



# 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:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0002386
Fieldwork ID:	MON-0026121

## 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, 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. Glenmalure is fully 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 - 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
Tuesday 29 June 2021	08:30hrs to 13:00hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector found that residents were in receipt of person centred care and support, that was guided by their individual needs and preferences. There were effective governance arrangements in place that ensured residents' health care and personal needs were well assessed and that a high quality and safe service was delivered.

The inspector met with the person in charge and a member of senior management, and reviewed documents and records in an administrative building located in close proximity to the centre. Later in the inspection, the inspector visited the premises, spoke with staff members and met two of the residents in their home. The inspector adhered to social distancing guidelines when interacting with staff and residents, and used appropriate personal protective equipment (PPE) throughout the inspection.

At the time of inspection, three residents were out of the centre attending day services or engaged in other activities; the inspector met with two of the residents who were in the centre at this time. One resident was observed in the dining area of the premises and was seen laughing and smiling when communicating with staff. It was evident that staff were very familiar with the residents communication techniques. The inspector also met with a resident who had recently been admitted to the centre. This person, who used a wheelchair, was observed moving freely around their new home and engaging in a positive manner with staff.

As previously stated, three residents were not present in the centre at the time of inspection. Some residents had returned to accessing their day services following extended closures due to the COVID-19 pandemic. Residents were being supported to gradually return to day services and engage in other community activities as they reopened. Records showed that residents availed of outdoor leisure and recreation opportunities, such as trips to local parks and public heritage sites, and additional activities were provided in the home.

The premises, which was a large bungalow, had a generous sized living area. At the time of inspection there was just one resident using this space, however records indicated that when all residents were present this area could become quite noisy which caused some residents stress or anxiety. The provider had plans to add on a separate living area to address these issues.

Each resident had their own bedroom, and one resident had additional living facilities to support their specific assessed needs. Residents' bedrooms were decorated in a homely manner with personal items displayed. The layout and design of the premises ensured, for the most part, that it was accessible to residents who used mobility aids. There was a modest sized garden to the front of the premises with well tended flower beds and various potted plants, which residents were reported to enjoy spending time in. Access to the garden from the house required

stepping through sliding doors and as such it was not directly accessible to residents who use wheelchairs. Staff did however support residents to enter the garden via a less direct route.

Overall, it was found that residents enjoyed living in their home, were safe and comfortable and had their needs met by a competent and responsive staff team. Residents personal plans supported individualised care and positive risk taking, and facilitated residents to make decisions about their care and support. Residents quality of life could be enhanced by the addition of further living space, as outlined in the providers plans to address some compatibility issues.

## Capacity and capability

The governance and management arrangements were effectively overseeing the delivery of safe and good quality care. It was demonstrated that the provider had the capacity and capability to provide a good quality service to meet the assessed needs of all residents. While further enhancements were required to fully meet some of the needs of residents, the provider had identified this as an area for improvements and had plans in place to address it. There were also interim arrangements to support residents to live together while having their own individual needs met.

There was a clearly defined management structure that facilitated clear roles and responsibilities. The person in charge, who was a clinical nurse manager, was supported in their role by another nurse manager, and they reported to a service manager. The person in charge was knowledgeable in their role and well-informed with regard to residents care and support needs.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. There were a range of local audits and reviews conducted in areas such as incident reviews and risk management, medication management, and health and safety. These audits informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the centre.

The staffing arrangements were reviewed and it was found that there were sufficient staff with a suitable skill mix to meet residents' needs. Nursing support was provided in accordance with the statement of purpose and there was a team of social care workers, health care assistants and housekeeping staff to support the delivery of care. There was a planned and actual roster in place that was maintained by the person in charge.

The inspector reviewed the admissions procedures, with specific focus on the recent admission of a resident from another designated centre. The inspector found that while the admission had taken place in an expedited manner, it had occurred in accordance with the providers admissions policy. The resident and their

representatives were consulted with regard to the proposed admission, and full review and assessment of the residents needs was undertaken prior to the decision to admit to the centre, to ascertain if the centre could meet the needs of the resident. There were personal plans in place and the resident had a contract of care that was being reviewed to reflect their new living arrangements.

### Regulation 15: Staffing

Staffing arrangements were found to be appropriate in meeting residents' assessed needs. Nursing care was provided as outlined in the statement of purpose. There was a planned and actual roster in place that accurately reflected the staffing in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place where necessary.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had ensured that admissions to the centre had taken place in accordance with the statement of purpose. Residents who were admitted to the centre were given the opportunity to visit in advance and were consulted with regarding their move.

There were contracts of care in place for residents which outlined the fees to be paid.

Judgment: Compliant

## Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Despite national restrictions, and the closure of external day services, the staff team in the designated centre were ensuring residents could engage in meaningful activities and had choice and control over their daily lives. Overall it was found that the centre had the resources and facilities to meet residents' needs, however some improvement was required with regard to premises.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. The centre was suitably resourced to meet residents' assessed needs.

Residents were supported to engage in a range of activities and hobbies both in their home and the community. Residents' support plans considered opportunities for learning and development and care practices in the centre were cognisant and respectful of residents human rights. Residents received any necessary support to maintain personal relationships, including receiving visitors and contacting family and friends by phone.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the providers safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency. There were a number of safeguarding risks at the time of inspection which were regularly reviewed. There were interim arrangements in place to protect residents from the risk of abuse, with long term plans developed that involved making changes to the premises. These actions had been delayed, due in part to national restrictions, and renewed focus was required to make the proposed changes. This is addressed later in the report under premises.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. 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. The provider had developed a range of policies and procedures in response to the risks associated with COVID-19. Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available. The provider facilitated health and safety, and infection control audits in the centre and where recommendations were made with regard to quality improvement in this area, these were promptly acted upon by the person in charge.

There were systems in place to manage risk. A recently reviewed risk register was in



place that detailed general risks for the centre such as slips, trips and falls, the risk associated with positive behaviour support and risks related to COVID-19. The inspector also reviewed a sample of individualised risk assessments for residents which were sufficiently detailed and supported residents to take measured risks.

Residents were provided with a vehicle for transport which was used by residents to attend day services and other facilities in the community. There were arrangements in place to monitor how roadworthy the vehicle was and the vehicle was serviced on a regular basis.

The premises was observed to be in a good state of repair and was furnished and decorated in a homely manner. Residents each had their own bedrooms which were decorated to their tastes. The centre was largely accessible to all residents, with the necessary assistive devices available. Access to the shared garden required improvement. The bath in the centre was recorded to require very regular repair; at the time of inspection the handle of the bath was broken. The provider had plans to replace this bath. There was a large kitchen and dining area and a utility space with laundry facilities.

The premises layout had been adapted to better meet the specific needs of one resident. The provider had identified that further adaptations were required to comprehensively meet the needs of all residents, and respond to changing needs and compatibility issues. While some progress had been made in relation to these works, there had been delays in the implementation of these plans due to government restrictions associated with COVID-19. The provider had committed to resuming the building works in order to enhance the living environment for all residents.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities and could make decisions about the meals that were served. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques.

### Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community

and were supported to maintain relationships with friends and family.

Judgment: Compliant

### Regulation 17: Premises

While the design and layout of the premises was suitable to meet the basic needs of most residents, the provider had not fully implemented the actions outlined in an assurance plan submitted to the Office of the Chief Inspector in January 2019 to improve the living experience of all residents and address some ongoing safeguarding concerns.

There had been delays with regard to building works due to government restrictions and the provider had postponed some plans in adherence with national guidance. At the time of inspection there were plans to resume the proposed building project, which would afford additional living space and enhance the safeguarding arrangements, as well as residents' long term emotional well-being.

Improvement was also required with regard to the accessibility of the garden from the premises. While staff supported residents to access the garden by indirect routes, the entrance to the garden from inside the premises was not wheelchair accessible.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had access to ample quantities of fresh and nutritious food. Residents were offered plentiful choice with regard to their meals. The person in charge had ensured staff had the necessary skills to offer assistance to residents who required support with eating or drinking. Residents' eating and drinking plans were informed by an appropriate allied health professional.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were risk management arrangements in place, including a risk management policy and procedures. Risk in the centre was assessed and there were comprehensive control measures in place.

The inspector reviewed evidence that documented all vehicles used to transport residents (provided by the registered provider) were roadworthy, insured and serviced regularly.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, including planned audits and infection control check-lists.

There were risk control measures in place with regard to risks associated with COVID-19.

The centre was maintained in a clean and hygienic condition throughout and there were hand washing and sanitising facilities available. There was ample information available about infection control protocols, such as standard precautions and staff had received relevant training.

There were food hygiene systems in place.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

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.

There were interim safeguarding plans in place which were subject to ongoing monitoring. The provider had developed a longer term plan to address safeguarding risks that required adaptations to the premises. These plans had not been implemented at the time of inspection, this is addressed in more detail under premises.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Glenmalure OSV-0002386

Inspection ID: MON-0026121

Date of inspection: 29/06/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• The Registered Provide has approved completion of plans for proposed annex to designated centre through an external architect.</li><li>• The Registered Provider will tender plans through The Organisations procurement process and commence work on the Annex of the Centre.</li><li>• Technical Services department will complete work for accessible access to the garden area from all points of access.</li></ul>	

## 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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise	Substantially Compliant	Yellow	31/12/2021



	disruption and inconvenience to residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/09/2021