



## Office of the Chief Inspector

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

Name of designated centre:	Mountain View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	20 August 2019
Centre ID:	OSV-0005877
Fieldwork ID:	MON-0026563

## About the designated centre

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

Mountain View is a centre run by the Health Service Executive. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one bungalow dwelling located in a village in Co. Sligo, providing residents with their own bedroom, shared bathrooms, shared communal spaces and large garden area. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	4
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## 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
20 August 2019	09:35hrs to 14:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with all four residents who lived at the centre; however, residents were unable to speak directly with the inspector about the care and support they received.

During the course of the inspection, the inspector spoke with staff members who worked closely with the residents on a regular basis. Staff members spoke respectfully about all of the residents and demonstrated a strong knowledge of each resident's assessed needs, likes and dislikes and preferred methods of communicating their needs. In addition, the inspector observed staff supporting residents to access the centre's enclosed garden area, as well as preparing to attend personal appointments and activities of their choice on the day of inspection.

## Capacity and capability

This was this centre's first inspection since its registration in February 2019. Overall, the centre was found to be well-resourced and managed, and ensured that residents received a safe and good quality service. However, some improvements were required to the arrangements in place for residents' personal plans, risk management and the management of restrictive practices in use at the centre.

There was a defined management structure in place which identified clear lines of accountability and authority within the centre. The person in charge held the overall responsibility for the service and she was supported by her line manager, a clinical nurse manager and staff team in the running and management of the centre. She was frequently present at the centre, which had a positive impact on her interactions with residents and ensured regular oversight of the support and care provided. She also held responsibility for two other services run by the provider in the local area, and during the course of the inspection, the inspector was assured that appropriate governance and management arrangements were in place to ensure that she had the capacity to manage Mountain View and the other two designated centres effectively .

Governance and management systems in place at the centre ensured regular oversight and monitoring of the centre and ensured the service provided was safe and reflected the assessed needs of residents. In addition, to internal management systems, the provider had plans in place to complete an annual review into the care and support provided to residents as well as six monthly provider-led audits in accordance with the requirements of the regulations.

Adequate staffing arrangements were in place at the centre to meet residents' assessed needs and these were subject to regular review by the person in charge to ensure their ongoing effectiveness. The inspector noted that in response to a previously reported incident where a resident fell at the centre, additional staffing had been subsequently put in place by the provider ensuring the resident

was appropriately supported in line with their needs on a daily basis. Arrangements were in place for staff which ensured that they received and had access to regular mandatory training such as fire safety and safeguarding of vulnerable adults. Furthermore, staff received regular supervision in line with their role as and when required

#### Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations to carry out her role. She was regularly present at the centre and had adequate systems and supports in place to fulfill her duties.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had adequate arrangements in place which ensured that sufficient staff were available to support the residents who lived at this centre with their assessed needs and daily choices.

Judgment: Compliant

#### Regulation 16: Training and staff development

The registered provider had ensured that all staff had access to training as well as regular supervision from their line manager, which ensured they were fully able to support the assessed needs of residents at the centre.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had ensured suitable persons were in place to manage this centre and that appropriate systems were in place to monitor the delivery of care to residents. Plans were in place to conduct the first six monthly provider-led visit of this centre in the weeks subsequent to this inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider operated the centre in a manner that respected residents' personal preferences, supported them to have links with the wider community and promoted a good quality of life for them.

The centre comprised of one bungalow dwelling located in a village in Co. Sligo. Residents had access to their own bedroom, shared bathrooms, a kitchen and dining area, two sitting rooms and utility. A large enclosed garden area was also available to residents and they were supported by staff to access this area, as and when they wished. Overall, the centre was found to be clean, tastefully decorated and well-maintained. Adequate staffing and transport arrangements were in place to support residents to have regular community engagement and to take part in activities of their choice. Staff who spoke with the inspector told of how they regularly supported residents to access local amenities, attend church, go for lunch out and enjoy visits to their relatives.

The provider had ensured that arrangements were in place to regularly review residents' needs, and supported the development of personal plans to guide staff on the supports each resident required at the centre. Some residents living at the centre had assessed neurological needs and the inspector found that staff were very knowledgeable on the supports required by residents with these specific needs. However, the inspector found that residents' personal plans did not clearly reflect staff knowledge and describe the specific supports put in place by the provider to support residents. Furthermore, a medication error was identified by the inspector in relation to the prescribing of emergency medicines for residents with neurological needs. However, written assurances were received from the person in charge that measures had been introduced following the inspection to prevent the re-occurrence of the identified medication error.

