



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

Issued by the Chief Inspector

Name of designated centre:	Glenview House & Cottage
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 February 2020
Centre ID:	OSV-0005180
Fieldwork ID:	MON-0025593

About the designated centre

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

Glenview House and Cottage consists of a large two-storey house and a cottage located opposite each other in a rural area but within a short driving distance to a nearby town. The centre can provide full-time residential support for up to seven residents of both genders with intellectual disabilities and over the age of 18. In the house of the centre there is a sitting room, a dining room, a kitchen, bathrooms, staff rooms and individual bedrooms for up to six residents. In the cottage there is a kitchen, a living room, bathrooms, staff rooms and a bedroom for one resident. Support to residents is given by the person in charge, social care workers, support workers and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 20 February 2020	09:10hrs to 17:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

At the time of this inspection, three residents were living in this designated centre all of whom were met by the inspector. On arrival the inspector went to the larger unit of the centre where some building works were ongoing. Two residents were living in this unit. One of these residents was in the kitchen area and greeted the inspector. They indicated that things were good in the centre but also suggested that there was a problem with one of the lights in the kitchen. Shortly after this resident left the centre with a staff member to attend a day service run by the same provider.

When they returned to the centre towards the end of the inspection, this resident engaged with the inspector again and indicated that they had a stew dinner while at their day service, which they enjoyed along with some baking that they done also during the day. Staff present at this time, including the person in charge, engaged with this resident in a pleasant and warm manner and it was seen that one staff member made the resident a cup of tea.

The second resident living in this unit was briefly met shortly after the inspector arrived in the centre. The resident left the centre soon after in the company of a staff member to go do shopping and get some coffee. The resident returned to the centre for lunch which had been prepared in the centre. Staff present at this time engaged pleasantly with the resident and it was observed that staff asked the resident what they wanted to do next and if they wanted some assistance to count their money. This resident left the centre again with a staff member for the majority of the remaining inspection. While they returned the centre before the close of inspection, the inspector did not meet them again.

The smaller unit which formed part of this centre was also visited by the inspector during the course of the inspection. The one resident living there was briefly met. At the time the resident was watching television in their bedroom in the presence of a staff member and did not meaningfully engage with the inspector.

Capacity and capability

Evidence was seen during this inspection that effective management systems were in place to monitor the quality and safety of care and support that was provided to residents. This was reflected by an overall good level of compliance across the regulations reviewed.

This designated centre had last been inspected by HIQA in June 2018 and following this had its registration renewed until November 2021 to provide residential services for a maximum of seven residents. The current inspection was an unannounced

inspection to monitor the compliance levels in this centre. Just before this inspection took place the provider submitted an application to vary one of its registration conditions to reflect some changes to the existing premises. These changes involved creating two apartments in the larger unit of the centre to help better support the needs of residents. On arrival at this centre it was seen that building working to create these two apartments had commenced. All of the required documents to support this application to vary had been provided to HIQA.

During this inspection it was found that adequate staffing arrangements to support residents had been provided for which included the provision of nursing staff. Staff members spoken with during this inspection demonstrated a good overall knowledge of residents and the supports that they required. It was observed by the inspector that staff members engaged appropriately with residents in a respectful manner. Records reviewed indicated that staff were provided with a range of up-to-date training in areas such as safeguarding, fire safety, first aid, food hygiene, manual handling and hand hygiene. Rosters were maintained and reviewed in the designated centre but staff files were held centrally by the provider and so were not reviewed on this inspection.

The staff team in place was overseen by the person in charge who had the necessary skills, experience and qualifications to perform the role. While the person in charge worked full-time they were responsible for a total of two designated centres. To provide for effective oversight of this designated centre, the provider had ensured that either the person in charge or one of the two deputy team leaders was present in the centre on a daily basis. This ensured that there was a management presence in the centre throughout the week. Such arrangements helped to ensure that the remit of the person in charge did not negatively impact the running of the current centre.

The person in charge along with the two deputy team leaders provided supervision to front-line staff while staff team meetings took place regularly. The provider ensured that additional structures were in place to support the running of this centre such as the operation of an on-call system. Evidence was seen during this inspection of strong oversight from the registered provider to monitor the quality and safety of care and support that was provided to residents. As part of this a weekly report was submitted by the person in charge to a member of senior management who was kept aware of events in the centre.

