, and were planning to holiday together again this year in Kerry. Photos were used to illustrate resident experiences, including trips to parks, pubs, farms, caves, beaches and castles. The annual report also included

commentary from front-line staff and family members advocating on behalf of the residents. This includes areas people felt needed improvement, such as upgrading the premises of the home, the benefits of filling longstanding vacancies for resident support, and being assured of safety during presentations of risk behaviour.

The residents each had a private bedroom and space to store and control their personal belongings. Residents were supported to decorate their home as they wished. The premises had recently had work done to repaint areas to brighten up the cosmetic appearance of the designated centre. A new communal living room had been added to the premises which facilitated residents to spend time away from busy areas or while their peers were upset, without being required to return to their bedroom. The inspector observed one resident using this space to do painting and listen to music. Other residents spent time with staff members in a patio garden.

The inspector observed staff speaking to and supporting residents in friendly and respectful fashion. Where a resident was not feeling well and was upset, staff gave them time to express how they were feeling and offered them a relaxing bath. The inspector observed staff promptly and respectfully attended to a resident requiring support to protect their dignity and privacy during this inspection. Residents came and went during the day to go to day services, shopping and walks or drives in the community.

The inspector reviewed assessments and support plans with members of the staff team, examples of which are described in this report. In the main, these plans were written in a person-centred and dignified manner, including topics related to personal and intimate care. This included support plans implemented where staff or the residents themselves wished to work on their potential to be more independent in daily activities and self-care.

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

## Capacity and capability

The inspector found this service to be appropriately resourced with staff, equipment and vehicles, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them.

Staff members demonstrated a good level of personal knowledge of both residents' preferences, personalities and histories, as well as competency in navigating their care and support plans for their assessed needs. Staff were appropriately trained in

subjects required for this designated centre, and the inspector observed examples of how staff were subject to supervision and performance management by their line management. Rosters for the service and discussion with staff indicated measures in effect to mitigate the impact on support familiarity during staff absences and vacancies.

Records reviewed as evidence by the inspector were found to be clear, retrievable by front-line staff, and readily available for inspection. This included progress notes on personal goals, training records, and documentation associated with the application to renew the centre's registration.

### Regulation 14: Persons in charge

The inspector met with the person in charge to discuss their role and experience, and reviewed the information submitted on their qualifications and work history. The person in charge worked full-time in the centre, with a portion of their hours as protected supernumerary time to attend to their management duties in this designated centre. They held a management qualification and were found to have sufficient experience in leadership and supervisory roles.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed resident support plans with a number of front-line staff in the centre, and reviewed staffing needs assessments, the statement of purpose, and worked rosters for recent weeks in this designated centre. All staff members spoken with or observed supporting residents demonstrated a good level of knowledge of residents' needs, personalities, histories and preferences.

At the time of this inspection, the provider was recruiting to fill a vacancy for two posts in the centre. There had also been a number of recent shifts affected by concurrent sick leave and staff holidays. However, for the most part this was sufficiently covered by staff overtime and personnel deployed from a relief panel. A small cohort of relief personnel mitigated the potential impact on continuity of familiar support. Many of the regular staff members had worked with the residents for a long time and had built up a good rapport with them, and contingency plans were in effect to ensure support needs continued to be met with residents who preferred to only work with some members of the staff team.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed formal supervision and performance management records for a sample of staff members. The minutes of these meetings described the purpose of the meeting, and areas in which the staff members required support from their manager, including supporting key workers in their duties.

Mandatory training based on the assessed needs of service users was identified. The inspector was provided records by which the person in charge could identify when staff attended their mandatory training, or were scheduled to complete a refresher course.

Judgment: Compliant

## Regulation 21: Records

In the main, while gathering evidence throughout this inspection, the inspector found that records were appropriately maintained in the designated centre and available for inspection. Where required, staff could easily retrieve and refer to documentary evidence related to the designated centre and the service users, as required under Schedule 3 and 4 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

This designated centre was found to be suitably resourced with staffing personnel, vehicles and equipment for the number and support needs of residents. In the main, governance, oversight and accountability systems were effective in providing a safe and person-centred quality of support to residents.

