

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

Issued by the Chief Inspector

Name of designated centre:	Glenview
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0002418
Fieldwork ID:	MON-0039614

About the designated centre

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

This service provides residential services to five adults with disabilities all over the age of 18 years. It is situated in a large town in County Meath. The provider' stated aim is to offer supports to residents to experience life in a home-like environment and to engage in activities of daily living typical of those which take place in a domestic setting. Additional supports are in place in line with residents assessed needs. The house consists of five bedrooms (one ensuite), an open plan kitchen-diner/living room, a utility room, a living room and two communal bathrooms. The centre is staffed on a 24/7 basis by a qualified person in charge, two team leaders and a team of direct support workers. The centre also has access to nursing support if required.

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
Tuesday 11 June 2024	10:45hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were five residents living in the centre and the inspector met with all five of them on and off over the inspection process. Written feedback on the quality and safety of care from two of the residents and one family representative was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the service.

The centre comprised of large detached single-storey house in Co Meath providing care and support to five residents. Large garden areas were provided to the front and rear of the property (to include a decking area) for the residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was warm, welcoming and generally in a good state of repair. It was observed that some external and internal parts of the premises required painting however, the person in charge was aware of this and had brought it to the attention of senior management.

One resident was in the kitchen having breakfast and said hello to the inspector. They appeared in good form and staff were supporting them to make a phone call to a family member. Regular family contact was important for this resident and staff ensured that the resident was supported to maintain regular contact with their relatives. This resident also invited the inspector to see their room. It was observed to be decorated to their individual style and preference and they said that they had everything that they needed. As part of their goals they wanted to have a professional portrait/picture of themselves taken. This has been completed and they showed the inspector the framed portrait which they had hanging on their bedroom wall. They seemed very happy with the portrait and also showed the inspector other pictures of themselves with a family member. The resident liked television and had their own TV in their bedroom with an accompanying armchair for them to relax in while watching their favourite programmes.

Another resident spoke to the inspector a short time later. They appeared in good form and said that they were happy in the house. They invited the inspector to have a cup of tea and the inspector observed that they got on well with staff and, staff were observed to be caring and kind in their interactions with the resident.

The person in charge explained to the inspector that some of the residents attended day services where they had the opportunity to engage in social and recreational activities of interest and their choosing. For example, some residents liked music, others like quizzes, some liked to participate in arts and crafts or keep active and go

for walks. Residents also liked to have a coffee and/or lunch out.

The residents liked to participate in the running of their home. For example, residents liked to choose their own menus for the week and to accompany staff to the shops to buy the groceries for the house. They also liked to walk to the nearby town with staff support for a coffee and/or meal out.

The person in charge also explained that residents had a number of goals they had achieved or wanted to achieve in 2024. For example, some residents were planning holidays to visit family members later in the summer months. One resident wanted to open a bank account while another wanted to get a passport.

The inspector observed that staff had training in human rights. When one staff member was asked how they put this training into everyday practice so as to support the overall quality of life of the residents, the responded by saying that it was important to listen to the residents so as staff know what they want. For example, they said that every week they have key working sessions with the residents and at these sessions, the residents tell staff what they want to do and/or what activities they want to participate in. Then, with the resident, staff put a plan of action in place so as to ensure the residents choices were supported. The inspector also observed over the course of this inspection that one resident who was non verbal, indicated to this staff member that they wanted to go for a drive. The staff member understood what the resident wanted and supported them to go for a drive shortly after they requested it.

The person in charge also informed the inspector that one resident expressed that they wanted a pet cat in January 2024. They had a pet cat in the past and a plan of action was put in place to support the resident's individual choice. At the time of this inspection the resident had their pet cat and they took responsibility for looking after their pet.

This resident invited the inspector to see their room in the afternoon. The room was observed to be spacious and the resident had their own lounge area in the room with a large comfortable armchair and a television. It was also decorated to their individual style and preference. The resident showed the inspector their pet cat which looked very well cared for. The resident appeared very happy and comfortable in their home and was also observed to be relaxed in the company and presence of staff.

Written feedback on the quality and safety of care from two residents was viewed by the inspector. They reported that they were happy in the house, happy with their rooms, happy with mealtimes and menu options, happy with the visiting arrangements and also felt that their rights and individual choices regarding their daily routines, were respected. They also reported that they were happy with the care and support provided in the house, staff were easy to talk to, staff knew their likes and dislikes and provided support when required. There were no open complaints about any aspect of the service at this time however, one resident reported in their feedback that the did have a complaint in the past but were satisfied in the way the issue was dealt with and resolved.

