



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

## Issued by the Chief Inspector

Name of designated centre:	Glendalough
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	29 January 2024
Centre ID:	OSV-0005553
Fieldwork ID:	MON-0032845

## About the designated centre

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

Glendalough Service provides 24 hour residential care to meet the needs of 10 female and male adults with moderate to severe intellectual disability who require support with their social, medical and mental health needs. This designated centre comprises three houses located close to each other, in a residential area, in a large town. Residents with moderate intellectual disability and low level support needs reside in one house. Residents with moderate intellectual disabilities, and who require dementia care reside in the second house, where palliative care can be delivered if necessary. In the third house, care is provided to residents who have a diagnosis of autism, with behavioural support needs and who require a high level of support. It is intended to offer a lifelong service for residents from 18 years to end of life. Residents at Glendalough Service are supported by a staff team that includes nurses and care staff. Staff are based in each house in the centre when residents are present, including at night.

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

Number of residents on the date of inspection:	9
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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
Monday 29 January 2024	10:30hrs to 17:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home, to meet with their families and to be involved in their communities.

Glendalough was located in a residential area on the outskirts of a busy town. It comprised three properties, two of which were adjacent to each other and were connected by an internal corridor. The third property was located on the same road. Residents at this designated centre had a range of assessed needs. At one house, the residents had low support needs and were active members of their community. At the second house, residents had high support needs which included dementia. Residents at this property were supported to 'age in place' and end of life care was provided if required. The residents at the third house had a diagnosis of autism and required positive behaviour support.

The inspector visited all houses during the course of the inspection and found that they were welcoming, clean and comfortable. The communal areas were nicely decorated with framed photographs, house plants and table lamps all which helped to create a warm and cosy environment. Each resident had their own bedroom, where they could securely store personal belongings. Some residents showed the inspector their bedroom and they were found to be decorated in line with their individual preferences. As outlined, some residents were advancing in age and at risk of decline in their health and wellbeing. This meant that they required additional equipment such as wheelchairs and comfort chairs to meet with their assessed needs. The person in charge was aware of this and they told the inspector that they were monitoring the residents aging process and were considering options for additional space if required.

On arrival, the inspector met with person in charge. They told the inspector that some of the residents had left the designated centre to attend their day service. One resident was observed outside with a healthcare assistant. They were boarding the accessible transport provided. The resident told the inspector that they were going for a massage at a local spa. Later, the inspector met with residents who wanted to stay at home that day. The atmosphere was happy and homely, and interactions between the residents and staff were observed as kind, caring, respectful. One resident told the inspector that they were very happy in their home and that the staff were 'gorgeous'. Another resident expressed their happiness with a new dress that they had bought on a recent shopping trip. Later that evening, the inspector met with those that had been out during the day. Once again, the atmosphere was jovial. The residents were smiling and laughing with each other and with staff. It

was clear that they were happy living together and were proud of their home. Those spoken with told the inspector that they were very content in Glendalough, that they were involved in making decisions and knew how to raise a concern if required. If they had any worries, they told the inspector that they would speak with the staff and that they would help them.

The inspector spoke with some residents and with the person in charge about contact with the residents' families. It was clear that these relationships were supported through home visits, visits to the designated centre and telephone calls. One family member requested to speak with the inspector by telephone during the inspection. The family member was complimentary about the service provided. They said that their sibling was admitted to the service recently and that they were worried at the start. However, they now felt very reassured and this was due to the quality of care and support provided. They said that their sibling was very happy living in this designated centre. In addition, the inspector had access to questionnaires which were completed by seven residents prior to the inspection. These were provided to establish the views of residents living in the centre and were reviewed by the inspector as part of the inspection.

During the course of the inspection, the inspector spoke with some staff about human rights training. One staff member spoke about online training in human rights and how they also attended face-to-face training in restrictive practices which they enjoyed. This person had a good understanding of the need for regular review of restrictive practices and to take positive risks in order to enhance a rights based approach if possible. Another agency staff member confirmed that they had attended human rights training. They spoke about the fact that the designated centre was the residents' home and that it was their job to support them to live a good life in the best possible way. The rights based approach in this centre will be expanded on later in this report.