The provider had also ensured that unannounced visits to the centre, as required by the regulations, were being carried out every six months. Such visits are important in reviewing the quality and safety of care and support provided to residents in the designated centre. Written reports were maintained of such visits along with an action plan to respond to any identified issues. The inspector reviewed reports of the unannounced visits carried out since the previous inspection and found them to be detailed and in-depth while the action plans in place assigned responsibility for responding to the issues identified.

It was also noted that annual reviews of the designated centre had been carried out in November 2018 and November 2019. This is another regulatory requirement and

is intended to determine if the care and support provided to residents is in accordance with relevant national standards. The most recent annual review was reviewed by the inspector and found to meet these requirements while also providing for consultation with residents and their representatives. Efforts had also been made to present this annual review in an easy-to-read format for residents.

Registration Regulation 8 (1)

All of the documentation required to support an application to vary had been submitted by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

A suitable person in charge was in place who met the requirements of the regulations. The person in charge worked full-time and was responsible for a total of two designated centres but this was not found to have a negative impact on the running of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, suitable staff arrangements were in place to support residents which included the provision of nursing staff. Rosters were maintained in the centre. Staff files were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Training was provided to staff in a range of areas such as fire safety, safeguarding, food hygiene, first aid, manual handling and hand hygiene.

Judgment: Compliant

Regulation 23: Governance and management

The provider had been carrying out annual reviews and unannounced visits as required by the regulations while there was evidence of strong levels of oversight from the provider. A clear governance structure was in place within the designated centre and the wider organisation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose in place for the designated centre included all of the required information and reflected the services to be provided to residents in the centre.

Judgment: Compliant

Quality and safety

The provider had made active efforts to ensure that the needs of the current residents were adequately supported. It was noted though that the contents of one resident's personal emergency evacuation plan (PEEP) required updating to reflect the outcome of some fire drills and part of the smaller unit of the centre required some decorating to make it more homely.

While building work was ongoing during this inspection in the larger unit of the centre, the inspector visited the other parts of the centre where work was not taking place. It was observed that the premises in general was well-maintained, well-furnished and clean on the day of inspection. Residents had spacious bedrooms and appropriate facilities such as bathrooms, kitchens and other communal areas were provided for. Both units of the designated centre were generally presented in a homely manner but it was seen that the stairways in the smaller unit of the centre required some redecoration to make it more homely. Overall, though the premises provided was suited to meet the needs of the residents living there at the time of inspection.

The needs of residents were set out in their individual personal plans as required by the regulations. Such plans are important in assessing the needs of residents and

outlining the supports required to provide for these. It was found that these plans had been informed by detailed assessments which covered residents' health, personal and social needs. Any help required to provide for residents' assessed needs was clearly outlined in the residents' personal plans. Staff members spoken to demonstrated a good knowledge of residents' overall needs and the necessary supports to be provided in response to these.

It was seen that ongoing efforts were being made to ensure that the needs of the current residents were being met. Residents' health needs were adequately provided for while they were supported to participate in activities of interest. For example, one resident had recently commenced some work sampling in a nearby hotel in line with their expressed wishes. Other activities which residents were supported to engage in away from the centre included bowling, swimming and going shopping. To facilitate residents to engage in such activities, the designated centre had access to multiple vehicles. It was also noted that residents were consulted in relation to the running of this centre through weekly resident meetings where issues such as activities, meals and complaints were discussed.

Evidence was also seen during this inspection that residents were being supported to engage in positive behaviour. Where necessary residents had behaviour support plans that were developed by a relevant professional. In the sample of behaviour support plans reviewed it was seen that they contained clear and detailed guidance for staff on the supports that were to be provided to residents to promote positive behaviour and respond to particular behaviours. Staff members spoken with demonstrated a good understanding of these plans and the action that they would take to support residents in this regard. Records reviewed indicated that all staff had received relevant training in de-escalation and intervention to support residents if required.

As part of this inspection, aspects of the service provided which impacted on residents' safety were also reviewed such as the fire precautions in place. It was noted that regular fire drills were being carried out and all staff had been provided with fire safety training while all residents had PEEPs in place which are intended to outline the supports residents require in the event of an evacuation being required. It was noted though that the contents of one resident's PEEP did not reflect the outcome of some fire drills carried out. It was also noted that the outcome of these drills had not been adequately risk assessed at the time of this inspection.