Family members also reported in their written feedback that the house was safe, comfortable and warm, staff were approachable and understood the individual preferences of the residents. One family member also wrote that the residents were well cared for in the service.

A family representative of one of the residents was also spoken with over the phone as part of this inspection process. They were equally as positive about the quality and safety of care provided in the house. They said that the quality and safety of care was very good and their relative had no complaints about the service provided. They also said that if their relative had any issues they would let their family know however, they reported that their relative saw the house as their home and, they had everything they needed. The family member said that the healthcare needs of their relative were being provided for, the service was safe, they had no complaints and that staff were respectful of the individual choices of their relative. Finally, they said that the house was very comfortable and that they were always made to feel very welcome when they visited.

Overall, residents appeared comfortable and happy in their home and feedback on the quality and safety of care from both residents and their relatives was positive and complimentary. The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, a minor issue was identified with the staffing arrangements.

The centre had a clearly defined management structure in place which was led by a person in charge and two team leaders. The person in charge was an experienced and qualified health care professional with an additional qualification in management.

They also demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from May 2024 indicated that the staffing arrangements were as described by the person in charge. However, as identified above, the staffing arrangements required review.

Staff spoken with had a good knowledge of residents individual care plans. From reviewing two staff files, the inspector observed that staff were provided with

training to ensure they had the necessary skills to respond to the needs of the residents.

Additionally, the inspector noted that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified health care professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from May 01, 2024 to May 31, 2024 indicated that the staffing arrangements were as described by the person in charge. For example:

- two staff worked from 8am to 8pm in the centre
- two staff worked 8pm to 8am each night (waking night cover)
- additionally, the person in charge had a regular presence in the centre each week

However, as identified earlier in this report, the staffing arrangements required review. The inspector noted that on the day of this inspection the two staff members on duty were at all times busy in ensuring the needs of the residents were provided for. One staff member had left the centre to bring some residents to day services and this left one staff member on their own (for a short period of time) to support the remaining residents.

It was also observed on the morning of this inspection that one resident required reassurance (which was provided for by the staff member present) and one resident

required one-to-one supervision during meal times.

Taking the above into account, the staffing arrangements required review so as to ensure that they were at all times adequate and in providing for the assessed needs of the residents living in this centre.

Notwithstanding, the inspector noted that staff were at all times person centred, kind and caring in their interactions with the residents and also demonstrated that they had a knowledge of the residents assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From reviewing the records of two staff members (a social care professional and direct support worker), the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- Children's first
- open disclosure
- safeguarding of vulnerable adults
- trust in care
- first aid
- dignity at work
- assisted decision making
- medication management
- safety awareness
- understanding autism
- feeding, eating, drinking and swallowing difficulties (FEDs)
- fire safety training
- moving and handling
- epilepsy awareness
- positive risk taking
- food safety
- infection prevention and control (to include respiratory and cough etiquette, hand hygiene and donning and doffing of personal protective equipment)

Additionally, staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The inspector noted that one staff member who was returning from leave was

required to undertake some refresher training. However, the person in charge confirmed that this staff member had completed all mandatory training and a plan of action was in place for them to complete additional training as required by the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service.

The management structure consisted of a chief executive officer (CEO) who was also the registered provider representative. They had overall responsibility for the strategic leadership of the organisation.

They were supported in their role by a chief operations officer (COO), two directors of services and a number of assistant director of services.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out on December 20, 2023. On completion of these audits, a corrective action plan was developed so as to address any issues identified in the audits, in a timely manner.

For example, the auditing process identified the following:

- the roster required review
- the directory of residents required updating
- the annual review for 2023 was due
- one resident had requested a pet cat and was awaiting an outcome of this request

These issues had been actioned accordingly and were addressed at the time of this inspection.

It was observed that aspects of the premises (internal and external) required some works/repainting however, the person in charge was aware of these issues, had escalated them to their manager and, had a plan of action in place to address them.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the

requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

It was observed that a minor update to the statement of purpose was required to include all mandatory training for staff working in this centre. The person in charge and assistant director of services assured the inspector that this minor update would be completed as soon as possible.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs and individual choices. Systems were also in place to meet their assessed health and social care needs.

The assessed needs of the residents were detailed in their individual plans and from viewing two of their files, they were being supported to achieve goals of their choosing, frequent community-based activities and participate in activities of their choosing.

