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Glenageary, OSV-0003578, 15 October 2020

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

Issued by the Chief Inspector

Name of designated centre:	Glenageary
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0003578
Fieldwork ID:	MON-0026245

About the designated centre

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

The designated centre is based in a suburban area of South County Dublin and is comprised of three community based units. One unit is a detached house and is home to five residents, the second is also a detached house and home to six residents while the third is a semi-detached property and is home to five residents. The centre provides 24 hour residential supports for residents availing of its services and places a focus on providing person centred care, promoting independence, enhancing community integration and participation, and enhancing the quality of life of residents. The centre is managed by a person in charge, they are supported in their role by a deputy social care leader and a senior manager. A staffing compliment of social care workers and nursing staff support residents in each of the three houses that make up the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 October 2020	09:45hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines the inspector only visited one residential unit and carried out the inspection from one space in that house mostly.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector met the residents that were present on the day of inspection and spoke more in-depth with two residents to gather their views of the service they received.

They stated they felt safe and happy in their home. They told the inspector how long they had lived in the house and mentioned they were friends with the peers they shared the house with. They spoke about some activities they engaged in and trips and outings they had enjoyed with each other. They also spoke about some of their peers they lived with and how they sometimes helped them if they needed it or would ask a staff member to give them a hand if required. They said staff were helpful and nice.

They told the inspector that positive changes to their home had occurred since the last inspection with the increase of bedrooms in the house, which now meant each resident had their own bedroom. This was a very positive change in their lives and they said they could tell their peer was happier now because of this change.

The residents discussed COVID-19 pandemic restrictions one resident said they missed attending their day service, however, the other resident said they didn't mind it too much. Residents told the inspector that they were planning to head out for the day and were looking forward to this. They mentioned a peer sometimes did not wish to go out in the group and this was okay, as a staff member would stay with them in the house while the resident of the peer group attended their planned activities. Residents told the inspector about the importance of hand washing, cough and sneeze etiquette and wearing a face covering when on social activities.

Residents said staff were very nice to them in the house and were a bit of fun. They told the inspector that they liked when staff had a bit of fun with them as it kept a positive mood in the house. Residents said they would tell a staff member if there was anything bothering or upsetting them and would feel comfortable doing so.

Staff were observed to speak in a nice way to residents and were shown to be patient and supportive to residents during the course of the inspection.

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents. Due to COVID-19 pandemic restrictions and in line with infection control procedures, the inspector only visited one residential house that makes up the centre.

This inspection report sets out the inspection findings mostly from that house. The inspector did however, also review and verify actions from the previous inspection that pertained to other residential units that made up the centre where required.

It was demonstrated the provider had addressed most of the non-compliances from the previous inspection. For example, the provider had addressed some premises issues in one of the residential units that made up the centre by creating an additional bedroom in one of the houses which meant all residents now had their own bedroom. A suite of fire safety upgrade works had also been completed since the previous 2018 inspection. The inspector was provided with a schedule of works recommended by an appropriately qualified person and additional certificates of completion for those works.

While there was evidence to demonstrate that a number of priority improvements had been undertaken by the provider, some premises issues remained for two of the three houses that comprised the centre. This related to the sharing of bedroom spaces. It was noted however, that a transition plan for one of the houses had not come to fruition and this had impacted on the provider's ability to address all premises non-compliances found in relation to sharing bedrooms and ensuring adequate communal spaces in residential units that made up the centre. These matters are further discussed in the quality and safety section of this report.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits of the the centre. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual report for the centre as required by the regulations.

In addition, the person in charge carried out a suite of audits in key quality areas within each residential house that made up the designated centre. These audits were carried out in areas such as, personal planning, infection control and medication management.

The provider had ensured staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part. The inspector reviewed rosters across all three residential houses that comprised the centre and noted they clearly documented the staffing shifts in each house and utilised

redeployed staff where necessary to fill staffing shortfalls. Residents spoken with said they felt there were enough staff in the centre to support and help them.

The person in charge was responsible for this designated centre and one other designated centre. The provider had put systems in place to ensure a social care leader was in place to supervise and manage the centre on a day-to-day basis also. They had taken up the role of person in charge in March 2020, to fill the position of person in charge while they were on a planned long-term absence. The person in charge was found to meet the requirements of regulation 14 and associated sub-regulations.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge that met the requirements of regulation 14 and associated sub-regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured staffing resources in the centre met the whole-time-equivalent staffing ratios as set out in the statement of purpose, for the most part and on a consistent basis. The provider had ensure staffing contingency measures were in place to manage any staff shortfalls due to COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audit for the centre had been completed.