Where residents required behavioural support, the provider had ensured that these residents received the care and support they required. Staff who spoke with the inspector were very aware of the specific behaviours that some residents presented with and of their role in supporting them. Some restrictive practices were in use at the centre and although staff were aware of their appropriate use in practice, no clear risk assessments or protocols were in place to guide staff on ensuring the least restrictive practice was at all times being used. Furthermore, the inspector observed

the use of door locks at the centre, which the provider had not considered or reviewed in line with the centre's restrictive practice policy.

The provider had a risk management system in place and staff demonstrated competence in the application of this system in their response to a recent incident at the centre. For example, following a resident's fall at the centre, additional staffing resources were put in place which resulted in no further falls occurring at the centre to date. However, although risk assessments were put in place in response to risks identified, the assessed level of risk of some risks didn't accurately reflect the effectiveness of measures implemented by the provider in response. Furthermore, the specific risk being mitigated against, was not always clearly identified on some risk assessments reviewed as part of the inspection.

The provider had precautions in place for the detection, containment and response to fire at the centre. All staff had received up-to-date training in fire safety, had access to a prominently displayed fire procedure and spoke confidently with the inspector about the procedure to be followed in the event of an evacuation. Regular fire drills were occurring, which demonstrated that residents could be effectively evacuated from the centre in a timely manner.

### Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had adequate arrangements in place which ensured these residents were supported to communicate in their preferred manner, with their peers, staff and families. Residents had access to television, radio and internet as and when they wished.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured adequate staffing and transport arrangements were in place to support residents to access the community and participate in activities of their choice and in accordance with their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of a bungalow with each resident having their own bedroom as well as access to shared communal spaces and garden areas. The centre was tastefully decorated, well-maintained and provided a homely and comfortable



environment for the residents to live in.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had procedures in place for the identification, assessment, response and monitoring of risk at the centre. However, some improvement was required to ensure risk assessments clearly identified the specific risk that was being mitigated against. Furthermore, improvement was also required to ensure that the assessed risk-rating on some risk assessments gave consideration to the impact of effective measures implemented by the provider in response to an identified risk.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured adequate fire safety precautions were in place at the centre which included fire detection systems and regular fire drills for both staff and residents to ensure they could effectively leave the centre in an emergency. Furthermore, staff knowledge on fire safety practices was kept up-to-date through regular access to training in this area.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines at the centre. However, on the day of inspection, the inspector observed a medication error relating to the prescribing of emergency medication. However following the inspection, written assurances were received from the person in charge that measures had been introduced to effectively prevent this type of errors future re-occurrence.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured each residents' needs were appropriately assessed and that their personal plans were subject to regular review.

Judgment: Compliant

### Regulation 6: Health care

All residents had access to a wide variety of allied health care professionals, as required. Staff who met with the inspector spoke confidently of residents' specific health care needs. Although personal plans were in place to guide staff on the supports residents required, some improvement was required to the personal plans in place for residents with assessed neurological needs.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured these residents received the care and support they needed. However, some improvement was required to the management of restrictive practices at the centre, to ensure that each was supported by a risk assessment and protocol for their use to ensure the least restrictive practice was at all times being used. In addition, the inspector observed the use of some environmental restraints at the centre, which the provider had not reviewed in line with their restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of this inspection. All staff had received up-to-date training in safeguarding and procedures were in place to support them to adequately identify, respond, report and review any concerns regarding the safety and welfare of residents.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
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	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Mountain View OSV-0005877

Inspection ID: MON-0026563

Date of inspection: 20/08/2019

## 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. **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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Provider has ensured the following:</p> <ul style="list-style-type: none"> <li>• All risk assessments identified at the inspection have been reviewed and updated and this has ensured that the assessed level of risks reflect the impact current measures have on mitigating risk in the centre.</li> <li>• A comprehensive risk assessment has been put in place in the centre to ensure there is on-going monitoring of staffing levels</li> <li>• A system is now in place in the designated centre for the on-going review of all risks in line with risk management policy</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Person in Charge has ensured the following:</p> <ul style="list-style-type: none"> <li>• All personal plans have been reviewed in the centre and epilepsy care plan for resident with neurological needs has been updated and greater detail provided to guide all staff in neurological needs in the centre.</li> <li>• The epilepsy risk assessment has been reviewed and updated.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• The person in charge has ensured that the Senior Psychologist, and his team has reviewed all restrictive practices currently in place in the designated centre. All restrictions imposed will be kept under regular review going forward.</li> <li>• All restrictive practices have been reviewed in line with the restrictive practice policy and best practice.</li> <li>• Protocols are now in place for all restrictive practices in the designated centre.</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 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	06/09/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	02/09/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	02/09/2019