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. Access to mental health and behavioural support was also provided for. One staff member spoken with was familiar with residents healthcare requirements and plans.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and support the residents safety. There was a policy on risk management available and each resident had a number of individual risk assessments on file.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted and each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the individual choices and preferences of the residents were promoted in this service. On the day of this inspection residents

appeared happy and content in their home and staff were observed to support them in a caring, kind and person centred manner.

Regulation 10: Communication

The provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. For example, one resident who was non-verbal had a recent assessment completed by a speech and language therapist and from that assessment, their communication profile had been updated to reflect their preferred style of communication.

Staff were also aware of the communication preference of the residents as outlined in their personal plans.

Additionally, residents had access telephones so as they could keep in contact with family members.

Pictures/picture boards/objects of reference and easy to read information was also available to the residents.

The centre also provided residents with televisions, radio and Internet.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities so as to promote their overall general welfare and development

Opportunities were provided for each resident to participate in activities in accordance with their interests, capacities and needs.

They were also supported to build links with the wider community through participating in charity events/charity walks and frequenting community-based amenities such as shops and restaurants.

Residents were also supported to keep in regular contact with their family members.

Some residents also attended day services where they engaged in a number of activities of their choosing such as arts and crafts, walks, and going for coffee/lunch out.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be spacious, warm, clean and welcoming on the day of this inspection.

Each resident had their own bedroom (one being ensuite) which were decorated to their individual style and preference.

Communal facilities included a sitting room, an open plan kitchen, dining and tv room, a utility facility and communal bathrooms.

There was large garden area to the front, rear and side of the property with the provision of ample private car parking to the front.

Parts of the premises (internal and external) required repainting however, the person in charge was aware of this, had escalated these issues to management and, a plan of action was in place to address them.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents safety in the house.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to swallowing difficulties was identified, the following controls were in place:

- the resident had access to a speech and language therapist who provided guidelines on how best to support the resident when eating/drinking
- the resident was on a specialised diet (of which staff were familiar with)
- staff provided assistance to the resident at all times during meals

It was also observed that staff had training in feeding, eating, drinking and swallowing difficulties (FEDs) and first aid. Additionally, the resident had as required access to GP services and there was a 24 hour on call system available to staff.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the fire alarm system had been last serviced in May 2024 as well as the emergency lighting system. Fire extinguishers were also serviced in March 2024.

Staff also completed as required checks on all fire equipment in the centre and from reviewing two staff files, they had training in fire safety. Fire drills were being conducted as required and each child had an up-to-date personal emergency evacuation plan in place.

The last fire drill conducted in March 2023 informed that it took the five residents and two staff members 3 minutes to evacuate the house and get to the fire assembly point. It was also reported that all five residents co-operated with the drill and evacuated the building with no issues.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- dentist
- dietitian
- chiropody
- optician
- speech and language
- physiotherapy

Residents also had an annual health check with their GP and, healthcare plans were also in place to guide and support staff practice.

Where or if required, screening was being supported with the residents and, hospital appointments were being facilitated as required.

Additionally, access to a team of multi-disciplinary professionals were also provided for to include:

- a behavioural therapist and,
- psychiatry support

The service also had support from a community-based nursing practitioner.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and, at the time of this inspection there were some safeguarding plans open. However, the issues had been reported and responded to in line with policy and procedures.

The person in charge also reported that all complaints/allegations are acknowledged and logged in the service, reported to the national safeguarding team, the health information and quality authority and where or if required, An Gardaí. Additionally, interim safeguarding plans were developed if required.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to the person in charge and management team if they had one
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative and said that if their relative had any concerns, they would let the family know.
- written feedback from two family members on the service was positive
- there were no complaints about any aspect of the service on file for 2024
- information on how to contact the designated officer was available in the centre
- the concept of safeguarding was discussed with residents at their residents meetings

From reviewing two files, staff had training in the following:

- Children's first
- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- trust in care

The person in charge also assured the inspector that all staff working in the centre had appropriate vetting on file as detailed in the centres statement of purpose.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in social and recreational activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the residents. Where required, easy-to-read materials and/or pictures/objects of reference were utilised to support residents with communication.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glenview OSV-0002418

Inspection ID: MON-0039614

Date of inspection: 11/06/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the current staffing arrangements within the centre will be conducted, to ensure there is sufficient staff with the necessary experience and competencies to always meet the assessed needs of all residents. This will include the utilization of meaningful supports to actively engage the residents. Staff will be deployed within the centre to ensure all resident’s assessed needs are met appropriately.</p>	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2024