



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Hill View Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	28 February 2019
Centre ID:	OSV-0001755
Fieldwork ID:	MON-0023309

About the designated centre

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

Hill View Respite and Residential Services is a centre run by Western Care Association. The centre is located in a town in Co. Mayo and provides residential and respite care for up to six male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms and communal areas. The centre also has a self-contained apartment which has its own access point. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Current registration end date:	25/01/2021
Number of residents on the date of inspection:	5

How we inspect

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
28 February 2019	09:30hrs to 15:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

There was one resident present in the centre at the time of the inspection, but this resident did not engage with the inspector. Over the course of the inspection, the inspector met with the person in charge, who spoke respectfully of residents and demonstrated a strong knowledge of each resident's needs and of the supports and arrangements in place to honour residents' preferred routines. Residents were regularly consulted on the running of the centre through regular residents' meetings and through their daily interaction with staff.

Capacity and capability

Generally this was a well-led and managed service which ensured residents were safe from the risk of harm and received good quality of service. Since the last inspection in September 2017, improvements were made to the systems in place for residents' social care, safeguarding, fire safety and governance and management.

There were clear lines of accountability and authority in this centre, with the person in charge holding the overall responsibility for the service. She was supported by a staff team and by her line manager in the running and management of the centre, which provided her with the capacity to fulfill her role. She was based full-time in the centre, which had a positive impact on her engagement with staff and residents and also on the oversight of the care delivered to residents. Regular staff and management meetings were occurring, which ensured all staff were made aware of changes happening within the organisation and also gave staff had an opportunity to raise any concerns they had relating to the safety and welfare of residents. The provider had effective monitoring systems in place which ensured the service delivered to residents was regularly monitored and reviewed. The annual review and six monthly provider-led visits were carried out in-line with the requirements of the regulations and the provider had a system in place for the regular review of progress made towards the completion of any improvements required.

Due to the nature of the respite service, the number and skill-mix of staff working in the centre was subject to regular review by the person in charge to ensure adequate staff were on duty to meet the assessed needs of the residents requiring respite care. To support this process, the person in charge developed specific guidance on admissions to the centre based on the assessed needs of residents who avail of this service, which guided on the the number of staff required for the roster. Staff had access to regular mandatory training and refresher training, as required. Staff were also subject to regular supervision from their line manager, which had a

positive impact on ensuring that staff were appropriately supported to carry out the duties associated with their roles. A planned and actual roster was in place, which clearly identified the start and finish times worked by staff at the centre.

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector, as required by the regulations. Although the provider had a statement of purpose in place, it required review to ensure it included all information as required by Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge was found to meet the criteria as set out in the regulations and had the capacity to fulfill her role. She demonstrated strong knowledge of residents' needs and of the service delivered to them.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in this centre were subject to regular review and the provider had ensured residents received continuity of care. A planned and actual roster was in place, which provided the names of the staff who worked in the centre and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training and refresher training was also available to staff, as required. All staff received formal supervision from their line manager which ensured their knowledge and skills were kept up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the clear lines of accountability and authority were in place and that arrangements were in place to ensure the centre was regularly

monitored and reviewed. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it required further review to ensure it included all information as set out in Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre and were supported to access educational opportunities, participate in social activities and to regularly access the community.

The centre comprised of a two-storey dwelling located in a town in Co. Mayo. Residents had access to their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room and large garden area. The centre also had an apartment area which had its own access point, bedrooms and living areas. Ramped access, an internal lift, large bathrooms and built-in manual handling equipment was also available to accommodate the needs of residents who were wheelchair users. In general, the inspector found the centre to be clean, well-maintained, tastefully decorated and provided residents with a comfortable environment to be in.

Staffing and transport arrangements ensured that residents had regular access to activities in the local community. Residents were actively involved in day services where they were supported to access educational and employment opportunities, as well as activities such as shopping, dining out and accessing amenities of their choice in the local town. Residents' assessed needs and preferred

routines were well-documented by staff and were subject to regular review with the resident, their representative and assigned staff member.