However, it was seen that other fire safety systems were in place in the existing designated centre which included fire extinguishers, a fire alarm, fire blankets, emergency lighting and measures to ensure the containment of fire and smoke in the event that a fire took place. Such systems were being serviced regularly to ensure that they were in proper working order. These measures helped to ensure the safety of residents and it was also noted that appropriate safeguarding measures were in place to ensure that the current residents were not subject to abuse. For example, it was seen that all staff had been provided with relevant training, residents had intimate personal care plans in place while any issues of a safeguarding nature were reported promptly and responded to effectively.

Regulation 17: Premises

While some building works had commenced in the larger unit of the centre, it was seen that the remainder of this unit was well-maintained, well-furnished and homely. The smaller unit of this centre was also of a good standard generally but it was seen that the stairways in place required some redecoration to make it more homely.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place for the recording and review of adverse incidents. Risk management plans were in place along with a risk register and risk assessments relating to individual residents. These were noted to have been recently reviewed. However, the risks associated with the outcome of some fire drills and the potential of refusing medical intervention for one resident had not been risk assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills were taking place in the designated centre and all residents had PEEPs in place but it was noted that the outcome of some drills were not reflected in one resident's PEEP. Training records reviewed indicated that all staff had undergone fire safety training. Appropriate fire safety systems were in place in the designated centre. Arrangements were in place for such fire safety systems to be serviced at regular intervals to ensure that they were in proper working order.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan in place which outlined the needs of residents and how to meet these needs. Personal plans were subject to regular review and were informed by relevant assessments. Staff present in the centre demonstrated a good understanding of residents' needs which helped to ensure that

arrangements were in place to meet the assessed needs of residents living in this centre at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

Information reviewed indicated that residents' health needs were being provided for in keeping with contents of their individual personal plans which contained specific health management plans for assessed needs. Residents were supported to access allied health professionals such as general practitioners, opticians, dentists and chiropodists. There was regular monitoring of residents' health needs and residents also underwent national screening assessments where necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Systems were in place for the assessment and review of any restrictive practices in use. Behaviour support plans were provided for residents and staff present on inspection demonstrated a good awareness of how to support residents to engage in positive behaviour. All staff had been provided with training in de-escalation and intervention based on records reviewed.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during the current inspection. All staff had received appropriate training and processes were in place for responding to any safeguarding concerns if they arose. Staff also had guidance available on providing intimate personal care to residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during the inspection and were

consulted in relation to the running of the centre through regular resident meetings.

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
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially 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 Glenview House & Cottage OSV-0005180

Inspection ID: MON-0025593

Date of inspection: 20/02/2020

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. PIC will consult with the resident through a key working session by 30 March 2020 2. An action plan will be in place to ensure the staircase is suitably redecorated to make it more homely and in line with the assessed needs and safety of the resident. 3. The above points will be discussed and shared with the care staff team at the next staff meeting by 30 April 2020 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. PIC will ensure the residents Individual Risk Management plans are reviewed and updated by 30 March 2020 as and where required. 2. PIC shall include all risks associated with fire drills and emergency evacuation procedures and shall; <ol style="list-style-type: none"> a. ensure learnings identified are shared with the care staff team. b. ensure identified residents are consulted with through key-working sessions and relevant support plans in accessible format. 3. PIC shall include all risks associated with refusing medical treatment and/or health appointments and shall; 	

- a. ensure learnings identified are shared with the care staff team
- b. identified residents are consulted with through key-working sessions and relevant support plans in accessible format.

4. The above points will be discussed and shared with the care staff team at the next staff meeting by 30 April 2020

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. PIC will ensure the residents Personal Emergency Evacuation Plans [P.E.E.P.S] are reviewed and updated by 30 March 2020 in line with their assessed needs.

2. PIC shall include all risks associated with fire drills and emergency evacuation procedures and shall;

- a. ensure learnings identified are shared with the care staff team.
- b. ensure identified residents are consulted with through key-working sessions and relevant support plans in accessible format.

1. The above points will be discussed and shared with the care staff team at the next staff meeting by 30 April 2020

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	04/05/2020
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	04/05/2020
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	04/05/2020

