



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

## Issued by the Chief Inspector

Name of designated centre:	Forest View Apartments
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0001783
Fieldwork ID:	MON-0032471

## About the designated centre

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

Forest View apartments is a designated centre which has been designed to provide full-time accommodation for three residents. The service can accommodate both male and female adults who may have autism, additional complex needs and behaviours of concern. The centre consists of three individualized apartments and separate staff accommodation which is adjacent to the apartments. The centre is located in a rural setting and is within walking distance of a day centre, which some residents attend. Forest View apartments have access to their own transport to enable residents to access the community. A social care model is provided in this centre, and a combination of social care workers and social care assistants support residents with their daily needs. Residents are supported by up to three staff during daytime hours and two staff provide sleepover cover each night.

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

Number of residents on the date of inspection:	3
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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 23 June 2021	11:10hrs to 17:40hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the health and well-being of residents who lived at Forest View apartments was promoted, and that care was provided in a person-centred manner. Residents who the inspector met with during the day appeared happy and relaxed in their homes, with staff supporting them.

The inspector visited all three apartments and met with residents and staff while adhering to the public health guidelines of the wearing of a face mask, limiting time spent and social distancing. In addition, the inspector got the opportunity to speak with one family member through a telephone call.

Residents appeared to be relaxed and comfortable in their environment. Each resident had their own self-contained apartment which was individually decorated and personalised with photographs and items of interest. One resident had a large fish aquarium and another resident, who the inspector was informed loved animals, had various pictures and art work associated with animals. Residents interacted with the inspector on their own terms and were observed to be supported by staff in a caring and respectful manner.

The inspector met one resident early in the day who was availing of an individualised day programme from their home. The resident appeared relaxed in their home and was to be going for a walk during the afternoon. The resident did not communicate verbally with the inspector, but was observed to be interacting in their own way with staff and appeared to be happy and comfortable around them. Later, the inspector met with two residents when they returned from their day service, which they availed of externally to the centre. One resident greeted the inspector and invited the inspector and staff into their living area. While there, the resident was observed to be very comfortable around staff and it was evident that staff knew the resident and their needs very well. Staff were noted to be responsive to residents' requests, such as their request to say prayers with them and it was noted that staff were very familiar with residents' preferred communication methods. The inspector was invited to meet with another resident in their apartment and this resident spoke briefly with the inspector on their own terms, and were observed to be relaxed sitting in their comfort chair, and appeared happy and comfortable while having cup of tea.

The inspector also spoke with staff who were working on the day. Staff members appeared knowledgeable about residents' support needs, likes and personal preferences. In addition, they were observed to be treating residents with dignity and respect, and residents appeared comfortable and happy around staff. Staff spoken with said that, in general, residents had adapted very well to the public health restrictions as a result of COVID-19. The inspector was informed that while some residents missed going shopping and meeting with family at times, that in general residents had not been too adversely affected by the restrictions around COVID-19. Two residents who availed of a day service outside of the home had

been able to continue with this, which the inspector was informed was important to them. One resident who liked to attend religious services and visit religious buildings, had been supported to re-commence this in line with their wishes. Residents were supported to maintain contact with family by making telephone and video calls. One resident had recently been visited by their family member and had gone on an outing with them, which the inspector was informed was something that was important to the resident and which they had done frequently prior to COVID-19.

The inspector spoke with one family member through a telephone call. The family member said that they were happy with the service that their family member received and said that the staff and manager were approachable and helpful. They spoke about their family member's interests and their move to the centre, and said that they felt their family member was well cared for by staff who knew them well.

The inspector also reviewed documentation such as residents' individual support plans, provider audits and the annual review of the service in order to get a more detailed view of the lived experiences of residents. The inspector noted that residents were supported with making choices about their lives and about what goals they would like to achieve in the future through meetings with named staff and discussions at planning meetings. Some goals identified included; learning new skills, enhancing their communication skills to support choice making, resuming engagement in community activities and pursuing more opportunities with regard to their love of animals.

Overall, residents appeared happy and content in their homes and with the supports provided by staff. The service was found to promote person-centred care where individuality and uniqueness were valued. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There was a good governance and management structure in place in the centre which ensured that the care delivered to residents met their needs and was delivered in a person-centred manner. The provider ensured that there were good systems in place for monitoring the quality of care in the centre and in ensuring that the centre met residents' needs. However, documentation in relation to restrictive practices and support plans for identified behaviours required review as there was inconsistencies in various support plans. Improvements in this regard would further enhance the care provided.

