



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

Issued by the Chief Inspector

Name of designated centre:	Harbour View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0007753
Fieldwork ID:	MON-0029524

About the designated centre

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

Harbour View is a centre run by the Health Service Executive located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three houses which are located in close proximity to each other, where residents have access to their own bedroom, shared bathrooms, communal and garden spaces. 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:	11
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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
Wednesday 3 June 2020	11:30hrs to 13:55hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector met with two residents who live at this centre, one of whom was unable to communicate verbally, while the other resident spoke directly with the inspector about his experience of living at the centre since the recent introduction of public health guidelines.

This resident informed the inspector of how he regularly carries out hand hygiene and of how staff support him to wear gloves, as and when required. He was very familiar with social distancing and was aware of changes to the centre's visiting arrangements. Both residents had returned from a short road trip with staff and while in the company of the inspector, staff and the person in charge used some gestures to ensure the other resident was afforded the opportunity to be involved in the conversation.

The person in charge spoke briefly with the inspector about the other residents that live in the centre and of how they had adapted well to their new daily routines, since the recent introduction of public health guidelines.

Capacity and capability

Overall, the inspector found this was a well-run and well resourced centre that provided residents with a good and safe quality of care.

The person in charge held responsibility for the service and she was present very regularly at the centre. She was supported by her line manager and staff team in the running and management of the service. She was regularly present in all three houses to meet with her staff team and with residents. This facilitated staff to raise and discuss any concerns relating to their roles and any issues arising around the care and welfare of residents. She was responsible for one other centre operated by the provider and told the inspector that current support arrangements allowed her to have the capacity to also manage this centre.

Staffing levels were subject to very regular review by the person in charge and planned and actual rosters were in place, ensuring all residents had access to the number and skill-mix of staff that they required. The provider also had contingency plans in place, should the centre at any time, experience any reduction in staffing levels.

The provider had ensured the centre was adequately resourced to provide residents with a good quality of service in areas such as transport, equipment and staffing. The provider had monitoring systems in place, including, an annual review of the

service and six monthly provider-led visits. A quality improvement plan was also in place, which identified a number of improvements that the provider had completed or was in the process of achieving within measurable time frames. Due to recent public health guidelines, the progress of some actions from this plan were impacted and the provider was in the process of reviewing and identifying revised time frames for completion. This system of monitoring supported the provider to effectively identify specific improvements required within all aspects of the service.

A system was in place for the identification, response to and monitoring of incidents occurring at the centre. An incident analysis was carried out by the person in charge on a monthly basis which allowed for trends to be identified and responded to, in order to prevent re-occurrence. All incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Regulation 14: Persons in charge

The person in charge was regularly present at the centre and had strong knowledge of residents' needs and of the operational needs of the service delivered to them. She held responsibility for one other centre operated by the provider and told the inspector that she had the capacity to also manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge regularly reviewed the staffing levels at the centre, ensuring residents had access to the number and skill-mix of staff that they required. Planned and actual rosters were in place and the provider had contingency plans in place, should the centre at any stage, experience reducing staffing levels.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced and that suitable persons were appointed to manage and oversee the running of this centre. The person in charge regularly engaged with staff to let them know of any changes occurring and management team meetings were also occurring on a consistent basis. Quality improvement plans were in place, which identified various improvements required and the progress to date on ensuring these were achieved

within measurable time frames.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were recorded, responded to and reviewed on a very regular basis. The person in charge had ensured all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Quality and safety

The provider had systems in place which provided residents with a very individualised service, that was considerate of their health care, social and behavioural support needs. Due to the adequacy of resources, residents were provided with a very good quality of life and had opportunities to choose how they wished to spend their day, in accordance with public health guidelines that were in place at the time of this inspection.

The centre comprised of three houses located within close proximity to each other on the outskirts of a town in Co.Sligo. Residents had their own bedroom, shared bathrooms and access to communal areas and garden spaces. Since the last inspection, the provider had re-configured one house to allow for all residents to have their own bedroom. One resident had since left the centre on temporary discharge and the provider was reviewing shared bedroom arrangements, in advance of this residents re-admission. Some up-grade electrical works were still outstanding at the time of inspection and arrangements were put in place to ensure no resident was negatively impacted until such a time as these works were fully completed.

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required, particularly in the area of dementia care. Residents had access to a wide range of allied health care professionals, as and when required. Similarly, where residents required behavioural support, plans were available to guide staff on how best to support these residents on a daily basis. Following recent incidents at the centre, safeguarding plans were in place which outlined additional measures that were put in place to further safeguard the safety and welfare of residents. The person in charge also had measures in place to ensure all staff received up-to-date training in safeguarding.

Effective systems were in place for the identification and response to risk at this

centre, with regular staff engagement and an incident reporting system contributing to effective risk mitigation. However, although the provider had effectively responded to identified risks at the centre, some required further review to ensure adequate protocols and risk assessments were in place, for example, for residents who may be at risk of wandering.

Since the last inspection, the provider had reviewed the arrangements in place for the safe evacuation of residents, particularly for those who may need staff support to evacuate the centre. Personal evacuation plans for these residents now provided clearer guidelines to staff on their role in supporting these residents and fire drill records reviewed by the inspector, demonstrated that these residents had successfully participated in numerous fire drills which were undertaken at the centre.

In light of public health guidelines which were in place at the time of this inspection, the provider had reviewed the centre's infection control procedures in accordance with these guidelines. Social distancing, hand hygiene, visiting restrictions and cough etiquette were regularly practiced and reviewed at the centre. The provider had ensured an adequate supply of personal protective equipment (PPE) was available and that all staff were aware of its appropriate use. Cleaning protocols were revised to allow for increased cleaning and deep cleaning of the centre. Furthermore, the provider had contingency plans in place, should any outbreak of infection occur.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre. However, although the provider had effectively responded to identified risks at the centre, some required further review to ensure adequate protocols and risk assessments were in place, for example, for residents who may be at risk of wandering.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had effective infection and control precautions in place. In accordance with national public health guidelines, social distancing, cough etiquette and hand hygiene was regularly practiced. Cleaning protocols were revised to allow for more regular cleaning and deep cleaning of the centre. Staff were also guided by the centre's uniform policy and arrangements were in place to ensure an effective response to any outbreak of infection at the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had put adequate arrangements in place to ensure all residents were supported to effectively evacuate the centre, in the event of fire.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the provider had ensured these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured behaviour support plans were in place to guide staff on how to effectively support these residents.

Judgment: Compliant

Regulation 8: Protection

Following two recent incidents at the centre, the provider had ensure safeguarding procedures were implemented to further safeguard residents. Safeguarding plans were in place and available to guide staff, as and when required.

Judgment: Compliant

Regulation 9: Residents' rights

Since the last inspection, the provider had re-configured one house, which meant that all residents in this centre currently had their own bedroom. Residents were consulted regarding their current living and bedroom arrangements on a very regular basis. Staff and the person in charge also consulted with residents on an on-going basis about the running of the centre, ensuring their rights and dignity were at all times upheld.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour View OSV-0007753

Inspection ID: MON-0029524

Date of inspection: 03/06/2020

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 that the following has being completed and is presently in place.</p> <ul style="list-style-type: none"> • The Provider has ensured that all Risk assessment for all individuals have been updated to include the risk of absconding, • Protocols have also being updated and included in Personal Care Plans in responding to any Emergencies. 	

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	09/06/2020