

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hillview House
<b>Centre ID:</b>	OSV-0001837
<b>Centre county:</b>	Longford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Christopher's Services Limited
<b>Provider Nominee:</b>	Clare O'Dowd
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

From: 25 August 2016 10:30 To: 25 August 2016 15:00

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

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 12. Medication Management
Outcome 14: Governance and Management

**Summary of findings from this inspection**

**Background to inspection**

This report details the findings of an inspection carried out over one day. The inspection was taken on foot of an application to vary a condition of registration by St. Christopher’s Services Limited, the provider, to accommodate the increase in numbers. The provider wished to increase the number of residents that could live in the centre from five to six.

A registration inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre November 2014. The previous inspection had found high levels of compliance in the centre with all 18 Outcomes found to be compliant or substantially compliant.

**How we gathered evidence**

The inspector met with three residents, staff, the person in charge, and the provider nominee over the course of the inspection. Policies and documents were reviewed as part of the process included a sample of residents’ personal plans, audits, health and safety and risk management documents, fire safety checks and transition plans.

The inspector spoke with three residents and discussed with them if they liked where they lived and did they feel safe. Overall residents said they liked living in the centre and said they felt safe. One resident told the inspector they had made a decision to leave the centre and had met with the provider, with the support of their parent, to

explore how they could transition to another centre or service. The centre was set in a rural location and the resident indicated they would prefer to live in a more urban area.

All residents spoken with said they could ask the person in charge or a staff member for help if they needed it and if they had a problem they felt they could go and speak to anyone.

The inspector reviewed transition planning documentation for a resident that intended to move into the centre when the application conditions of the registration of the centre were processed which would increase the capacity of residents living in the centre from five to six. The inspector found the resident had been included fully in the transition planning and had been afforded the opportunity to visit the family and meet with residents that lived there.

#### Description of the service

The statement of purpose for the centre documented it "aimed to meet the needs of service users with moderate to severe intellectual disability and associated needs by endeavouring to provide individualised quality care, promote independence and skill teaching within a homely environment, through effective use of resources available to us and in partnership with each individual and their circle of support".

The centre comprised of one detached, large, well maintained single storey house in a rural setting in North County Longford. The centre was registered to accommodate five adult residents. The premises comprised six large en-suite bedrooms and one single room. The centre also provided one sleep over staff room. The inspector found adequate provisions in place to ensure the provider could increase the capacity of the centre from five to six residents and still ensure a high standard of service for residents.

#### Overall judgment of our findings

The inspector was satisfied residents were still receiving a good service where residents' choices and needs were central to the supports in place for them. The provider had ensured high standards of compliance had been maintained since the previous 2014 inspection through comprehensive and regular auditing of practices in the centre on a monthly and six monthly basis. All staff working in the centre participated in auditing of practices and systems in place. By ensuring all staff had the skills and accountability for practices in the centre the provider ensured quality and standards were consistently in place.

The inspector did not review all aspects of Outcomes reviewed on this inspection. However, of those elements that were compliance and substantial compliance was found in all areas.

These findings are discussed in this report with an action plan and provider's response at the end of this report.

**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 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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found the provider and person in charge had maintained a good standard with regards to residents' social care needs assessment, planning and review.

Some residents had indicated they wished to move to another service. The provider and person in charge were actively supporting the resident in helping them with their transition planning and decision making. The inspector spoke with the resident and they informed the inspector that they had met with the provider with the support of their parent and discussed what a transition plan from the service would entail.

As part of the application to vary the registration of the centre the provider intended to increase the numbers of residents that could live in the centre by one. The resident intending on moving to the centre had been supported to visit the centre with their family and meet the staff and residents that lived there. Transition planning for the resident was in line with the policies and procedures of the organisation and were carried out in a comprehensive and inclusive manner with the resident identified to move in.

The inspector reviewed a sample of personal plans in the centre and found them to be comprehensive in the assessment of needs they assessed. They had been updated on at least an annual basis and reviews of residents support planning was carried out by the resident's key worker on a monthly basis to assess the effectiveness of the plan and document any changes.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre provided safe and suitable premises for residents to live. The inspector did identify that lighting was not adequate in one part of the centre.

The centre was a large, detached house situated in a rural part of County Longford. Overall the inspector found it to be a modern, clean and spacious home for residents which afforded them adequate communal and private spaces to occupy. Residents told the inspector they really liked the house and found it comfortable and homely.

The centre had six large en-suite bedrooms and one single room. Each resident had an en-suite bedroom and staff used a bedroom as a designated sleep over room.

The increase in numbers of residents living in the centre would not impact on the space and privacy of residents already living in the centre due to the number of bedrooms already available and en-suite toilet facilities.