The provider had composed their annual report for the designated centre dated April 2024. This report focused on the main achievements and lived experiences of the residents in the preceding year, using pictures to illustrate examples such as residents on their holidays, attending concerts and events, spending time with friends and family, and enjoying outings to varied and interesting locations. The report contained feedback from residents' families and representatives, including where they felt the service was doing well, and aspects which could be improved. Staff feedback was also reflected upon in this report, summarising the current matters related to the staff team, the premises, and matters meaningful to residents for ongoing service development. The provider also used this to identify findings of audits during the year, and works in the service completed or required for the year



ahead.

Judgment: Compliant

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

The inspector reviewed the provider's application to renew the registration of the centre, which included supporting documentation in line with regulatory requirements.

Judgment: Compliant

### Quality and safety

The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines that residents were safe and were supported in their choices, communication styles and independence levels. Residents enjoyed varied and meaningful social and recreational opportunities in their community as well as being comfortable and content in their home. Examples are described elsewhere in this report, and include residents who preferred their own company, residents who often attended shows and concerts, and residents who enjoyed holidays away from their local area.

Staff were provided evidence-based and straightforward guidance on supporting residents' assessed needs. This included, but was not limited to, effectively supporting residents to eat, drink, mobilise and express themselves safely. Staff were provided guidance to support them to understand and speak to residents using their preferred communication styles. Where residents required support with personal and intimate care and hygiene, guidance was advised to staff which protected resident autonomy, dignity and personal preference. Where restrictive practices were required as part of positive behaviour support plans, some improvement was required to the evidence recorded and reviewed to ensure the measures taken were the least restrictive option for the lowest amount of time to mitigate the associated risk, and that all less restrictive alternatives had proved to not be effective.

Some areas required maintenance work to retain the cosmetic appearance of the centre, as well as facilitate effective cleaning and disinfection of surfaces. However the residents' home was overall bright, comfortable and accessible to service users requiring mobility equipment. Residents' bedroom spaces were personalised and homely with adequate space and opportunities provided for residents to furnish and decorate their rooms how they liked.

Residents were facilitated to manage their finances as they wished and in line with their assessed capacities. Where staff were responsible for protecting residents' money and cards, this was subject to protective audits to ensure all income and expenses were accounted for.

### Regulation 12: Personal possessions

The inspector observed that residents had sufficient space in which to store clothes and belongings, and to personalise their bedroom how they preferred. At the time of this inspection, five of the six residents had an account in their own name with a financial institution. Residents were supported to use their debit cards, and their bank statements were delivered to their home, which allowed staff to conduct audits of income and expenses to identify any discrepancies. For the remaining resident, the inspector was provided evidence of written correspondence between the provider and the residents' representative in which they endeavoured to identify and allay any concerns regarding establishment of financial accounts to optimise residents' personal access to their property.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector observed where routine checks took place due to the assessed health needs of residents, these were occurring in line with associated plans. Residents were observed to be supported to enjoy meaningful opportunities for social, recreational and community engagement in line with their preferred routines and assessed needs. Residents were observed to be provided with supports to maintain their personal and familial relationships, and participate in activities in their local community. Some residents were supported to engage in positive risk taking, such as being supported to manage and use their own finances, and go on holidays without staff support. Examples of residents being supported to take ownership of personal care and household chores were also observed.

Judgment: Compliant

### Regulation 18: Food and nutrition

In reviewing a sample of resident care plans, the inspector observed that formal feeding, eating, drinking and swallowing (FEDS) assessments had been conducted by the speech and language therapist within the last 12 months. These informed

guidelines for staff on supporting the residents to eat and drink, including where residents required food to be modified to reduce risk of choking.

Judgment: Compliant

### Regulation 27: Protection against infection

In the main the premises was clean, in a good state of repair and equipped to facilitate effective cleaning and disinfection of surfaces, including in kitchen and laundry areas. Some works were required in a shared shower area, including cracks and holes from old fixtures in tiles, un-laminated paper signage around hand washing sinks, minor paint flaking on the ceiling and window surround, and rust on the radiator. The floor covering in the dining area was also observed to be peeling.

Practices around food safety, storage of medicines, and ensuring that cleaning equipments was itself clean and dry for its next use were observed to be in line with good practice. Safe disposal of clinical waste such including needles, blood tubing and lancets required improvement; the inspector observed three waste containers which were stored on shelves with their lids open, creating a risk of injury.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices related to the prescription, administration and storage of medicines with a member staff in the centre. The inspector reviewed administration records for each resident, which indicated that they received their daily medicines in accordance with their prescriptions, including residents who required modification such as tablet crushing. Staff were provided instruction and training on the use and purpose of each medicine.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of personal, health and social care needs for two residents in full, and in part for other residents. The inspector observed that where assessments identified the need for care and support plans or staff guidance, these had been developed and included input from the multidisciplinary team as required. Plans were person-centred and evidence-based, including the history and

changing needs associated with each resident.

