



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:	Announced
Date of inspection:	26 July 2021
Centre ID:	OSV-0005180
Fieldwork ID:	MON-0033414

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, over the age of 18 with intellectual disabilities and other issues such as Autism and mental health needs. In the house of the centre there is a sitting room, a dining room, a kitchen, bathrooms, staff rooms and two self-contained apartments. In total this house can accommodate six residents, each of whom has their own bedroom. 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:	6
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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
Monday 26 July 2021	9:30 am to 5:30 pm	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection was completed to monitor the compliance of the registered provider with the regulations under the Health Act 2007. This inspection would also assist in the recommendation to renew the registration of the centre for an additional three years. The registered provider had been given advance notice of the inspection to allow for preparation and informing the residents of the inspection.

Prior to the inspection residents had been supported to complete HIQA questionnaires which were an opportunity for residents to tell the inspector about their home. All completed questionnaires were positive in nature and spoke of a happy environment. One resident spoke of being happy with their choices and the control they have over their own life, the staff team being excellent and always welcoming their family into the centre. Another resident spoke of enjoying going for walks in the garden. A number of residents did discuss COVID-19 and looking forward to getting out more when the restrictions were reduced.

The inspection took place during the COVID 19 pandemic. Infection control guidelines were adhered to during the inspection including the use of personal protective equipment PPE and social distancing. Interactions were completed at a social distance and in a well-ventilated areas. Residents had been supported throughout the pandemic to review activities and to minimise, as much as possible due to the impact of the national restrictions. As will be discussed in another section of the report some minor improvements were required to ensure all infection control measures were implemented effectively.

The inspector had the opportunity to meet and chat with a number of residents on the day of inspection. On arrival one resident was preparing their breakfast in the kitchen area. They said hello to the inspector and laughed that they shared a name with a staff member saying they were like sisters. This resident chose not to speak further with the inspector and this was respected. They were being supported to maintain family contact through skills training and staff supports and were in the early stages of moving to a lower support environment.

Residents were coming and going throughout the day on various activities. The inspector ensured that their presence did not have an impact on these activities. The inspector was brought to meet one resident before they went on their social outing. They were relaxing in their apartment with their support staff while they waited to start their day. The resident used hand signs and photos to tell the inspector of their day. They were heading off to see the boats and then would go get coffee and a sandwich for lunch. Staff said this was one of the resident's favourite activities along with going to their day service a couple of days a week. The resident's environment was decorated in accordance with their likes. They did not like a lot of items in their environment. Staff were slowly trialling the introduction of items whilst respecting the resident's rights.

The inspector met with another resident when they returned to their apartment for lunch after their morning activity. The resident was sitting on their couch while staff were getting ready for lunch. Staff spoke of how they supported the resident to communicate and that in the recent months there had been an increase in verbal communication. The resident loved horseracing and enjoyed watching it on the television. Staff had recorded some big races so the resident always had the option to watch this if they choose. The resident was very relaxed in the company of staff. They were supported to maintain their environment as they wished the resident liked to have some of their belongings in a bag and look through the bag before relaxing in bed.

One resident was relaxing in their apartment watching the movie Grease with staff before going for a walk to the local shop. This resident's favourite thing was "teddy john". Teddy John would go on all activities and outings with the resident. The resident showed the inspector his pram and bed. This resident loved their fashion and chose a lovely yellow coat to wear on their walk to the shop. They went to their bedroom to get their handbag and put their sunglasses away telling everyone that summer was over now. The resident said goodbye to the inspector. Staff informed the inspector that this was the residents way of saying they wanted them to leave. This was respected and the inspector said goodbye to the resident and teddy john.

One return to the centre the inspector met with one resident in the kitchen area. They were getting ready to enjoy their lunch. The inspector asked the resident if they could meet for a chat later when they had finished their lunch. The resident met with the inspector in their bedroom after their lunch. They told the inspector their lunch was lovely and the food was always good. The resident said they were very happy in the centre and the staff were marvellous. They could speak to any of them if they were happy. They enjoyed relaxing in their room on their own but had been given a call necklace to get staff if they needed. When showing the inspector this, they accidentally pressed the button. Staff came straight to the resident's room to check if they needed anything. The resident said they always felt safe in the house.

