



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

Issued by the Chief Inspector

Name of designated centre:	Glen Haven Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0004061
Fieldwork ID:	MON-0036016

About the designated centre

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

Glen Haven Services is located on the outskirts of Galway city and is close to local amenities, public transport and areas of interest. The centre provides residential care to five male and female residents over the age of 18 years, who present with mild to moderate intellectual disabilities.

The centre comprises of one two-storey dwelling which provides residents with their own bedroom, en-suite and shared bathroom facilities, a kitchen and dining area and sitting rooms. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents.

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
Wednesday 8 June 2022	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services* (HIQA, 2018).

The inspection was unannounced. On arrival at the centre, the staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with the staff members on the duty, the team leader and the person in charge. During the afternoon, the inspector also met and spoke with the five residents who lived in the centre. Staff on duty confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre and that residents being accommodated had no known infection risks.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

Glen Haven Services comprises of one house which is a large detached two-storey house situated in a residential area close to a city and sea-side resort. The centre is registered to accommodate up to five residents. Residents are accommodated in individual bedrooms. Each bedroom is personalised and decorated in line with residents' preferences. There is adequate personal storage space provided in each bedroom. One bedroom has en suite bathroom facilities and there are three additional shared shower rooms. There is a variety of communal day spaces including three living room areas, a large kitchen and dining area and utility room. Residents have access to well maintained gardens to the rear of the house. There is a large paved area to the rear with suitable outdoor furniture provided. There was a variety of pots and containers planted with summer flowering plants providing an inviting entrance area. The house was accessible with suitable ramps and handrails provided. The centre was found to be generally well maintained and in a visibly clean condition throughout. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on going basis. A new fitted kitchen had been provided in recent months and a number of other areas had been identified that needed refurbishment in order to further enhance infection control in the centre. The team leader advised that these refurbishment works were due to take place in the coming weeks. They included tiling of the kitchen walls, upgrading and refurbishment of the utility room and office, replacement of the carpet to the stairs and landing.

Residents continued to be supported to engage in meaningful activities in the centre

and in the local community. All residents attended day services during the weekdays. On the morning of inspection, all residents had already left the centre to attend to their respective day service. The inspector met with the residents when they returned to the centre later in the day. Residents were in good form and reported that they enjoyed attending day services, meeting with friends and doing activities that they enjoyed. On return to the centre, they greeted staff in a relaxed and familiar manner, chatted about their weekend and set about their own routines. Residents were observed helping themselves to drinks, snacks and some made their own tea. Another resident was observed getting her lunch ready for the following day. Some residents relaxed in the day room, others spent time in their bedrooms and another spent time completing an art activity. Residents chatted with the inspector and said that they liked the house, knew all the staff well and got on well with one another. They mentioned how they regularly enjoyed eating out at weekends as a group in local restaurants. They also spoke of looking forward to going on holidays later in the year and that all five residents and three staff had planned a trip to Portugal together.

Some residents had their daily activity schedule documented in an appropriate format which was displayed as a reminder for them. The centre was located close to a range of shops, amenities and leisure facilities. Residents enjoyed going for regular walks in the local area, grocery shopping, shopping for personal items, clothes and items for their bedrooms, playing pool and attending sporting events. Residents also enjoyed time spent relaxing in the house, using their iPads, listening to music, watching television, making jigsaws and completing art and craft activities. Residents' independence was very much promoted. Residents enjoyed helping out with household tasks, such as setting the table for meals, emptying the dishwasher, attending to laundry, cleaning, housekeeping and one of the residents enjoyed cutting the grass in the rear garden.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, regular house meetings, and ongoing communication with residents and their representatives.

The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedrooms and each resident had a documented intimate care plan in place. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. There was a warm, friendly and happy atmosphere in the centre.