Plans included supporting residents with assessed needs related to safe eating and drinking, communicating effectively, reducing risk of falls, and responding to risks related to resident presentations and behaviours. Plans also included residents' objectives related to personal needs and life enhancement opportunities. For example, one resident wished to be more independent in daily activities such as personal hygiene and household jobs, and guidance was composed for staff to consistently and measurably ensure this was happening.

Judgment: Compliant

### Regulation 6: Health care

The inspector was provided clear written records as evidence that residents were attending appointments with relevant health and social care professionals as required for their assessed needs, and that, where relevant, care plans were composed with their input. Records were clear on when residents had received vaccinations against illnesses such as seasonal flu and COVID-19. Evidence was provided of when eligible residents had been facilitated to avail of the checks and tests offered through the national screening service.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed the assessments and support plans related to some residents who expressed frustration or anxiety in a manner which posed a risk to themselves or other people, and discussed these plans with support staff. Assessments were found to have been revised at least annually or as required, and included person-centred and evidence-based descriptions of each behaviour type presented. For each behaviour, plans described known and potential triggers and factors which increased risk, and guidance to staff on how to identify and respond to behavioural changes. This included risk reduction techniques such as providing fewer options to prevent the resident being overwhelmed, or scripted responses which provided reassurance to residents that they were safe and understood.

The inspector reviewed the centre policy and staff guidance related to restrictive practices for use when other de-escalation and risk control measures had been ineffective. The inspector reviewed records of recent instances in which medical intervention had been used in response to behaviours, and found that staff had not consistently filled behavioural charts or notified the manager as instructed by policy and behaviour support guidance. This was required to provide assurance to the

person in charge that restraint was only used when all other responses had been exhausted.

Environmental restrictive practices were identified in a local register and subject to review by a "Positive Approach Committee", which included multidisciplinary input and sign-off by the occupational therapist. This review determined whether practices in their current form continued to be the least restrictive option to mitigate the associated risk. A recent example was observed of where single separation of a resident had been retired as a risk control, as the associated risk assessment was deemed sufficiently low. Restrictive practice related to locked internal doors required review, as the rationale for using them, the times at which they were to be used, and the residents affected by them were not consistently described, and had not been subject to the above mentioned review.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding people at risk of abuse, residents' personal and intimate care plans, financial audits and ledgers, and documentation relating to safeguarding concerns which had been notified to the Chief Inspector.

The provider was found to have good systems in place to ensure that all residents were safeguarded from abuse. For example, a routine check of residents' income and expenses was in place to identify financial discrepancies in the service. The inspector reviewed these records for three residents and found that they accounted for all residents' money in their home.

Residents' personal and intimate care plans were found to be detailed to guide staff practice. Language used in these plans was person-centred and found to promote residents' rights to privacy and dignity, and to identify where residents did not require support.

The inspector reviewed a sample of witnessed or reported abuse incidents in this centre, and observed that the provider was notifying the required agencies within appropriate time frames and identifying where there were grounds for concern. Risk of peer-to-peer incidents in the shared living environment had been identified and risk assessed with appropriate controls in place.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glenmalure OSV-0002386

Inspection ID: MON-0036217

Date of inspection: 14/08/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: - Tiles in shower room, paint touch ups on bathroom radiator and ceiling have been reported to the technical services team and have been scheduled for end of Q4 2024 - Signs above sink has been replaced with updated signage amenable to cleaning - dining room floor will be replaced by end Q4 2024 as scheduled - Clinical waste: discussed at staff meeting 23/09/24 with IPC Lead Nurse, reminder signs to lock cabinet, lock meds room door and utilize temporary closure mechanism on sharps bins in line with infection prevention and control policy.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: - PSB Plan review and update with Psychology to ensure user friendly and clear instructions around use of PRN, annual review, discussion at staff meeting 23/09/24 - In line with restrictive practice policy an application has been submitted to the Positive Approaches Monitoring Group for decision and review recommendations on 17th September 2024.	



## 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	31/12/2024
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	Substantially Compliant	Yellow	31/10/2024

	a restrictive procedure is used.			
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.	Substantially Compliant	Yellow	31/10/2024