The resident said they had enjoyed doing up their bedroom and their sibling had helped them to pick out their dresser and wardrobe. They enjoyed their space and liked to keep this space clean. The resident told the inspector that when restrictions allowed they were supported to have their friend over to have a movie night or to meet them in cork city for a coffee. The resident showed the inspector the lift that they had in place, which another resident used to go down stairs safely. They also showed the inspector how they would safely leave the centre in the case of an emergency. The inspector thanked the resident for meeting with them and having a chat about their home. The resident said they could not speak highly enough of the centre and the staff.

Whilst completing the documentation review of the centre the inspector was asked to meet with another resident before they left for a coffee. The inspector met with the resident in the company of the person in charge. There was a clear camaraderie between the PIC and the resident and it was evident that the resident was very comfortable in the person in charge's company. The resident loved old Irish music

and sang along to a "you tube" video. The resident said they liked living in the centre and with the people they shared the house with. They liked to go to the local shop and post office and before COVID-19 had a job helping out in the local pub. They liked to be busy and enjoying doing jobs around the garden in the centre, heading out for a coffee or going to the pub for a mineral. They liked to relax in their room and listen to music, which they had an interest in, and told the inspector about some concerts they had gone to with staff.

Throughout the inspection the inspector observed staff interacting with residents in a positive and jovial manner. The governance team ensured to link regularly with the residents to ensure they were happy with their service. It was clear all staff present on the day of the inspection were known to the residents and they were comfortable in their presence. The staff and governance team were very aware of the needs of the residents, their likes and dislikes and the importance of meaningful activation. The regulations reviewed as part of the inspection will be discussed in more detail throughout the remainder of the report.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to the resident within Glenview House and cottage. Overall, a good level of compliance was evident. The registered provider had appointed a suitably qualified and experienced person in charge of the centre. They possessed a keen awareness of their regulatory responsibilities. The appointed individual also had a good knowledge of the needs of the residents. Whilst they held additional governance responsibilities in a number of centres, through the implementation of monitoring systems this role was completed in an effective manner to drive service improvement and to maintain a safe and effective service.

The registered provider had ensured an effective governance structure was in place within the centre. The person in charge who oversaw the overall governance of the centre was supported in their role by appointed team leaders. Clear communication was evident between the members of the governance team through regular face to face meetings, general communication and the implementation of a governance matrix system. Any concern or area of identified as non-compliant was discussed and addressed in a timely manner.

To ensure monitoring of compliance the person in charge completes centre checklists. This includes review of such areas as health and safety, hygiene and review of individualised risk management plans. A provider compliance plan is completed weekly to ensure adherence to systems in place in the centre and to monitor for any change in compliance including personal plans and general administration. These systems are completed as part of a daily tasks which is completed by the person in charge and team leader. These systems identify any

areas requiring improvement and allow for effective action to be taken.

The registered provider had ensured the implementation of regulatory required monitoring systems. An unannounced visit by the provider to the centre within the previous six months had been completed by a delegated person in March 2021. The most recent annual review of service provision had been completed in November 2020. A comprehensive report was generated following these review and an action plan was in progress to address any areas that been identified. Feedback had been obtained from the residents and their representative.

The person in charge and team leader had the delegated responsibility of completion of the appropriate supervision of staff within the centre. This incorporated the completion of formal supervisory meetings and regular staff meetings. These allowed all members of the team to raise any concerns and to ensure awareness of the systems and needs of the centre. Staff completed a handover daily to address any activities or tasks to be completed.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. The staff team were supported to complete mandatory training. This included safeguarding vulnerable adults from abuse, support in the area of behaviours which challenge and infection control. The person in charge had ensured all staff were supported to attend and receive all required training and additional training which would provide support to the residents' current assessed needs.

The registered provider had ensured an effective complaints system was in place. Residents were supported to submit a complaint as required, with photos of the complaints office visible through the centre including their contact details. Keyworker meetings were completed to ensure residents were aware of the procedure to follow if they did wish to make a complaint.

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience necessary to fulfill their role in the designated centre

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place which demonstrated continuity of staff.

