

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Glenview
<b>Centre ID:</b>	OSV-0002418
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dundas Ltd
<b>Provider Nominee:</b>	Jenny Walton
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	Louise Renwick
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 June 2016 11:00	08 June 2016 18:45
09 June 2016 10:00	09 June 2016 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

**How we gathered our evidence**

As part of the inspection the inspectors spent time with four residents. The inspectors observed that residents appeared to be comfortable and happy in their home, and that they had a long term relationship with staff members. The inspectors also met with the deputy person in charge and staff members. The inspectors observed practices and reviewed documentation such as personal plans, medical

records, accident logs and risk documentation.

#### Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was in a detached bungalow in a rural location with easy access to local amenities.

#### Overall findings

Overall the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents. Inspectors were satisfied that the provider and person in charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- residents were safeguarded (Outcome 7)
- appropriate healthcare was available to residents (Outcome 11)

The inspectors found that improvements were required in the following areas:

- assessment of social care and maximising potential (Outcome 5)
- the provision of fire doors (Outcome 7)

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors were satisfied that there were structures in place relating to the management of complaints and in supporting the rights of residents.

Inspectors found that residents were consulted with regarding their care and the day to day running of the centre. For example, residents had all signed their contracts of care, residents meetings were held on a weekly basis and residents were involved in their planning process and goal setting. This was an improvement since the previous inspection.

Inspectors found that residents rights were protected and promoted in the centre. External advocates were available to residents who required additional support. There was a rights review committee in place in the organisation to ensure any rights restrictions were well monitored and reviewed on a regular basis. At the time of inspection, there were no identified rights restrictions for residents. Inspectors found that residents had choice and control over their daily lives. For example, some residents chose to take Wednesdays off each week and residents were observed being offered choices at mealtimes. Inspectors found that the centre was run in a person centred manner, with staff observed following residents chosen routine to ensure a low arousal approach. There were enough staff to ensure choices could be facilitated. Inspectors found that there was a car specifically for the centre, as well as access to a second service vehicle at weekends when day services were closed. On the day of inspection residents walked to the village for lunch and to run some errands. Inspectors determined that transportation was accessible for residents living in the centre.

Inspectors found that residents' information and files were securely stored. Each resident had their own bedroom and possessions. The actions from the previous inspection had been adequately addressed. For example, residents had their own towels, bed linen and furniture. Inspectors noted that residents' histories and any personal risks were discussed with dignity during the inspection, and staff respected residents' privacy. During the inspection, inspectors identified that packaging from medication which contained personal information was not always disposed of in a manner to ensure privacy. This was rectified by the person in charge.

Inspectors reviewed the complaints policy and procedure and found that it was in line with the Regulations. An easy to read version of the procedure was in place and on display in the centre, this was also outlined in the Statement of Purpose and Residents' Guide. Inspectors reviewed the complaints log and found that any complaint had been addressed appropriately by the person in charge and records maintained.

There was a policy in place in relation to residents' personal property, personal finances and possessions. Inspectors reviewed the systems in place in relation to managing residents' finances and found them to be protective of financial vulnerabilities. Residents who managed their own money had been appropriately assessed, with supports in place by keyworkers should a residents' ability to manage this decrease. Inspectors reviewed accounts and found there to be a ledger and receipted system in place which was checked daily by signed by two staff. Some residents showed inspectors their rooms which were decorated with personal belongings and possessions.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported and encouraged to communicate in accordance with their needs and preferences.

Some of the residents communicated verbally without support, and staff were familiar with their methods of communication. For example they were observed to respond appropriately to the communicative function of changes in behaviour during the course of the inspection.

However the information described by staff in relation to different ways of communicating was not documented in the personal plans, as further discussed under Outcome 5.

Where staff had become concerned about the level of understanding of one of the residents, this had been documented in the personal plan and a referral had been made to the speech and language therapist.

Residents had access to a computer and the internet if they chose to use them. There were tvs in the house and residents had access to the phone.

Accessible versions of various pieces of information were available to residents, including the HIQA Standards, and the organisation's complaints policy.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Links were maintained with the families and friends of residents, and it was clear that visits were welcomed.

