Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glendhu Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0003962
Fieldwork ID:	MON-0036075

About the designated centre

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

Glendhu comprises of two joined semi-detached houses in a quiet residential area located in a suburb of a busy city. There is a shared front garden with a parking area and access to the shared back garden via a gate at the side of the building. Each house has a wheelchair accessible front door and there is access between the two houses via a door in the dining area of both houses. One house has four bedrooms upstairs. Three of these bedrooms are for residents and are single occupancy and one is used for staff sleepovers. Downstairs there is a bedroom that is occupied by one resident. There is also a storage area and adapted bathroom with a large walk in shower area to accommodate residents with reduced mobility. There is a kitchen and a separate dining area come sitting room. There is access to the back garden from both houses with a paved area with an outdoor dining table and chairs for the residents to sit out in. The second house is a mirror image of this. All bedrooms are single occupancy. There is a team providing care 24/7 that consists of nursing staff along with social care workers and healthcare assistants. There is a service vehicle that is operated by staff working there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 24 August 2022	09:15hrs to 16:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to monitor ongoing regulatory compliance. From what residents told the inspector and what the inspector observed, it was clear that the residents were enjoying a good quality of life and that they were receiving a person-centred service. Residents were observed to be happy and content in their homes. There were mixed findings of compliance found with the regulations and these findings are outlined in the body of the report.

The designated centre comprises two semi-detached houses which have an interconnecting door between both dining rooms which is largely open so that residents can visit each other. There is a shared front and back garden. One of the houses is a four-bedroomed house. Three of these are resident rooms while the fourth is used as a staff sleepover room. Downstairs is another bedroom, kitchen/dining area and sitting room. There is an accessible bathroom upstairs. The second house has a kitchen/dining area, a living room, a downstairs bathroom and upstairs there are four bedrooms and an accessible bathroom.

The inspector had the opportunity to meet all seven of the residents living in the designated centre over the course of the inspection. Residents told the inspector that they were happy in their home and about some of the activities they enjoyed. Four of the residents attended day services and were transported there by the staff in their home. One of the residents had recently transitioned into the centre and reported that they liked it and were settling in well.

During the inspection, the inspector observed residents, who were remaining at home for the day, going about their daily routines. Some residents enjoyed watching television while others enjoyed some time speaking with staff. Interactions between the staff and residents was warm, friendly and supportive in nature. There was a calm, relaxed atmosphere in both houses and it was evident that residents were comfortable and content in their surroundings. There were some compatibility issues identified between some of the residents which had led to a number of safeguarding incidents occurring in the centre over the previous months. Staff reported that while these incidents did occur, residents generally got on with one another on a day-to-day basis.

The inspector viewed all areas of the premises , including residents' bedrooms and found them to be personalised for the residents, with ample space for them to store their important belongings. However, in the houses there was no space available other than bedrooms for residents to have private visits. The staff had no office in either house and files were kept in a cupboard in the kitchen . There was a desk for staff to use in one of the sitting rooms to do paperwork or computer work. This was both distracting for staff and took somewhat from the homely environment of the rest of the home. The provider informed the inspector that they had purchased a bungalow which was being renovated at the time of the inspection. They planned to move residents who required ground floor accommodation to be relocated to this

premises. Residents were aware of this and told the inspector that they were looking forward to moving into a new home in the months following inspection. The staff on duty told the inspector about plans for ensuring that the transition went well for the residents. This centre was yet to be registered as a designated centre with the Health Information and Quality Authority.

Most of the residents in the house communicated verbally while others required additional support to express themselves. One of the residents used a BIGmac communication device which allowed staff to record messages or stories for the resident to use to foster interactions and give information to others. This was reported to be working well, although the inspector did not get the opportunity to see it in use. For other residents there was easy-to-read information available to them on a variety of topics. Each resident had a person centred plan in place which was presented or maintained in line which each persons' preference. For example, some people had their PCP on a poster or a scrapbook. Weekly residents meetings took place and the agenda included menu planning, discussing upcoming events, COVID-19 and house-related issues.

From what residents and staff told the inspector, what the inspector observed and a review of documentation, it was evident that the residents living in both houses were in receipt of a person-centred service. They appeared happy, comfortable and content. They were consulted with about decisions that mattered to them. However, improvements were required in a number of areas which included governance and management, staffing, staff training, risk management and fire safety. The next two sections of the report will present the findings in relation to governance and management arrangements and how these arrangements affected the quality and safety which the residents received.

Capacity and capability

The inspector found while significant improvements had been made in the governance and management arrangements in the centre since the last inspection, a number of regulations remained non-compliant. There was an increased presence of senior management in the centre, with weekly visits taking place. The provider had completed six monthly unannounced visits in line with the regulations. The inspector viewed the most recent report and found that it was self-identifying areas for improvement which correlated with inspection findings. However, many of the actions had not been progressed or completed since the visit took place in April 2022. An annual review had not been completed for 2021. Audits were not completed in line with the provider's guidance and as a result, were not leading to ongoing quality improvements in the centre.