Overall, this inspection found that residents living in Glendalough were provided with a person-centred service where their choices and rights were upheld. Residents and a family member expressed satisfaction with the service provided through conversations held and questionnaires provided. It was clear to the inspector that the residents presented with a diverse range of care and support needs which were supported by a consistent and dedicated staff team. The inspector noted the particular care and attention provided to people at end of life which was in line with a good quality palliative care approach. This meant that residents could be cared for at home for as long as possible.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

## Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

As outlined, this was a registration renewal inspection and the provider's insurance arrangements were reviewed. An insurance contract in place which was up to date and met with requirements. Furthermore, the provider had submitted a full application to renew the registration of the centre which was also in line with requirements. In addition, and as explained earlier in this report, the provider had a new admission recently. The person in charge told the inspector that a transition plan was in place and that the resident was settling in very well. A contract for the provision of care was in place.

The statement of purpose was available to read in the centre and it was found to be an accurate reflection of the service provided. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. The sample reviewed was up to date.

The management structure consisted of a person in charge who reported to the assistant director (ADON). The person in charge had responsibility for the governance and oversight of one designated centres which as described, comprised three houses which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspector that they were supported by their management team to fulfil their role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used and the inspector met with an agency staff member on the day of inspection. They said they were consistently employed at the centre and familiar with the assessed needs of residents. When the person in charge was not available a cover arrangement was in place. An on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when both core and agency staff had attended training. All training modules from the sample reviewed were up to date. In addition to mandatory training, training in human rights and restrictive practices was offered to staff. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the

effective delivery of care and support. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. In addition, the inspector completed a review of incidents occurring and found that they were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

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

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant



## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

## Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

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

This service had a new admission recently. The transition was guided by the resident and their family. A contract for the provision of care was in place.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular

review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

## Quality and safety

This inspection found that residents living in Glendalough were provided with person-centred care and support. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing were regularly monitored. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community if they choose to do so.

Resident were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings.

Residents who required support with their health and wellbeing had this facilitated. Care and support plans were developed for any identified need; including behaviour support, health related care needs and feeding eating drinking and swallowing (FEDS) needs. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For

example: residents attended occupational therapy, physiotherapy, dementia supports and the supported of palliative care specialists at end of life if appropriate.

Residents that required support with behaviours of concern had the support of a psychologist and a clinical nurse specialist in place. Behaviour support plans were subject to regular review and the provider's policy on behaviour support was up to date. Restrictive practices were in use in this centre. Protocols for their use were in place and these were reviewed regularly.

A human rights based approach to care was evident in in the centre. Residents were consulted about the centre through regular residents' meetings. Residents were supported to be part of advocacy groups and to attend advocacy and safeguarding talks. One resident wrote about attending advocacy meetings in the residents' survey. It was clear through speaking with residents and through a review of documentation that residents' life choices were listened to and respected. In addition, it was evident that residents' religious preferences were respected.

Residents' protection was taken seriously in the centre. The person in charge ensured that staff undertook training in safeguarding. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required. These were kept under ongoing review and noted to be discussed at team meetings. In addition, residents were supported to understand safeguarding and about how to keep themselves safe. It was noted in the completed survey that one resident noted that sometimes they 'did not get on' with their peers but that the staff always helped them to 'sort it out'. Residents spoken with on the day said that they liked living in the centre and felt safe there. It was clear that the management team were trying to ensure the best supports and appropriate information on safeguarding was provided to all residents.

The premises provided was welcoming and homely. It was well maintained and at the time of inspection provided a suitable home for the residents living there. Maintenance issues were documented on a quality improvement plan which was updated on a monthly basis.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. This included a comprehensive falls risk management plan. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and

management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

### Regulation 17: Premises

The premises provided was welcoming and homely. It was well maintained and at the time of inspection provided a suitable home for the residents living there. Maintenance issues were documented on a quality improvement plan which was updated on a monthly basis.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs. Residents were provided with a good quality of care and support up to and including end of life care if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of specialist staff and behaviour support plans were in place. The policy on behaviour support was up to date and staff were provided with training, including training in restrictive practices.

Judgment: Compliant

### Regulation 8: Protection

The provided ensured that residents were supported to develop the knowledge and skills needed for self-care and protection. The safeguarding and protection policy was up to date and staff were provided with training. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required.

Judgment: Compliant

### Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant