



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

## Issued by the Chief Inspector

Name of designated centre:	Glen Ri Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0005862
Fieldwork ID:	MON-0036726

## About the designated centre

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

Glen Rí Service comprises of two single storey houses in Ballina Co. Mayo. The service provides a residential service to six male adults with a moderate to severe Intellectual Disability with an age profile of 36-60. Each house comprises of a hallway, three bedrooms, a kitchen and dining area, a utility room, a bathroom, and sitting rooms. Some of the people being supported also have secondary diagnoses including neurological conditions and dementia. Supports are provided seven days per week based on the assessed needs of each person. Staff support is available daily on a responsive roster with a waking night support. Staff support is flexible to ensure people are able to attend events of their choosing as desired. Social support ensures that people we support access community and social outlets such as shopping, educational events, concerts, sporting events dependent on the expressed wish of each person.

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

Number of residents on the date of inspection:	6
--	---

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 (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 19 May 2022	10:30hrs to 15:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met with staff on duty, and residents who lived in the centre. The person in charge and person participating in management were not available on the day of the inspection as they were completing training, but they were available via phone if required. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day and noted that staff engaged in a positive and appropriate manner.

Glen Rí was located on the outskirts of a large town and had good access to a wide range of facilities and amenities. The centre consisted of two self-contained bungalows in close proximity in the town. Both houses provided a full-time residential service for up to six people. Each bungalow had a spacious sitting room, well equipped kitchen and a dining area, an office and laundry facilities. All residents had their own bedrooms and an adequate number of bathroom facilities were provided. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment. However, some areas required repair and maintenance to ensure all surfaces could be effectively cleaned.

The inspector met four of the residents who were present in the centre during the inspection and two residents were observed and heard chatting and interacting with staff, in a relaxed manner. Both residents enjoyed living in the centre and liked the staff. Residents chatted about their day and planned outings. Although some residents did not communicate verbally with the inspector, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Two residents engaged with the inspector throughout the inspection, and one resident was observed to complete hand hygiene, and spoke about the practices in place in the centre on the day of the inspection. Furthermore, this resident communicated at ease with the inspector throughout the day. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with families or friends, which had been arranged in line with public health guidance presently. During the inspection, residents in the centre were walking outside and watching television before attending appointments planned that day.

From speaking with the staff in charge it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on residents' quality of life. It was also evident that the person in charge and staff helped residents to understand the implications of the pandemic. A range of information relating to infection control and COVID-19 had been developed and made available to residents in a format that suited their needs. This included residents rights, including right to be healthy, hand hygiene, guide to

COVID-19 for people with disabilities, personal protective equipment (PPE) and the vaccination process.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life with residents.

The provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Regular residents' meetings were held, and IPC issues were discussed at these meetings, for example hand hygiene had been discussed at a recent meeting. Easy read information had been prepared for residents, for example there was information about vaccines and consent which included pictures to assist their understanding.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risk of an outbreak of infection, but that the provider had not ensured that the environment and facilities were maintained in optimum condition.

The next two sections of the report outline the findings of this inspection in relation IPC practices, the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives in relation to infection and control.

## Capacity and capability

The provider had delegated responsibility to the person in charge for the oversight of IPC measures in this centre. The person in charge was supported in their role by a staff team working in the centre, the senior managers and there was also a range of policies and standing operating procedures to guide them in their role.

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office on the campus and was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The

person in charge also worked closely with the wider management team. The person in charge was very involved in the oversight of infection control management in the centre.

The provider had produced an IPC policy which had been updated, as required by the regulations. This policy guided staff on the IPC measures that were implemented to promote residents' safety and wellbeing. Additional documents, such as hand hygiene, cleaning and disinfecting, and waste management were also available in the centre. The inspector reviewed these documents and found that they outlined the IPC requirements which were required in the centre as per best practice. This document was robust in IPC, and staff were familiarising themselves with the content of this recently updated document.

The provider had completed all required audits and reviews as required to support the regulations and this also included IPC measures in this centre. The person in charge showed the inspector an IPC audit format which was developed by the IPC nominated person. This aimed to highlight any gaps in cleaning schedules or possible maintenance required which would ensure that hygiene arrangements were enhanced.

The provider had sufficient staff numbers in place at the time of the inspection to support residents with their needs. The provider had ensured that staff had received additional training to promote IPC such as hand hygiene, breaking the chain of infection and donning and doffing, personal protective equipment (PPE).