At centre level, the management arrangements required strengthening to ensure adequate monitoring and oversight of the quality and safety of the service. The person in charge was on unexpected leave since March 2022 and the provider had

assigned the person participating in management to fill the role in their absence. However, this person had a provider level role and had a number of duties relating to other parts of the service in addition to the person in charge for this centre. They were not based in the designated centre and were supported in their role by a staff nurse. The inspector did not have the opportunity to meet the temporary person in charge, as they were on leave on the day of the inspection. The inspection was facilitated by two members of the senior management team and by staff.

There were two vacancies on the day of the inspection. These shifts were largely filled by agency and relief staff. There were numerous agency and relief staff used which had a negative impact on the continuity of care which residents received. Planned and actual rosters were poorly maintained and not in line with the provider's requirements.

Staff had completed most of the mandatory training required by the provider. All staff had completed training in fire safety, supporting people with behaviours that challenge, manual handling and safeguarding. However, gaps occurred in a number of other areas which are outlined under regulation 16 below. Staff reported that they had not had supervision since earlier in the year and it was unclear whether performance management reviews were occurring.

Regulation 15: Staffing

There remained vacancies on the day of the inspection, which required the use of agency and relief staff to fill shifts. A review of rosters indicated that 13 different staff members had completed shifts in a three week period. This had a negative impact on the continuity of care experienced by the residents. Additionally, planned and actual rosters were not well maintained in line with the provider's requirements. The full names of all staff were not identifiable on rosters viewed by the inspector.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector carried out a review of the staff training matrix. As stated above, staff had completed most mandatory training required by the provider. All staff had completed training in fire safety, supporting people with behaviours that challenge, manual handling and safeguarding. Fifteen percent of staff were due to complete food safety while all staff members were out-of-date with their hand hygiene. On review of some residents' care plans, it was noted that a number of residents had choking risk assessments and feeding eating drinking and swallowing plans in place. However, staff had not been trained in the management of feeding eating drinking and swallowing or in first aid. Staff reported that they had not received supervision

since earlier in the year and while they noted that the senior managers were available and supportive, they described some difficulties in the day-to-day running of the centre in the absence of a person in charge in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had improved oversight of the centre through weekly visits to the centre from senior management which was documented and reviewed by the service manager. A six monthly unannounced visit to the centre had been carried out in line with regulatory requirements. The report from this visit in April identified a number of areas for improvement but none of the action plans were completed. The annual review had not been completed for 2021 on the day of the inspection. While there were a number of audit tools developed by the provider which were required to be completed at set intervals, these had not been carried out in the centre in the previous months. The quality improvement plan from the previous inspection remained incomplete and the inspector was unable to judge the status of actions as a result.

The person in charge had been on unexpected leave since March 2022. A person at a senior level in the organisation had been assigned to carry out this role in their absence. However, this person held a provider level role and had a number of duties relating to other parts of the service. They were not based in the designated centre, although they visited frequently. They were supported in their role by an experienced staff nurse. However, this nurse did not have any protected time to complete management tasks and was supporting residents throughout the day in what was found to be a busy house. The inspector viewed the minutes of the last staff meeting which had taken place in June. This had a set agenda in place which included safeguarding, COVID-19 updates and incidents and accidents.

Judgment: Not compliant

Quality and safety

The inspector found that, overall, residents were safe and well supported in their homes. There were examples of good practice in consulting with residents and supporting them to live active lives in their community. A review of a sample of care plans indicated that residents were supported to enjoy best possible health and they had access to a range of health and social care professionals such as speech and language therapy, psychology, occupational therapy and physiotherapy.

There had been a number of safeguarding incidents in the centre due to incompatibility of some residents. The inspector found that these were identified, documented and reported in line with national policy. Safeguarding plans were put in place where they were required.

The inspector completed a walk-through of the centre in the company of one of the staff members. As stated earlier, the two houses an interconnecting door which led from one dining room to the other. This was reported to be open for the majority of the time, but could be closed at a residents' request. Some maintenance work was required in bathrooms, flooring and some tiling to ensure that the houses retained their homely appearance. There was inadequate space available for staff to do administrative duties and for residents to receive visitors in private.

The provider had put a number of measures in place to ensure that residents were protected against healthcare-associated infections. There was an infection prevention and control policy in place but this was not sufficiently detailed to guide staff practice. The house was found to be clean and there were cleaning schedules in place. These required further detail to include the cleaning and decontamination of equipment in the centre such as wheelchairs, shower chairs and the cleaning equipment itself.

Fire safety management systems were in place to protect residents from fire. The inspector reviewed the fire drills which had taken place. While the day time drills demonstrated reasonable evacuation times, there was a need for a fire drill to take place at night-time. This was required in order for the provider and staff team to assure themselves that they could safely evacuate residents from their bedrooms with the minimal staffing complement.