Residents were supported to follow public health guidelines and staff continued to remind residents of the importance of infection prevention and control measures in place. There was evidence of on going consultation with residents through regular

house meetings, at which issues such as COVID-19 updates, protocols for effective hand hygiene, cough etiquette and the use of face coverings were discussed.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. The entrance hall was supplied with a hand sanitising dispenser and signage was displayed reminding visitors to sanitise their hands. There was plenty of space for residents to meet with visitors in private if they wished.

Residents were supported to regularly visit family members at home and to maintain contact by regular telephone calls.

Staff saw infection prevention and control as part of the daily routine in the centre and an integral part of providing safe, effective care and support for residents. Staff showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre.

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 the residents' lives

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018). Improvements were required to the on-call management arrangements during the weekdays and a small number of areas in the house were due to be refurbished, in order to further enhance infection control in the centre.

There were clear governance and management arrangements in place that ensured clear lines of accountability and responsibility for the prevention and control of health care-associated infection in the centre. The team leader was responsible for, and maintained, effective oversight of infection prevention and control in the centre. The team leader was supported by the person in charge and the assistant director of client services. There was on-call management arrangements in place for out of hours at weekends, however, on-call arrangements during the weekdays required review. There were no formal on-call management arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. Staffing levels and skill-mix were in line with the assessed needs of residents. The staffing roster reviewed indicated that there was a regular staff pattern, with two staff on duty during the evening time, at weekends and one staff member on sleep over at night time. Many of the staff team had worked with

the residents over a sustained period, were very knowledgeable about their needs and wishes and had developed good relationships with the residents. The photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty. Cleaning was the responsibility of all staff on duty, the inspector noted that all parts of the centre were maintained in a visibly clean condition and cleaning schedules in place for both day and night staff were being completed.

The management team had provided on going training for staff. There was a training schedule in place and training was scheduled on an on going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control, including hand hygiene, donning and doffing of personal protective equipment (PPE), basic infection prevention and control and infection prevention and control in community settings. Staff had also completed recent training in managing health and safety in the workplace and chemical safety in the workplace. Staff spoken with confirmed that they had attended a combination of on line and in-house training. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including COVID-19 protocols, cleaning, personal protective equipment (PPE), use of cleaning products and updates in relation to guidance and policies.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The centre's infection prevention and control policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. It provided guidance to staff on a range of topics, including standard precautions, hand hygiene, cleaning and disinfection, laundry management, decontamination of equipment, dealing with spills, safe use and disposal of sharps, health care risk waste and guidelines on the management of an outbreak of infection. There were copies of the Health Protection Surveillance Centre (HPSC) guidance, as well as the HSE's national guidance documents available to staff. Staff had access to an infection prevention and control folder which contained important updates and guidance in relation to COVID-19. There was clear guidance and written protocols in place to direct cleaning of the centre and protocols in place for cleaning of specific items of equipment. Staff spoken with were knowledgeable regarding the guidance and the inspector observed that it was being implemented in practice.

There was a comprehensive centre-specific COVID-19 contingency plan in place and the provider had set up a critical incidence response team to oversee organisational responses in terms of COVID-19. The plan had been updated following the last inspection to include guidance for staff in the event of service users being required to isolate. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms. There was clear guidance and pathways for staff should a resident be suspected or confirmed with COVID-19. An outbreak of COVID-19 earlier in the year resulted in two residents having to self isolate in their bedrooms. The outbreak had been successfully contained and managed. The

management team were aware of the requirement to notify the Chief Inspector of specified events, including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted.

The provider had systems in place to monitor and review infection prevention in the centre. Unannounced audits continued to be carried out twice each year on behalf of the provider. The most recent audits completed in October and November 2021 had reflected on infection prevention and control and improvements identified had been addressed. The annual review had been completed and had included feedback from residents and their families. As part of the quality improvement plan, some areas of the centre were scheduled to be refurbished, all updates in relation to infection prevention and control were printed and made available to staff. Infection prevention and control had been included as a standing agenda item for all meetings with staff and residents. The team leader also completed a monthly review of hygiene and infection prevention and control. Recent audits reviewed indicated good compliance.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health care-associated infections.