Family members were invited to annual case conferences, and a record was kept of these invitations, and records were maintained of all family contacts.

Links had been forged and maintained in the community. Residents were regularly out in the local community, for example they used local amenities including shops, barbers, the library and restaurants. Residents were members of local groups, and had days out to local attractions.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a transparent criteria outlined in the Statement of purpose and relevant policies in relation to admission. There was an admissions policy, transitions and transfer policy and discharge policy in place dated April 2015. These outlined there would be no emergency admissions, and gave guidance on how to plan for transitions. At the time of inspection there was one vacancy in the centre.

Inspectors found written agreements in place for each resident in the centre which outlined the services and facilities on offer and the care that would be provided. Residents had signed these agreements. At the time of inspection there was no charge to residents to avail of these services/ facilities as service level agreements were in place with the Health Services Executive.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.



**Findings:**

There were personal plans in place for each resident in sufficient detail as to guide practice, and residents were supported in a variety of activities. However improvements were required in the assessment of social care needs and associated goals.

Each personal plan began with an assessment of the resident which was detailed in relation to activities of daily living, safety and healthcare, but did not address the social care needs of residents.

Staff were aware of the social needs of some of the residents, but had not included these needs in the assessment documentation, or in the goal setting part of the personal planning process.

Where goals had been set for residents they frequently related to going on an activity, and did not include any measures towards maximising the potential of residents as required by the regulations. Those goals that were reviewed by the inspectors did not include any steps towards achieving the goals, or any record of progress. In addition there were pieces of information available in relation to residents' interests or expressed wishes which had not been transferred into goals, and towards which no steps had been taken.

Personal plans were reviewed and evaluated regularly, and on a monthly basis where an aspect of care was changing. However these reviews were only meaningful for physical or healthcare needs, the reviews of social care needs were either vague or consisted of repeating the goal. As discussed under outcome 2, important information relating to the communication of residents was not always documented in the personal plans.

Residents were involved in various activities both during the day and in the evenings, and were supported to have pets if they so chose. There was a named activities co-ordinator who visited the house to review activities with residents. Records were kept of all activities to facilitate such reviews. In addition there was protected staff time for activities of twelve hours per week.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that the design and layout of the premises was suitable for its residents and stated purpose. This designated centre was a split level bungalow which consisted of five residents' bedrooms, two bathrooms, a living room, kitchen/ dining room, utility room and a large rear garden.

Inspectors found that the actions from the previous inspection had been addressed. Paintwork had been refreshed and the centre was found to be well decorated.

Inspectors found that the centre was clean and well kept. Since the previous inspection the statement of purpose had been amended to outline the mobility needs that could be met in the centre. Inspectors observed a resident who used a mobility aid moving freely around the building without any issue. Handrails were in place both inside and outside the building, where there were steps.

Inspectors found the provider was meeting the requirements of Schedule 6. Residents told inspectors that they were comfortable living in the centre, and were happy with their home.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that the health and safety of residents, staff and visitors was promoted in the centre. However, some improvements were required.

There were committees in place in the organisation in relation to health and safety, health promotion and risk management. Inspectors reviewed minutes of these monthly meetings and found there to be a clear escalation process in place when dealing with any health and safety issues or high risks.

Inspectors reviewed the systems in place in relation to fire and found that all the required actions from the previous inspection had been implemented. There was a fire detection and alarm system in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional

and records were maintained. Inspectors found the centre had a number of exit points, and these had twist turn locks or break glass units in place. There were now written personal evacuation plans for all residents, clear records of fire drills undertaken and response times were clearly recorded. Staff had all received training in fire safety by an external company. This training included the use of fire fighting equipment. Inspectors spoke with staff who could demonstrate the fire procedures and could explain what to do in the event of a fire, or if residents clothes caught fire. There was an emergency plan in the centre which staff were aware of, and included information of how to deal with events such as a gas leak.

However, there were no fire doors in place in the designated centre for the containment of the spread of fire. In addition there was a bin outside the house used by residents to extinguish their cigarettes, which was also used for paper rubbish which posed a risk that had not been identified or assessed.