Where residents presented with assessed health care needs, clear plans were in place to guide staff on the support these residents required.

Various communication systems were in place to support residents with assessed communication needs, including pictorial references, communication boards and clear communication plans. Similarly, residents who required behavioural support had effective behaviour support plans in place which clearly guided staff on how to support them. The use of restrictive practices was regularly reviewed and supported by risk assessments and protocols to guide staff on how to appropriately and safely apply these restrictions in practice.

The provider had a risk management system in place to ensure risks were identified, assessed, responded to and regularly reviewed. Some residents were supported to self-administer their own medications and at the time of this inspection, the person in charge was in the process of reviewing the risk assessments in place to support residents to safely do so. Overall, the inspector found that where risks were identified, the provider responded effectively and in a timely manner to mitigate these. However, improvements were required to some risk assessments to ensure they clearly identified the measures which were effectively put in place by the provider to mitigate against specific risks. Furthermore, although the management of organisational risk was regularly reviewed by the person in charge, some organisational risks did not have a supporting risk assessment in place to demonstrate how the risk was being managed and reviewed, for example, staffing arrangements.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. Regular fire drills demonstrated that residents could be effectively evacuated in a timely manner and a schedule was in place to ensure that all residents who availed of the respite service were facilitated to participate in these drills. To further support and guide staff during an evacuation of the centre, a centre specific evacuation plan was in place to reflect the sequence of resident evacuation based on the needs of the residents availing of respite on that day. In addition to the ground floor fire exits, an upstairs fire evacuation route was also available to residents residing in upstairs accommodation and suitable equipment was in place to support the evacuation of residents with assessed mobility needs. On the day of inspection, the displayed fire procedure was found to not adequately guide staff on how to respond to fire in the centre. This was brought to the attention of the person in charge, who rectified this prior to the close of the inspection.

Regulation 10: Communication

Where residents presented with assessed communication needs, the person in charge had ensured these residents were supported to express their wishes. Clear

documentation was in place to guide staff on the specific communication needs of residents and on how to communicate effectively with these residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had opportunities for recreation, education and employment, as they wished. Residents were supported to spend their time as they wished and to engage in meaningful activities during their stay in this service.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, well-maintained and provided residents with a comfortable environment to live in. The centre was designed and laid out in a manner to meet the assessed of residents, including those with mobility needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, management and review of risk in this centre. However, some risk assessments did not clearly identify all measures which were effectively put in place by the provider to mitigate against specific risks. Furthermore, not all organisational risks had a supporting risk assessment in place, for example, staffing arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured adequate fire precautions were in place in this centre, including, fire detection and containment systems, up-to-date fire safety training, emergency lighting, evacuation plans, regular fire drills and maintenance checks. Prior to the close of the inspection, the person in charge ensured that the displayed

fire procedure adequately guided staff on how to respond to fire in this centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found the provider had addressed the improvements required to the prescribing practices identified on the last inspection. Some residents were supported to take responsibility for the administration of their own medicines. Competency assessments were in place to support the safe practice of residents' self-administration and these were subject to review at the time of this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that residents' assessments and personal plans were completed 28 days following their admission to the centre, and were subject to a minimum annual review. This included an assessment of residents' physical, personal and social care needs. Clear personal plans were in place to guide staff on how they were required to support each resident.

Judgment: Compliant

Regulation 6: Health care

Clear guidelines were in place to guide staff on the assessed health care needs of residents. Residents were supported to have access to a variety of allied health care professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, they had clear behaviour support plans in place, which guided staff on how to identify and effectively respond to incidents of behaviours that challenge. There were some restrictive practices in

place and these were subject to risk assessment and regular protocol review.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in this centre at the time of inspection. The provider had procedures in place to guide staff on how to identify, respond to and manage any concerns they had regarding the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hill View Respite & Residential Services OSV-0001755

Inspection ID: MON-0023309

Date of inspection: 28/02/2019

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose has been amended with all information as required	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk register has been amended to include the rationale in relation to staff levels to meet the needs of residents.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	25/03/2019