The provider had completed an annual report for the centre for 2019.

The person in charge carried out a suite of quality assurance audits in each residential unit that comprised the centre.

It was acknowledged that the provider had addressed a number of high-priority non-compliances from the previous 2018 inspection, however, there were still aspects of premises non-compliances outstanding in relation to the sharing of bedrooms and supporting the effective transition of residents where possible. The

provider was required to effectively support residents to transition to more optimum living arrangements were applicable.

Judgment: Substantially compliant

Quality and safety

Residents living in the centre were in receipt of a good quality service. A good level of compliance was found on this inspection. Residents spoken with told the inspector they felt safe and were happy in their home. The provider had addressed a non compliance found in fire safety to a good standard. Some improvements were still required in relation to shared bedroom spaces and the exploration and determining the will and preference of residents in relation to their living arrangements.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection. A comprehensive risk register was maintained and where required further personal risk assessments for residents were documented and reviewed. COVID-19 risk assessments were also in place and set out the control measures in place with further personal risk assessments for COVID-19 drawn up for individual residents. The inspector reviewed some risk control matters in relation to the management of sharps in the centre. While risk management procedures were in place these were not identified in a risk assessment for the centre. This required some improvement.

The provider had undertaken to address a suite of fire safety improvement works following the previous 2018 inspection. Fire safety arrangements in each house that made up the centre were reviewed by an appropriately qualified person. On foot of this assessment and recommendations made the provider had undertaken to address all required works. The inspector was provided with a breakdown of works that had been required and an associated certificate of completion for all works. The provider had addressed the previous fire safety not compliance finding to a good standard.

Residents' healthcare needs were met to a good standard. Residents received annual health checks with their General Practitioner (GP) and additional allied health professional assessments and reviews as required and relevant to their age profile. Health care planning for conditions such as diabetes and epilepsy were of a good standard and were kept up-to-date and reviewed to reflect changes in residents' health profile. In addition, where residents required other healthcare supports they were supported to attend their out patient appointments on a regular basis. Healthcare plans were in place which provided guidance to staff on how to monitor for signs and symptoms of infection.

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-

date training and refresher training in safeguarding vulnerable adults. Where required, safeguarding planning was in place. It was noted in one residential house, there had been an increase in the frequency of peer-to-peer safeguarding incidents during the Summer months. This had been deemed attributable to the change in day services and structure and routine for some residents. It was shown that responsive action had been taken by the person in charge to review these matters through a safeguarding and positive behaviour support framework to good effect whereby the frequency of peer-to-peer incidents had reduced following the introduction of safeguarding measures and planning.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents as required. These plans had been updated and reviewed by an allied professional with expertise and knowledge in the area of positive behaviour support. It was also noted that positive behaviour support reviews and recommendations had brought about improvements by reducing the frequency of incidents occurring which in turn had a positive impact on safeguarding arrangements in the centre.

No identified restrictive practices were in operation at the time of inspection.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Residents spoken with indicated their knowledge of the use of wearing face masks when going out shopping and the importance of good hand hygiene. The inspector also observed residents wearing face coverings while going on a trip outside of the centre.

The inspector reviewed the centre's COVID-19 contingency and isolation planning with the person in charge. These plans were found to be detailed, practical and well thought out. Some further discussion and review between the inspector and person in charge identified where some minor additions to the contingency planning could further enhance systems in place. Overall, good contingency planning measures were in place which had taken into detailed consideration the individual arrangements required for each resident and had also taken into account where residents shared bedroom spaces.

It was acknowledged that the provider had addressed premises non-compliances in one of the residential units that made up the centre. The inspector noted that the provider had made arrangements for each resident to have their own bedroom. The

reconfiguration of the residential unit visited on the day of inspection was of a good standard and met the assessed needs of the resident in relation to location of the bedroom and for fire evacuation purposes. However, there remained outstanding premises related non-compliances for the other two residential units that made up the designated centre.

In one instance a transition plan for one house had not come to fruition due to some circumstances outside of the control of the provider. Notwithstanding this, the provider was required to support the effective and timely transition plan in place for that residential unit to ensure all residents were afforded an appropriate bedroom space which could provide them with privacy supports and adequate communal space in their home. It was noted on inspection, that a recent transition opportunity had come about that could be put in motion with in a short time frame following the inspection, and could effectively address these regulatory findings.