Inspectors reviewed the policies and procedures in relation to risk management and found them to be in line with the requirements of the Regulations. For example they identified how to management the risk of self harm or aggression and violence. There was a risk register in place for the centre, and individual residents had assessments completed for areas of personal risk. Inspectors found that in general risks were being managed in the centre, however inspectors identified risks during the inspection that had not been assessed. For example there was an infection control issue that had not been identified as a risk. There was no written guidance in place to mitigate this risk.

Inspectors found staff were aware of good infection control practices. The kitchen had colour coded chopping boards and mop heads for cleaning. Personal protective equipment was available in the centre, and staff were observed to use these. Bins for clinical waste were found to be kept in line with best practice, with clear procedures in place for the sharps bin and external clinical bins were found to be locked.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that there were measures in place to protect and safeguard residents.

Inspectors reviewed policies and procedures in relation to the protection of vulnerable adults, the management of behaviour that was challenging and restrictive practices and found that they were suitable in guiding staff in line with best practice and national guidance.

Inspectors reviewed the policy in relation to recruitment and found that staff recruiting procedures ensured Garda Vetting and written references were sought prior to staff working with vulnerable adults. Inspectors reviewed staff files and found up to date vetting in place as well as proof of identity.

Inspectors reviewed written records and spoke with the person in charge and staff and determined that no allegations of abuse of harm had been recorded. Staff could demonstrate to inspectors how to deal with a disclosure of suspicion of abuse in line with policy. All staff had been trained in the protection of vulnerable adults, with refresher training offered every two years. Residents told inspectors that they felt safe in the centre.

Inspectors found the centre to be a restraint free environment. Actions from the previous inspection in relation to positive behaviour support plans had been addressed. Inspectors found multidisciplinary team members had signed off on plans and efforts had been made to consult residents in relation to their plans.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that all notifications had been submitted to the Authority as required by the Regulations. There was a recording system in place for accidents and incidents, with an escalation process available for any serious incidents or events.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall there were various activities in place for residents, and they appeared to be content in their home, and clearly had a good relationship with familiar staff members. However improvements were required in goal setting and maximising potential for residents.

While a variety of activities were offered to residents, including cinema trips, meals out and days out, there was insufficient evidence of goals towards maximising the potential of residents, as discussed under outcome 5.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was evidence of a balanced and nutritious diet and of appropriate healthcare support.

Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs. For example, menu planning was discussed at the weekly residents' meeting. Where residents decided they did not want the meal that had been prepared, alternatives were offered.

Mealtimes were a social occasion, and staff were observed to interact with residents in an easy and relaxed manner.

Where staff had concerns about the diet of a resident, a referral was made to the appropriate healthcare professional, for example the speech and language therapist or the dietician. Where there were concerns about weight a system of monitoring had been put in place.

Residents had access to other allied healthcare professionals in accordance to their assessed needs, for example psychology and physiotherapy. A record of all contacts with these professionals was maintained, and where contact with particular healthcare professionals was not required, this decision was also documented. In addition each resident had a general practitioner (GP), and an out of hours GP service was available if required.

All the physical healthcare needs reviewed by the inspector had been assessed and there was a detailed plan of care in place. However where there was a significant mental healthcare issue, this had not been addressed in the personal plan, and there was no care plan in place to guide staff practice. This had been rectified by the second day of the inspection and a care plan was in place.

Changing healthcare needs had been appropriately addressed, and actions taken were described by staff and clearly documented.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

Structures and processes were in place in relation to the safe management of medication.

Regular prescriptions contained all the information required by the regulations and prescriptions for 'as required' (p.r.n.) medications included clear instructions to guide staff in the conditions under which they should be administered.

There were robust systems in place in relation to the ordering, receiving and storage of medications. Medications were managed by the use of blister packs. Staff had all received training in the safe administration of medications, and this training was completed with five competency based assessments.

There was an additional protocol in place in relation to any residents who had particular difficulties around medications, and all staff were aware of the content of such protocols.