A full application to renew the registration of the centre had recently been submitted by the provider, and documents including the Statement of Purpose and Residents' Guide were reviewed as part of the inspection process and found to comply with the

requirements of the regulations.

The person in charge worked full-time and had responsibility for two other individualised services in addition to this designated centre. He commenced in his role as person in charge in April 2021 and had the experience and qualifications to manage the centre. He was supported in his role by a person participating in management and a team of front line staff that consisted of a social care worker and social care assistants. The centre appeared to be effectively resourced to deliver care to the residents, with up to two staff available during day time hours and two staff covering sleepover cover at night to support residents with their needs. There was an additional staff available for times at weekends and some evenings, which supported all residents to have more one to one time with staff. In addition, there was an out-of-hours management on-call system in place, should this be required. There was a rota in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. A sample of staff files were reviewed and were found to contain all the required documentation under Schedule 2 of the regulations.

A training needs analysis and training audits were completed for the service, which had been reviewed recently by the person in charge. A review of the training records demonstrated that staff received training in areas such as; fire safety, safeguarding, minimal handling, infection prevention and control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were provided with support and supervision sessions throughout the year and a schedule was maintained by the person in charge and available for review. Staff with whom the inspector spoke with said that they felt supported and could raise any concerns to the management team at any time, if required. Staff were facilitated to raise any concerns on the quality and safety of care delivered through regular team meetings. Governance meeting records reviewed demonstrated good participation by the staff team, and where actions were assigned at meetings, these were reviewed for completion at the following meeting, which demonstrated good oversight by the person in charge.

In addition, the person in charge had systems in place for auditing the care and support provided. This included a range of internal audits in areas such as; medication management, residents' individual plans, finances, health and safety and infection prevention and control. In addition, quarterly reviews and analysis of incidents occurred was also being completed. A review of incidents indicated that the person in charge submitted notifications as required by the regulations to the Chief Inspector of Social Services. Where chemical restraint for a resident in the management of behaviour prior to medical interventions had recently been required, the person in charge agreed that this would be included on the next quarterly notifications as required under the regulations.

The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with families through use of questionnaires. Findings from audits identified areas for quality improvement for the centre, which were noted to be kept under review for

completion.

In summary, the management team demonstrated that they had the capacity and capability to effectively run the service. There were good systems in place to ensure consistent monitoring and ongoing oversight of the service to ensure it met the needs of residents.

#### Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the designated centre had been made.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time, and had the qualifications and experience to effectively manage the centre. Throughout the inspection, he demonstrated knowledge about his responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The centre appeared to be appropriately resourced for the needs of residents. A rota was in place and demonstrated that the centre was staffed by a consistent team of staff. Some documentation on the rota required review to ensure that it was clear about what some of the hours worked were, and to include legends on abbreviations and colour codes used. The person in charge addressed this when it was brought to his attention. A sample of staff files were reviewed and found to contain all the requirements under Schedule 2 of the regulations.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were provided with training opportunities to enhance their professional development and in supporting them in having the skills and expertise to support residents with their care needs. The person in charge had a schedule in place for



staff supervision and a sample of files reviewed demonstrated that staff received regular supervision and support sessions.

Judgment: Compliant

### Regulation 22: Insurance

The centre had up-to-date insurance in place.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place ensured good oversight and ongoing monitoring of the centre to ensure that it was safe and met the individual needs of all residents. The provider ensured that six-monthly provider audits and the annual review of the quality of safety and care in the centre was completed as required in the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place, which had recently been reviewed and contained all the requirements under Schedule 1 of the regulations. An easy-to-read statement of purpose had also been developed.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that notifications as required under the regulations were submitted to the Chief Inspector.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents received a good quality, person-centred service where residents' individuality was respected. Residents who the inspector met with were observed to be comfortable in their environment and with staff supporting them. However, improvements in the documentation and review of individual support plans were required to ensure that the plans were clear on how best to support residents with behaviours of concern.

Residents had individual plans in place which included information regarding their preferences and routines. Assessments of need were completed to assess health, personal and social care needs and support plans were in place where required. Residents were supported to identify personal goals for the future, which were reviewed at annual planning meetings, and a sample of files reviewed demonstrated that these goals were regularly reviewed and updated with progress notes. Some goals identified included; visiting stables, enhancing preferred communication methods and learning new skills to increase independence.

The inspector found that residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services, where this was identified as being required. This also included receiving information about vaccines and making this service available to residents. Where concerns about residents' health were raised, these were followed up with the relevant healthcare professionals and a range of support plans were in place to guide staff in supporting residents with health related needs; such as nutritional plans, falls management plans and epilepsy support plans.

