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## Glenhest Service, OSV-0006701, 10 August 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Glenhest Service, OSV-0006701, 10 August 2021', [report], Health Information and Quality Authority, 2021-11-09, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-05-10 11:44:46
Link to Item	<a href="https://hdl.handle.net/20.500.14765/106516">https://hdl.handle.net/20.500.14765/106516</a>



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

## Issued by the Chief Inspector

Name of designated centre:	Glenhest Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	10 August 2021
Centre ID:	OSV-0006701
Fieldwork ID:	MON-0032959

## About the designated centre

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

The designated centre comprises two separate houses which are located in a town in the West of Ireland. The centre is registered to support up to six residents with an intellectual disability and they may also have some mental health and mobility needs. Residents who use this centre have a full-time residential placement . One house supports residents with reduced mobility and the other is a three storey house with the living arrangements located on the bottom two storeys. A combination of nurses, social care workers and care assistants are employed to support residents during both the day and night-time hours.

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

Number of residents on the date of inspection:	5
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## 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 - 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
Tuesday 10 August 2021	10:20hrs to 16:50hrs	Jackie Warren	Lead
Tuesday 10 August 2021	10:20hrs to 16:50hrs	Alanna Ní Mhíocháin	Support

## What residents told us and what inspectors observed

In this centre there was evidence of a good quality, person-centred service that addressed the needs of the residents and promoted their independence. The governance and management of the centre ensured that the residents received an individualised service that enabled them to make choices about their daily lives.

This centre consisted of two houses centrally located in a town. Inspectors met with residents and staff in both houses and carried out an inspection of both locations. Appropriate face-mask and COVID-19 prevention measures were in place throughout the inspection.

Inspectors met with four residents who live in the centre. Residents were busy going about their daily routines and interacted with inspectors on their own terms. One resident gave an inspector a tour of their part of the house which consisted of a double bedroom, a kitchenette and a bathroom. The resident was proud to show their artwork, how they had decorated the rooms and the pieces of personal furniture that belonged to them. They said that they were very happy in the house and with the staff. The resident told inspectors about their activities in the house, in the town and about upcoming plans that they were excited about. The resident showed inspectors what they had planted in the garden to the rear of the house. Another resident showed inspectors their room and discussed the activities that they liked to do every week with the support of staff. In the other house, residents were unable to talk to inspectors but they were observed relaxing and enjoying music of their own choosing. It was noted that one resident was wearing jewellery, had their hair done and nails painted, which was in line with their preferences as outlined in their personal plan. Residents were observed smiling when interacting with staff. They appeared very comfortable and at ease in their home. Inspectors observed mealtimes and meal preparation. Staff were observed preparing meals for residents who had guidelines in place regarding food consistency for swallow safety. It was noted that the foods were home-cooked and that care was taken to ensure that the meal was presented in an appealing manner with all items separate on the plate, so that the resident could taste the different flavours.

Both houses in this centre were clean, comfortable and welcoming. The houses were newly and tastefully decorated. There was large, new, comfortable furniture in both houses. The houses were personalised with artwork on the walls, including framed pictures made by some of the residents. Residents were consulted on the décor of the house and personalised their rooms with posters, calendars and photographs of their choosing. Assistive equipment, such as hoists and specialised beds were provided as required. The houses were spacious and residents could easily move around their bedrooms and the communal spaces. Both houses had laundry facilities

Inspectors observed that the resident's rights were being upheld by offering and respecting their choices. Residents were included in decisions about activities in the

house. For example, residents chose their meal times, where they would like to eat in the house and were involved in planning the weekly menu. Residents were supported to take part in activities that they enjoyed and inspectors observed residents leaving the centre to enjoy social activities with the support of staff. Residents were free to decorate their own rooms and spaces in their own style. Residents could freely move around the house and were observed joining staff in the office.

Staff communicated with residents in a warm and respectful manner. Residents appeared at ease with staff and were noted chatting to staff throughout the day. Staff were able to support the residents with their communication, both verbal and non-verbal, and were very familiar with the residents' communication style.

Residents were supported to maintain contact with their families with visits and phone calls. Staff supported the residents to be involved in the community, visit different parts of the town and to attend events that were important to them, such as going to Mass, shopping for magazines and going to the hairdresser.

Overall, the inspectors found that the service provided was person-centred and of a good standard. Both houses in this centre were very comfortable and suited to the residents' needs. Inspectors observed that staff showed empathy and respect in all dealings with the residents and when they spoke about the residents. The residents were supported in their communication and daily activities. The residents' rights were respected.

The next two sections of the report present 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 service being delivered to each resident living in the centre.

## Capacity and capability

Inspectors found that there were management systems in place in this centre to ensure that the service provided was safe, consistent and appropriate to the residents' needs.

The inspection was facilitated by the person in charge who had good knowledge of the residents' needs and the arrangements required to meet those needs, including the number of staff and necessary skill mixes. There was good oversight of the service and the day-to-day administration of the centre.

The provider had completed all audits and annual reviews as required by the regulations. There was evidence that actions identified from those audits were in process or had been completed within specific time frames. There was a

comprehensive risk register for the centre that identified relevant risks and listed the controls in place to manage and reduce those risks. This was kept under regular review.

Staffing arrangements were sufficient to meet the assessed needs of the residents with adequate staff numbers in place to support residents in their choices of daily activities. Where agency staff were required, it was noted that there was continuity of service with the same agency staff members assigned to the centre. Staff reported that they felt supported in their roles. There were clear reporting relationships and staff were aware of who to contact in order to escalate any concerns that may arise. Staff reported that they felt very comfortable discussing any issues with the staff nurse on duty or the person in charge. Staff meetings occurred every month with a standing agenda and identified actions. There was evidence that these actions had been followed up and resolved. Staff training had been provided in areas that were deemed mandatory by the provider. The person in charge had assurances that agency staff also had up to date mandatory training. In addition, other training modules had been completed by some staff in light of the needs of the service and training records indicated that these were up to date.

Staff who were directly supporting residents were kind and understanding in their interactions. They showed a familiarity and warmth with residents, who appeared very comfortable and relaxed in their company. Staff members were knowledgeable on all residents and were very respectful when they spoke about them.

The voices of the residents were apparent in the running of this centre. There were weekly residents' meetings which determined certain aspects of the running of the centre. There was a complaints policy in place and was displayed in the centre. There were no active complaints on file at the time of inspection.

### Regulation 15: Staffing

The number, qualifications and skill mix of the staff was sufficient to meet the assessed health and social needs of the residents. Nursing care was available to those residents who required it. There was continuity of service with a regular team of staff in place in this centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received up-to-date mandatory training in addition to other training relevant to their roles. There was evidence of staff engagement and supervision.

Judgment: Compliant

### Regulation 23: Governance and management

There were adequate systems in place in this centre to ensure its effective management, and that the service was safe and appropriate to the needs of the residents. The provider had conducted audits and annual reviews in line with the requirements set out in the regulations. There was evidence that issues identified had been resolved or were in progress within specified time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. The person in charge was knowledgeable of the complaints procedure.

Judgment: Compliant

## Quality and safety

Residents' well-being and welfare were maintained by a good person-centred service in this centre. The residents were supported to engage in social activities of their choice. However, some improvements were required in relation to the fire drills in one house.

Staff spoke about each resident in a caring manner and demonstrated in-depth understanding of each individuals' capabilities, preferences and needs. Inspectors observed staff interacting with residents throughout the day and it was noted that residents were offered choices in relation to their food preferences and daily activities. Staff were respectful and friendly in their interactions with residents.

Each resident had a personal plan that laid out their assessed health, social and personal needs. Each resident had a picture-based assessment form which covered a wide range of meaningful personal and social goals. The goals were reviewed regularly and included activities both in the centre and in the wider community. Information regarding personal plans was available to residents in an accessible format.

Staff were knowledgeable of residents' health needs. Each resident had a

comprehensive healthcare plan. Residents had a named general practitioner (GP) and there was evidence that regular medical reviews were taking place. Health plans also indicated that residents had access to a variety of healthcare professionals as required.

There were no active behaviour support plans in place in the centre at the time of inspection with one having just recently been discontinued. There was evidence of the involvement of behaviour support services from a variety of professions to assist residents. All staff were trained in behaviours support management.

There were adequate safeguarding measures in place in this centre. Staff had received up-to-date training on safeguarding and were knowledgeable of the steps to take should a concern arise. Safeguarding was also a standard item on the team meeting agendas. There were no active safeguarding issues in the centre at the time of inspection. The person in charge is a designated officer for the provider.

Each resident presented with different communication needs. Staff were very familiar with the communication styles of residents and could support them in their interactions.

The rights of the residents were upheld by staff offering and respecting residents' choices, such as weekly meal plans. Residents were supported to engage in activities of their choosing both inside and outside of the house. There were weekly resident meetings that were recorded in accessible formats. The person in charge showed evidence that any queries, issues or requests made by residents at these meetings were followed up. The layout of the centre made it suitable for respecting the residents' privacy and dignity as there was ample space for residents to spend time with others or alone as they so wished.

The centre consisted of two houses, both houses were spacious and comfortable. One was a large three-storey house with bedrooms located on the ground and first floors. The second house was a bungalow with three bedrooms, one of which was en suite. Both houses had spacious, comfortable and well decorated living rooms, combined kitchen and dining rooms and bedrooms. The centre also had sufficient bathrooms, utility rooms, offices and storage areas. One house in the centre was equipped to meet the needs of people with higher mobility and support needs. This house was fully accessible and had tracking hoists in all bedrooms. The two main bathrooms in this house had fully accessible showers but the shower tray in an en suite bathroom was not flush with the floor level and was therefore not accessible to any resident with high mobility support needs. As a result, this shower could not be used by the resident in that room and they used one of the other bathrooms in the house.

Residents in both houses in the centre had access to secure gardens. In addition to the residents' gardening projects, there was a bird-feeder and wooden gazebo in one of the gardens. There was also a paved seating area with flower planters at the back of the second house.