The inspector was satisfied that the centre could meet the needs of six adult residents.

The inspector however, did identify that the corridor to residents' bedrooms was dark with little natural light. On observation the inspector noted residents did not independently turn on the light when mobilising to the bedrooms. Some residents required support from staff to do so.

The provider was required to ensure residents were provided with appropriate illumination in this part of the centre to prevent the risk of falls, for example due to inadequate lighting and promote full independence for residents in their home.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the provider and person in charge had sustained a good level of compliance in this outcome.

Overall there were safe and appropriate health and safety risk management systems in place.

Fire safety records were up-to-date with documentation to evidence fire safety equipment and detection systems had been serviced at appropriate intervals. Residents participated in regular fire safety drills and had personal evacuation procedures in place which were kept under review and updated as necessary.

The person in charge undertook to draft a personal evacuation plan during the course of the inspection for the resident intending on moving into the centre. This was to ensure the resident could be safely evacuated from the premises if required during their visits. The person in charge would also discuss the evacuation procedures for the centre with the resident when they visited the centre.

A risk register for identified hazards was maintained and regularly updated.

The inspector did not observe any obvious hazards or risks during the inspection.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector met and spoke with three residents on the day of inspection.

They all told the inspector they felt safe and secure in their home and outlined to the inspector examples of what made them feel safe in their home, for example they said they felt safe because the house had a fire alarm and intruder alarm.

They also told the inspector when asked that they found the staff nice and supportive and were complementary of the care they received. They said they would go to the person in charge or provider with a complaint or any issue they may have and they said they knew they would be listened to.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found there to be safe and suitable medication management practices in operation in the centre. Compliance, as was found on the previous inspection, had been maintained.

The inspector however, did note that residents had not received a medication self administration assessment. Some residents were independent in taking medications such as their inhaler. However, this independence had not been formally assessed.

**Judgment:**

Substantially 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 inspector found the provider had continued to implement comprehensive and consistent review of the quality of supports residents received in the centre.

The person in charge of the centre had changed since the previous inspection. However, she had been a person in charge of another designated centre within the organisation and the inspection report for the centre she managed had received a highly compliant report.

The inspector met with the person in charge during this inspection and carried out another interview with them with regards to the knowledge and competence in management of the designated centre this report refers to .

The inspector found her to be suitably skilled and experienced with the required knowledge of her statutory responsibilities under the Regulations.

The person in charge reported directly to the Residential Coordinator (who is the provider nominee), who in turn reports to the Chief Executive Officer of St. Christopher's Service. Residents spoken with were fully aware of who the manager was and identified her as the person they would go to with a complaint or issue. They told the inspector she was a nice lady and very supportive to them. On-call arrangements were in place out of hours and at weekends.

The person in charge worked in a full-time capacity and worked on-shift in the centre at various times during the week. This included night time shifts also. Her working week was spread over a seven day week which meant she also worked weekends from time to time. She outlined her rationale for working in this way was to ensure she had oversight of all operational management in the centre.

The person in charge met with the provider nominee for supervision every six to eight weeks and also attended organisation person in charge meetings once a month. These meetings reviewed practice within the organisation and ensured all managers within the service were up-to-date on operational procedure changes when they occurred.

The person in charge carried out staff supervision meetings every six to eight weeks and also directly supervised staff during her working shifts.

The provider had met their responsibilities in relation to regulation 23. They had continued and maintained comprehensive implementation of six monthly unannounced visits and audits of the quality of care and support offered to residents in the centre. There was also a comprehensive suite of monthly audits implemented by the person in charge and other nominated persons within the organisation. An annual schedule of auditing was in place which reviewed the centre's compliance with all aspects of the regulations and standards. All staff working in the centre had received training in how to carry out auditing and participated in the monthly audits carried out and implemented stringent auditing of residents personal plans each month.

The inspector found overall the provider had ensured sustained high levels of compliance in the centre through comprehensive and regular auditing of practices and procedures which resulted in residents receiving a high quality service.

**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:***

Ann-Marie O'Neill  
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>	Hillview House
<b>Centre ID:</b>	OSV-0001837
<b>Date of Inspection:</b>	25 August 2016
<b>Date of response:</b>	28 September 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The provider was required to ensure residents were provided with appropriate illumination in all parts of the centre.

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

**1. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Recommendations and options for improved lighting in corridor made and approved; work aims to be completed week ending 16th October 2016

**Proposed Timescale:** 16/10/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

A self medication administration assessment had not been carried out to assess residents' capacity to administer themselves their own medication.

**2. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Self-medication assessments to be completed with all residents by 31st October, utilising Appendix 10 of organisational Medication Policy, in consultation with all residents, their key workers and circle of support where necessary

**Proposed Timescale:** 31/10/2016