The premises non-compliance for the third house, also related to a lack of single occupancy bedrooms and communal space. However, in relation to this non-compliance the provider had been unable to address this as residents and their families had not wished for any transitions from this house to occur as they had lived there for many years. While the inspector acknowledged the wishes of residents and their representatives was of paramount consideration, it was not demonstrated that the provider had actively carried out an informed decision making process with residents and their representatives in order to determine unequivocally their will and preference in relation to their home and to whom they lived with. A regulatory non compliance in relation to this matter was found in Regulation 9; Rights.

Regulation 17: Premises

The compliance for this regulation was assessed based on the residential unit visited during the course of the inspection.

The provider had addressed the previous premises non compliance findings for one of the three residential units that made up the centre. This had been addressed to a good standard where a resident's support needs were met in a more optimum way.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured an up-to-date risk management policy was in place. Evidence on inspection showed that it was implemented by the person in charge and staff working in the centre to a good standard overall.

Some improvement was required to ensure risk assessments were in place for the management of sharps.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and person in charge had created detailed comprehensive contingency and isolation plans for the centre. They had also taken into consideration the individual isolation needs for residents sharing bedrooms. There was evidence of public health infection control guidelines implemented in the centre. Adequate supplies of PPE were made available to staff and residents spoken with were knowledgeable on infection control public health guidelines and were supported to implement good infection prevention practices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had addressed the previous fire safety not compliance finding to a good standard.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A regulatory non compliance from the last inspection in relation to PRN (as required) medication plans had been addressed.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were met to a good standard in the centre. Residents were supported to achieve their best possible health and attend medical appointments and outpatient clinics as necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents received positive behaviour support reviews in a timely way and by appropriately qualified persons. Behaviour support planning was of a good standard and found to be effective and regularly reviewed to ensure they were up-to-date, evidence based and effective.

No restrictive practices were in use at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the implementation of National and local safeguarding vulnerable adults policies and procedures in the centre. Financial safeguarding planning and procedures were in place. Responsive and timely action was taken by the person in charge in response to an escalation of safeguarding incidents with effective safeguarding plans in place which utilised allied professionals with expertise to meet the assessed needs of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was required to establish the will and preference of residents living in one residential unit of the designated centre, in relation to their current living arrangement.

The provider was required to do so through an informed decision making process which acknowledged residents' capacity to make such decisions and included information on what options were available to residents, as part of the decision making process and included advocacy and representative support for residents during the process.

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 - 2015 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glenageary OSV-0003578

Inspection ID: MON-0026245

Date of inspection: 15/10/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are plans in place for one resident to move to a new designated Centre in 2021 when a bedroom becomes available. The transition will start with a compatibility plan once the bedroom becomes available. The move continues to be contingent on the residents consent to move. The person charge will ensure that the resident and their family has every opportunity to visit and become familiar with the new location and understands what it means to move to a new home and the positive impact we believe this will have on their future. An independent advocate may be engaged with to ensure that the resident's voice is heard in relation to this move.</p> <p>The shared bedrooms is high on the agenda for this Designated Centre and something the person in charge and the residential management team are aware of and trying to resolve. The shared bedrooms are reviewed at least quarterly by the residential planning group and as suitable places arise they will be offered to the individuals currently sharing a bedroom. When a place arises it will be discussed with the resident via the circle of support meetings and a transition plan will be put in place for the resident. An independent advocate may be sourced for the residents to enable them to communicate their wishes and to ensure we are clearly hearing their voice throughout the process. The moves will only happen with the individuals consent.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:

Management of Sharps Risk Assessment was completed on October 16th 2020

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The residents in one of the houses with a shared bedroom have been offered a move to a new location but both the residents and their families refused this move as they wanted to continue living in this house. They have clearly voiced to staff and management that this was their home and they did not want to live anywhere else. As the residents in this location have lived together for many years a piece of work will be carried out with the residents on this location to ascertain if it is the actual house they want to stay in or to stay together as a group. As new places become available in the service the residents will continue to be offered the opportunity to move and have their own bedroom. The moves will only happen with the individuals consent.

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 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 purpose.	Substantially Compliant	Yellow	31/03/2021
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.	Substantially Compliant	Yellow	16/10/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	31/03/2021

	age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2021