There were measures in place to manage and reduce the risk of fire. There were fire doors in all bedrooms and communal areas with self-closing devices attached. The

fire alarm, emergency lighting, fire detectors and extinguishers were regularly serviced and checked by an external fire management company. The risk of fire was noted in the risk register with the required control measures such as daily checks of the lint catcher in the clothes dryer were identified. Each resident had a personal emergency evacuation plan. Fire drills were conducted routinely in both houses. The location of outdoor planters as a potential obstacle to emergency evacuation had been identified through the fire drill process and there was a plan to address this in the coming days. However, on review of one set of fire drill records, it was noted that no drills had been completed using the front entrances as escape routes, either via the front door or via the back staircase. All fire drills had been through the kitchen or utility room to the rear of the building. This posed a risk to residents who may be less familiar with an evacuation route to the front of the house should a fire occur in the kitchen or utility at the rear of the building.

Measures had also been taken to protect residents from the risk of infection. There was a COVID-19 sanitisation station located inside the front door of each house with a visitors' book for contact tracing. The centre was cleaned regularly, cleaning schedules had been developed and records were maintained. The infection control policy in the centre was up to date.

In summary, this centre provided a good service that suitably supports the health, personal and social needs of residents who live there. The houses were very comfortable and met the needs of the residents. Staff were knowledgeable of the residents' needs and preferences, and respectful in their interactions. The residents were involved in the running of the centre and their rights were being upheld.

### Regulation 10: Communication

Staff were knowledgeable of the residents' communication styles and supported them in their interactions. Residents had access to appropriate media, including television, radio and magazines.

Judgment: Compliant

### Regulation 17: Premises

The layout of the centre suited the needs of the residents. The houses in this centre were clean, very comfortable, nicely decorated and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents were included in decisions about the weekly menu. Meals, refreshments and snacks were available. Meals were freshly cooked in the centre and food was safely prepared, cooked and served in line with the residents assessed needs.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had completed risk assessments of various aspects of the service. There was a comprehensive risk register in place in the centre with adequate control measures in place to reduce risk. Each resident had an individual risk assessment that was routinely reviewed.
Judgment: Compliant
Regulation 27: Protection against infection
The provider had taken adequate precautions to protect residents from the risk of infection.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had good fire safety management systems in place in the centre. Fire prevention and detection equipment was regularly serviced and maintained. However, fire drills in one house had not practiced the use of all fire exits as escape routes, which presented a risk that residents may not be familiar with all evacuation routes in the event of an emergency.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans that identified their health, social and personal care needs and goals. These plans were available in accessible formats and included input from residents.

Judgment: Compliant

### Regulation 6: Health care

The health needs of the residents were well managed in this centre. Nursing care and input from a variety of health professionals was available as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff training was up to date and support was available from behaviour support professionals as required.

Judgment: Compliant

### Regulation 8: Protection

There were suitable safeguarding measures in place in this centre. Staff training in this area was up to date and staff were knowledgeable of steps to be taken in cases of concern.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were being upheld in the centre. Residents choices were supported and respected, they were involved in the running of the centre and their privacy and dignity were being respected.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glenhest Service OSV-0006701

Inspection ID: MON-0032959

Date of inspection: 10/08/2021

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p><b>Specific</b> • Fire drills going forward will alternate using all fire exits each exit in the house. The exit used will be recorded on the fire drill record. A schedule of fire drills will be drawn up to include all designated fire exits in the house. Following completion of Fire Drill the EGRESS and evacuation route will be documented in the fire drill record In order to ensure learning and effective evacuation in a timely manner, Staff team will use alternate evacuation routes during all practice simulated fire drills. These drill will now be carried out bi-monthly</p> <ul style="list-style-type: none"> <li>• For the purpose of getting residents familiar with the use of alternative fire exits drills will take place bi-monthly rather than quarterly until all residents are familiar with using all exits.</li> </ul> <p><b>Measurable</b> • The person in charge will review the fire safety register post fire evacuation drill to ensure that various fire exits are used. The learning from these fire drills will be discussed and explored at house meetings.</p> <p><b>Achievable</b> • Drills will be completed bi-monthly until all fire exits within the house have been used in evacuations scenarios. A schedule of fire drills will be drawn up to include all designated fire exits in the house. Following completion of Fire Drill the EGRESS and evacuation route will be documented in the fire drill record In order to ensure learning and effective evacuation in a timely manner, Staff team will use alternate evacuation routes during all practice simulated fire drills. These drills will now be carried out bi-monthly.</p> <p><b>Realistic</b> • A fire drill using an alternative fire exit was completed on 18/08/2021 and further simulated fire drills will continue on a bi monthly basis</p> <p><b>Time bound</b> • Further fire drills using alternative evacuation routes will be completed in October &amp; December 2021 ensuring that all staff &amp; residents have an opportunity to</p>	

practice fire evacuation scenarios out all available exits in their home so they are well prepared in the event of an emergency.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	18/08/2021