Regulation 17: Premises

The premises was found to be clean and homely and decorated in line with residents' interests. However, there were a number of maintenance issues which were outstanding since the last inspection such as replacement of worn carpets and flooring and tiles. Each resident had their own bedroom. There was a downstairs toilet in one of the houses which was often used by residents in the other house, meaning residents were entering the house through the interconnecting door. Staff reported that this generally did not cause any issues between residents, but at times that it could be a source of annoyance.

The houses were extremely short of storage, which required files and documentation to be stored in large cupboards in the kitchen areas. Staff were required to do paperwork at a desk in the sitting room which detracted from the homeliness of the room.There were some areas of the houses which required maintenance work, such as some chipped paining, worn carpet and replacement of tiles. Oversight of maintenance required improvement as it was unclear what items were identified, reported and actioned to improve the premises.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which met regulatory requirements. Incidents and accidents were documented appropriately. However, there was limited evidence to indicate that these were escalated and reported in a timely manner. For example, there were seven incident reports in hard copy in the centre. Staff reported that they had not been able to drop it to senior management offices, which were in a separate location. Discussion with senior management indicated that incidents were reported verbally to on-call management immediately and that these incidents were reviewed quarterly. However, there was no evidence to indicate if these incidents had been followed up on in a timely manner and if learning was shared with the staff team. The risk register had not been reviewed since October 2021 and evidence viewed by the inspector indicated that weekly health and safety walkabouts had not been done in line with the provider's health and safety protocols.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had a number of procedures in place for staff to follow in relation to infection prevention and control. However, the infection prevention and control policy was not sufficiently detailed to guide staff practice. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and reviewed. The cleaning schedules were viewed by the inspector and required further detail on cleaning and decontamination of all equipment in the centre including shower chairs, wheelchairs and cleaning equipment. There was a contingency plan in place for the centre, but this did not have adequate detail which was specific to the house. Staff were noted to practice hand hygiene and wear masks appropriately and were found to be knowledgeable about the cleaning schedules and what actions they would take in the event of a suspected or positive case of infection in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were in place in both houses. There were

detection and containment measures in place in addition to emergency lighting and fire fighting equipment. Daily and weekly checks were carried out as required. The inspector reviewed the fire drills which had taken place in the months prior to the inspection. While the day-time drills demonstrated reasonable evacuation times, there was a need for a fire drill to take place at night-time to ensure the staff team they could safely evacuate residents from their bedrooms with the minimal staffing complement.

Judgment: Substantially compliant

Regulation 6: Health care

A review of a sample of care plans indicated that residents had access to a range of health and social care professionals such as speech and language therapy, psychology, occupational therapy and physiotherapy. There was evidence of a multidisciplinary approach to residents care and it was possible to convene a multidisciplinary meeting for residents where it was required.Residents had regular access to their GP and were supported to access National Screening Programmes such as BreastCheck, and to withdraw consent where required.

Judgment: Compliant

Regulation 8: Protection

There had been a number of safeguarding incidents in the centre which was due to incompatibility of some residents. The inspector found that these were identified, documented and reported in line with national policy. Safeguarding plans were put in place where they were required. Staff were found to be knowledgeable in how to recognise and respond to safeguarding incidents.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glendhu Group - Community Residential Service OSV-0003962

Inspection ID: MON-0036075

Date of inspection: 24/08/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The nominee provider is currently running a recruitment campaign to fill all vacant posts Person in Charge (PIC)/Person Participating in Management (PPIM) to schedule familiar agency relief staff where possible Systems are being put in place by the provider to ensure the rosters reflect all staff on duty within the centre.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training needs analysis will be completed by the PPIM in the abcence of the PIC and forwarded to training coordinator	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

An Annual review has been completed for the centre in July 2022. In the absence of the Person in Charge (PIC) the PPIM has reviewed the Provider Audit completed in March and April and has progressed the actions. The Nominee Provider is currently recruiting for a PIC for the centre In the absence of a PIC the provider will increase oversight within this centre and has daily contact with the senior management team.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A full inventory of maintenance has been completed completed. The work identified has commenced and is progressing. The nominee provider acknowledges the premises are not suitable for the needs of all residents, an alternative property has been purchased. This centre is being processed by the provider for registration with the regulator.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PPIM will oversee the risk log and register for the centre ensuring it is accurate and reflective of current needs	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PPIM has overseen cleaning logs have been updated to include cleaning schedules for equipment within the centre. The PPIM has overseen that a centre specific contingency plan in the event of a Covid 19 outbreak is in place.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill both at night and day will be completed , all PEEPS within the centre will be reviewed.	

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.	Not Compliant	Yellow	31/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Yellow	31/12/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Yellow	31/10/2022

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of	Not Compliant	Orange	31/12/2022

	purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	31/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/10/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	31/10/2022

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	07/10/2022