There was no active safeguarding concerns in the centre at the time of inspection. The inspector found that safeguarding of residents was promoted through staff training, discussion at regular governance meetings about safeguarding and through the ongoing review of incidents that arose in the centre. In addition, comprehensive intimate and personal care plans for residents were in place, which clearly documented the supports residents required in this area.

Residents who required supports with behaviours of concern had support plans in place. Although staff were proactive in supporting residents with behaviours of concern, the inspector found that there was inconsistent information and gaps in some of the documentation. For example; a support plan for a resident outlined proactive and reactive strategies to support them with behaviours of concern. However, on review of an incident that occurred in February where this behaviour occurred over a period of a few hours, the strategies outlined in the current support plan were not used in response to this incident. On discussion with the person in charge, he said that some of these strategies would not work in this instance and agreed that the plan should be reviewed to ensure that it was updated to include strategies that would be effective in the event that such incidents re-occurred. In addition, the support plan for behaviours of concern noted the use of arm splints; however the plan did not detail how, and why this would be used to support the

resident. There were some restrictive practices in place in the centre, however the inspector found some of these required further review. For example; a risk management plan noted that a resident required physical restraint; however the inspector was informed that this was not used nor required. When this was brought to the person in charge, who said that this would be reviewed following the inspection.

There were systems in place for fire safety management; including regular checks on fire safety systems. Residents had up-to-date personal emergency evacuation plans in place, and regular fire drills occurred to ensure residents could be evacuated safely. Fire drills detailed clear information so that learning could be taken, if required.

There were systems in place for the identification, assessment and management of risk, including a range of emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and were kept under regular review.

The provider ensured that there were systems in place for the prevention and control of infection. This included staff training, infection prevention and control audits, accessible information about how to prevent infection transmission, use of personal protective equipment (PPE) and availability of hand sanitizers. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans. The Health Information and Quality Authority (HIQA)'s self-assessment tool to support with preparedness planning for COVID-19 had been completed.

In summary, residents were provided with person-centred care and support and there was evidence that residents' rights, interests and uniqueness were valued. Improvements in the documentation and review of support plans for residents with behaviours of concern would further enhance the quality and safety of care provided.

## Regulation 20: Information for residents

There was an easy-to-read guide for residents, which contained all the information as required under the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and review of risks that occurred on the centre. Emergency plans and a centre specific safety statement

was in place, which was reviewed and up-to-date.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels. In addition, a self-assessment tool for contingency planning during COVID-19 had been completed.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire management systems were kept under regular review with regular checks occurring. Fire drills were carried out regularly, and had been completed under minimal staffing levels to ensure that residents could be safely evacuated from the centre. Residents had up-to-date personal emergency evacuation plans in place. A schedule for fire drills for the year was in place to ensure that all staff participated in a number of fire drills each year.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans were developed where this was identified as being required. Annual planning meetings took place, and residents were supported to identify personal goals for the future through these meetings. These goals were kept under regular review and progress in achieving them were kept under regular review.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, where

these were required and recommended. This included access to General Practitioners, chiropractors and dentists, as well as access to vaccine programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Support plans for residents who required supports with behaviours of concern required review to ensure that the plans were effective in guiding staff to have the knowledge to support residents with their behaviours. In addition, documentation that contained information regarding the use of some restrictive practices required review to ensure that the information was relevant, up-to-date and clear about what interventions were to be used and to ensure that these were assessed as being the least restrictive option.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were trained in safeguarding and safeguarding was an agenda item which was reviewed at team meetings. Residents had comprehensive personal and intimate care plans which outlined the supports required in this area.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make choices in their day-to-day lives in line with their communication preferences, and were supported to practice their religious faith.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Forest View Apartments OSV-0001783

Inspection ID: MON-0032471

Date of inspection: 23/06/2021

## 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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The person in charge with support from BSS will review all support plans and personal risk assessments to ensure consistency across all plans and clarity on how best to support residents with behaviours of concern.</p> <p>The person in charge with support from BSS will develop, clear staff guidance on how to support the use of Upper Arm supports for one resident</p> <p>The person in charge with support from BSS will review and update Proactive and Reactive Strategies around prolonged periods of distress for one Resident and the use of Physical Restraint Protocol for Medical/Dental Appointments will be fully reviewed.</p> <p>All changes, suggestions to be discussed at Service Governance Meeting on 16/07/2021</p>	



## 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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	18/07/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	18/07/2021