Residents were kept informed and updated regarding COVID-19, infection prevention and control guidance and information updates were communicated and discussed at regular house meetings. Information relating to hand hygiene, cough etiquette, wearing of masks, COVID-19, getting a COVID-19 swab test and attending test centres were provided for residents in an appropriate format including picture format and through the use of social stories. There was evidence that residents were consulted with, informed and supported to make health care decisions. The specific healthcare needs of residents and medical treatments required were discussed and explained in an appropriate picture format.

From discussions with staff it was evident that they had a clear understanding of their roles and responsibilities in protecting residents from preventable healthcare-associated infections. Staff continued to monitor residents for signs and symptoms of COVID-19 on a regular basis. Staff spoken with advised that they continued to support residents and remind them of the importance of regular hand hygiene and wearing of masks on public transport and in busy public areas. There were posters promoting hand washing and correct hand-washing techniques displayed in all bathrooms and at various locations throughout the centre to act as a reminder for both staff and residents.

The centre had clear guidance in relation to visitation to the centre and these were reflective of current up-to-date national guidance. Each resident had a recently

updated visiting plan in place. There was a poster displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was a hand sanitizing dispenser located inside the entrance door and signage to remind visitors of the requirements to adhere to hand hygiene and sanitising arrangements. Residents spoken with confirmed that they received visitors in the centre and visited family members at home on a regular basis. On the day of inspection, residents were planning a visit to another designated centre to visit friends who lived there.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including speech and language therapy (SALT), chiropody, psychiatry, psychology, dietitian, dentist and optician.

Residents were supported to access vaccination programmes and national screening programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

The centre was found to be generally well maintained in a visibly clean condition throughout. There was a plan in place to upgrade and refurbish the utility room, office and replace the carpet floor covering to the stairs and landing. Staff advised that they had purchased wall tiles for the kitchen and were waiting on a tiling contractor to complete the task.

There was clear guidance and written protocols in place to direct cleaning of the centre, cleaning of equipment and for the management of waste and laundry. The provider had a colour coded system in place for cleaning and disinfection. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. There were reminders for staff displayed regarding the colour coding system in place. Staff spoken with were knowledgeable regarding the guidance in place. Cleaning checklists were completed on a daily basis as well as for frequently touched areas. Cleaning records reviewed showed that staff were diligent at completing cleaning tasks on a regular and on-going basis. Some improvements were required to the storage of cleaning equipment such as mops and mop buckets. At the time of inspection, mop buckets were openly stored outside the building and mop heads were stored in the mop buckets contrary to good practice in infection prevention and control. However, the team leader advised that a new flat mop cleaning system was planned which would eliminate the need for storage of mop buckets.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

While there was evidence of good practice in relation to infection prevention and control noted in many areas, some improvements were required to the on-call management arrangements, to the storage of some cleaning equipment and to the completion of some identified improvement works in the house in order to further enhance infection control in the centre.

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. Residents were found to be in receipt of good health care and had timely access to GP's, allied health services and vaccination programmes. The centre was found to be well maintained and visibly clean. Residents were consulted with, kept informed and updated regarding infection prevention and control guidance.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Glen Haven Services OSV-0004061

Inspection ID: MON-0036016

Date of inspection: 08/06/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The current on-call system which is included in procedures, is that ‘Assistant Directors of Client Services are on call for out of hours Monday to Friday for their respective services and on-call rota is in place for weekends’. Once the current recruitment process within client services is complete, this will enhance the existing procedure.</p> <p>A new flat mop system was ordered on June 27th.</p> <p>A request has been submitted to the Facilities Manager regarding improvement works required in the utility room, these will be completed by August 1st.</p> <p>Tiles have been purchased for the recently renovated kitchen area and these will be installed by August 1st.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/08/2022