Inspectors reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives. There had been no complaints or concerns raised about infection control or any aspect of COVID-19 management.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. A range of policy and guidance documents, including an up-to-date infection control policy and infection prevention and control guidelines for disability services, were available to inform staff.

Although there were some issues in regard to maintenance in the centre, overall it was clear that the provider was committed to driving overall improvement in the area of IPC.

## Quality and safety

The inspector noted that residents were supported as per their assessed needs on the day of the inspection. There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included guidance on the management and prevention of an infectious disease, residents vaccination status and PPE requirements. They also outlined the steps to be taken for each individual in the event of an outbreak of an infectious disease. They included detailed guidance for staff, both in terms of outbreak management, and the individual needs of residents in terms of activities and personal support in the format of an isolation plan. Regular 'outcomes' or goals were agreed for residents, and these had been updated during the outbreak to ensure that residents were engaged in meaningful activities within any required restrictions. Various individual home based activities had been introduced, and significant effort had been put into finding pastimes to help alleviate anxiety for some residents.

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included guidance on the management and prevention of an infectious disease, residents vaccination status and PPE requirements. They also outlined the steps to be taken for each individual in the event of an outbreak of an infectious disease. There had been no outbreak of COVID-19 in the centre at the time of the inspection. They included detailed guidance for staff, both in terms of outbreak management, and the individual needs of residents in terms of activities and personal support in the format of an isolation plan. Regular 'outcomes' or goals were agreed for residents, and these had been updated during the outbreak to ensure that residents were engaged in meaningful activities within any required restrictions. Various individual home based activities had been introduced, and significant effort had been put into finding pastimes to help alleviate anxiety for some residents.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

Communication with residents had been identified as a priority, and 'easy read' documents had been prepared. Discussions with residents were recorded in their personal plans, and it was clear that they had been supported to understand any necessary restrictions.

The provider had produced a contingency plan should an outbreak of COVID-19 occur, which outlined how the centre would prepare and also ensure that staffing ratios would remain at a suitable level. The staff on duty showed the inspector that individual contingency plans were in place, which gave a clear outline of each residents' care and support requirements should they be required to self-isolate or not attend for respite as per the current policy.

Staff members held responsibility for ensuring that daily cleaning schedules were implemented, and the provider had a detailed cleaning schedule in place which outlined the centre's hygiene requirements. Staff were completing the required cleaning daily as scheduled and generally the centre appeared clean. The staff showed the inspector various areas where painting was required, this included communal areas and in residents bedrooms. Marks and scuff marks were noted on walls, doors and some architrave throughout the centre. The person in charge, and the person participating in management (PPIM) had noted this required maintenance work, however no time-bound actions were in place at the time of the inspection. Overall, the inspector noted the centre was clean throughout and staff were aware of the procedures and guidelines in place.

The provider had included a general risk assessment in response to COVID-19 and individual risk assessments were also in place for issues which may impact upon resident safety. The provider had included IPC in the individual risk assessment in the centre which showed the providers IPC arrangements were maintained to a good standard at all times,

The inspector found that there was appropriate arrangements in place for laundry and the disposal of non-clinical waste in the centre. Laundry was completed on-site using a domestic washing machine and staff spoken with told the inspector that water soluble bags were available to segregate infected or contaminated laundry if required. In the event that the centre required clinical waste bins, the person in charge explained how these would be made available to the centre.

There were hand sanitising stations and additional hand sanitisers were readily available in the centre. Staff had completed hand hygiene training and they were observed to engage in hand hygiene on a regular basis and following interactions with residents. The person in charge and staff spoke about how residents were supported to complete appropriate hand hygiene when attending the centre and throughout activities they were engaging in. Overall, the practice in this centre meant that the risk to residents in relation to infection was well managed. However, some improvements were required in relation to maintenance issues to ensure that they were in line with the provider's infection prevention and control guidelines and a post outbreak review was required in the centre.

## Regulation 27: Protection against infection

Overall the provider had put in place systems which supported staff to deliver safe care and maintain a good level of infection prevention and control practice. However, this inspection did identify specific areas which required improvement:

- painting was required in both houses on a number of communal areas on the walls, door frames, doors and skirting board

- a post outbreak review was not completed at the time of inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Glen Ri Service OSV-0005862

Inspection ID: MON-0036726

Date of inspection: 19/05/2022

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Since the 23rd May 2022 the following has been put in place</p> <ul style="list-style-type: none"> <li>• A post Covid outbreak review was completed on the 23rd May 2022.</li> <li>• Painting of the inside of both homes has been requested and work will be completed by the 26August 2022.</li> </ul>	

## 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 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	26/08/2022