Nursing care was allocated to the centre in accordance with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

The person in charge had ensured appropriate measures were in place for the supervision of staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured the establishment of the directory of residents. Some improvements were required to ensure information specified under schedule 3 was present and correct.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured there was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems in place ensured the services provided were safe and appropriate to residents needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given in writing to the chief inspector details of any adverse incidents in the designated centre, within the allocated time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that policies and procedures on matters set out in Schedule 5 were present and reviewed as required.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service afforded to the residents currently residing within Glenview house and cottage was person centred in nature. Residents were consulted in the day to day operation of the centre through keyworker meetings and in all areas of their support needs where possible. Residents were supported to obtain the support of an independent advocate to ensure their rights were supported and facilitated. Residents spoke of being happy in the centre and knowing who they could speak to if they needed additional support or guidance to ensure their rights were being respected..

Each resident had a comprehensive personal plan in place which they were supported to complete and review. These plans incorporated a holistic approach to support needs and incorporated guidance and recommendations from relevant members of the multi-disciplinary team including speech and language and behaviour support. Each resident was supported with goals, ranging from skills training to social activities. Staff were observed supporting the residents to achieve these goals. Through completion of a regular keyworker meetings and reviews there was clear evidence of the progression of goals. A number of goals had been adapted due to COVID 19 restrictions. Residents spoke of enjoying their activities in the local community and looked forward to getting out more after their vaccine and the reducing of restrictions.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre consisted of one main house and a converted garage. The environment had been adapted to meet the needs of the each resident. For example a lift had been fitted to support residents to use the upstairs area of the house. One resident showed the inspector how they used this independently following a skills training programme. Each resident had an individualised bedroom or apartment which was decorated in accordance with their wishes. A large garden was in place with safe areas for the residents to engage in relaxation or gardening activities. Residents with whom the inspector met appeared very comfortable in their home. The centre was clean and overall, well presented and accessible.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene ensuring adherence to these guidelines. Improvements were required to ensure infection control measures in place were reviewed consistently. For example, a number of hand sanitiser units located in the centre were empty or not working effectively. The person in charge

addressed this on the day of inspection.

The registered provider had effective systems in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with appointed designated officer for guidance and support. The intimate care supports needs of each resident was documented within each personal plan in a respectful and dignified manner.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Improvements were required to ensure all residents were supported to complete regular fire evacuation drills to promote awareness on a regular basis. One resident had not participated in an evacuation drill in a long period of time. Some additional improvement was also required to ensure that the documentation of fire evacuation drills allowed for clear review of systems such as personal emergency evacuation plans. One resident spoken to whom required support to evacuate told the inspector they felt comfortable and safe to do this should the need arise.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that there was a risk management policy in place and that systems were reviewed and present for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Judgment: Compliant
Regulation 27: Protection against infection
Overall, the registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic. Improvements were required to ensure these measures were reviewed consistently. For example a number of hand sanitiser units were empty on the day of inspection.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment. Some improvements were required to ensure all resident's and staff had an awareness of evacuation procedures.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured there was appropriate health care provided to each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that if required appropriate supports were in place to support and respond to behaviour that is challenging.

Where a restrictive practice was in use this was done so in the least restrictive manner for the shortest duration required.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge and self awareness required for keeping safe.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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-0033414

Date of inspection: 26/07/2021

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: 1. The PIC shall ensure that the directory of residents is reviewed and maintained monthly within in the Centre to ensure that all information is correct and up to date. This was completed on 26 July 2021.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. The PIC shall continue to review the control meassures for the preventon and control of infections in line with the Centre's Policy and Procedure on infection Control [PL-C-031] to ensure such practices are applied, and reviewed consistantly. Hand sanitiser units which were empty on the day of inspection were filled on the day of the inspection.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none">1. The PIC shall ensure that all means of fire safety management and fire drills are completed in line with Centre's Policy and Procedure on Fire Safety [PL-H&S-002].2. The PIC will complete educational key working with all Service Users to ensure they are aware of evacuation procedures.3. Centre fire training to be completed with staff team to ensure the are aware of evacuation procedures. This is scheduled for 15th September 2021.	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	26/07/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	15/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	15/09/2021

	suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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