A quarterly medication audit had been introduced.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors found there was a written statement of purpose in place in the designated centre which clearly outlined the services and facilities on offer, the admissions process and the needs that could be catered for in the centre.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

There was a clear management structure in place, and all staff were aware of this structure. Within the management structure various team meetings were held, including regular staff team meetings. Minutes were kept of these meetings in which required actions were identified and the person responsible for them named. Those actions reviewed by the inspector had been implemented and changes made accordingly.

There was also a system of management team meetings, including a policy, training and development group, a risk management team and a senior management team.

A suite of audits had been developed by the organisation, the roll out of which had commenced in February. For example an audit of the protection of vulnerable adults had taken place and an action plan had been identified. Those actions reviewed by the inspectors had been implemented.

An annual review and six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations. These visits resulted in action plans, and these actions were monitored. Appropriate changes had been made based on these action plans, for example it had been identified that staff meetings were required, and that residents' contracts needed to be reviewed. Both of these actions had been completed.

A system of performance management was in place in the centre, whereby a review of performance was conducted annually, with a six monthly follow up.

The person in charge of the centre was on leave at the time of the inspection. The deputy person in charge was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations. She had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management



**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the requirement to notify HIQA of absences, and appropriate arrangements were available in the event of such an absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There was a vehicle available at the centre which was appropriate to meet the assessed needs of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents living in the centre.

Inspectors reviewed the planned and actual roster and found that there were three staff on duty each day, and two waking staff on duty each night which was found to be adequate to meet the needs of residents. There was a regular core staff team and no use of agency staffing. Inspectors determined that the current staffing was offering continuity and stability to residents. A photograph display of which staff were on duty was on display in the house.

Inspectors reviewed staff training records and determined that staff were offered a suite of mandatory training and refresher training by the provider. Inspector found all staff working in the centre had completed the mandatory training. For example, the protection of vulnerable adults, fire safety and manual handling. Staff had also been trained in positive behaviour support and medication management.

Inspectors reviewed a sample of staff records and found that there was a system in place to ensure they met the requirements of Schedule 2. For example, proof of identity and written references were all in place. Inspectors reviewed the policies in relation to staff recruitment and staff training and found staff to be recruited in line with safe recruiting practices.

Inspectors spoke with three staff members and observed interactions between staff and residents. Inspectors found that staff had a good understanding of the residents' needs and the content of their care plans. Staff could easily speak of residents' likes and dislikes and preferred ways of communicating. Residents appeared at ease and relaxed with staff.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

All information was stored safely and was readily retrievable.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Glenview
<b>Centre ID:</b>	OSV-0002418
<b>Date of Inspection:</b>	08 June 2016
<b>Date of response:</b>	25 July 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was insufficient assessment of social care needs.

#### **1. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**

A comprehensive assessment will be carried out by appropriate healthcare professionals prior to admission to include health, personal and social care needs.

**Proposed Timescale:** 27/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans did not outline the measures towards maximising residents' personal development

**2. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**

Personal plans are prepared with the resident and other appropriate support workers/family within 28 days of admission. Included in these will be the supports needed to maximize personal development. Glenview has a community facilitator visiting the house weekly to ensure that care plans are reviewed to reflect this action.

**Proposed Timescale:** 30/09/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Two risks were identified on inspection that had not been formally assessed.

**3. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

A risk assessment has been carried out on the resident identified during the inspection and controls have been put in place to minimise the risk of the spread of infection. The bucket at the smoking shed is now checked after each resident has had a cigarette to

ensure no rubbish that could ignite is in the bucket.

**Proposed Timescale:** 05/08/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were no fire doors in the centre.

**4. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

Fire doors will replace existing doors in the kitchen and utility room by 31st October 2016 and further doors replaced to meet the regulations on a phased basis, to be completed by the 3rd quarter of 2017

**Proposed Timescale:** 30/09/2017

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Residents were not supported to access opportunities in relation to training and development.

**5. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**

A community facilitator is visiting the house on a weekly basis and any education, training and employment opportunities that have been identified by the resident will be supported by the team in Glenview along with the community facilitator

**Proposed Timescale:** 13/06/2016