



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2020
Centre ID:	OSV-0001837
Fieldwork ID:	MON-0030770

## About the designated centre

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

Hillview House provides residential services to up to six adults with a primary diagnosis of intellectual disability and who have mild to moderate support needs. The centre can also support residents with mental health needs. There are six en-suite bedrooms and one single bedroom. There is a large, well-equipped kitchen with an adjoining dining area, a comfortable living room, and a large recreation/hobby room among other facilities. Residents participate in individualised day service programs. The house is located in a rural setting and is provided with transport. A social model of care is provided in this centre, and residents are supported by a combination of social care workers and support workers on a 24-hour basis.

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

Number of residents on the date of inspection:	4
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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 25 November 2020	10:15hrs to 15:45hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with the residents living in the centre. The provider had developed individualised services for residents in response to COVID-19. The residents spoke positively of the changes and that they liked that staff members from their day service were supporting them in their homes. These programmes were leading to positive outcomes for residents.

Some of the residents spoke of goals they had been working on, including improving their physical health. The residents spoke about the work they had been doing and that they were pleased with the results.

The residents stated that they were happy with the service provided to them and knew the staff team working with them. The inspector observed warm and natural interactions between the staff team and residents throughout the inspection.

## Capacity and capability

Overall, residents were receiving a consistent and good standard of care. There were, however, some improvements required to ensure that the staff team was receiving regular supervision.

The inspector reviewed the systems that were in place to ensure that the staff team was appropriately supervised. It was found that improvements were required. An appraisal of staff members' supervision records demonstrated that supervision was not provided regularly as per the provider's policies and procedures. The provider had identified this as part of their own internal audits, and there was a plan in place to ensure that all staff would receive regular supervision in the future.

The provider had systems in place to ensure that the staff team had access to appropriate training, including refresher training as part of a continuous professional development programme.

The centre was effectively resourced with a clearly defined management structure in place. The centre's management team was made up of a person in charge and a team leader. There were appropriate arrangements in place to ensure that service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents and developing their individual living skills. For example; the provider had ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in

the centre had been generated following these.

The provider had ensured that residents were receiving continuity of care and that staffing levels and qualifications were appropriate to the number and assessed residents' needs. There was a consistent staff team in place that was observed to know the residents well and support them appropriately.

The provider had prepared policies and procedures as per Schedule 5 of the regulations. It was found that the review dates for some policies had passed. The person in charge informed the inspector that the reviews had been delayed due to the impact of COVID-19 and that there was a plan to have the required policies updated in the coming weeks.

The inspector reviewed an active transition plan. The plan had been developed in line with the wishes of residents and their representatives. The resident had visited the centre before their admission and had been supported to get to know future residents and the service before moving into the centre on a full-time basis.

The provider had ensured that there was an effective complaints procedure in place. Residents were encouraged to raise any concerns or issues during their weekly resident meetings. The inspector reviewed the complaints log and found that there had been no recent complaints recorded.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There were improvements required to ensure that staff members were receiving regular supervision.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had ensured that there were appropriate admission practices in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had prepared policies and procedures as per Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and sought to support them to develop independent living skills and engage in activities of their choosing.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being consulted and participating in the organisation of the centre. They were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

A review of a sample of residents' daily notes demonstrated that residents were receiving an individualised service. Residents were receiving one-to-one supports for

periods each day. As noted earlier, residents were happy with the current day service programme they were engaging in. Residents had been supported to set and achieve goals. Some goals had been postponed due to the impact of COVID-19, but there were examples of new goals being developed and residents achieving them.

An appraisal of further information highlighted that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under frequent review, and there was evidence of the assessments and residents' personal plans reflecting changes in needs and circumstances for the residents.

The inspector observed that residents had access to appropriate healthcare professionals. Residents were also being supported to develop and maintain healthy lifestyles, and this was leading to positive outcomes for residents.

The inspector noted that there were positive behaviour support plans in place where required. These were under review by members of the provider's multidisciplinary team; residents also had access to a range of therapeutic services. A review of the centre's adverse incidents demonstrated that the current interventions were leading to a reduction in incidents of challenging behaviours when compared to the 2019 period.

Protection and safeguarding of residents was being discussed during residents' meetings. Residents were being assisted in developing the knowledge, self-awareness, understanding, and skills needed for self-care and protection. There were appropriate systems in place to respond to safeguarding concerns, and active safeguarding plans were clear.

There were systems to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed. There was a centre-specific risk register in place that was under review and reflected environmental and social care risks. The provider had ensured that the risk management policy contained the required information as per the regulations; the provider had also developed a number of risk assessments in response to COVID-19.

The COVID-19 risk assessments developed for residents, the staff team and visitors were detailed and established according to the Health Protection Surveillance Centre (HPSC) guidelines. The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights.

## Regulation 26: Risk management procedures



The centre had appropriate risk management procedures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

## Regulation 8: Protection

Residents were being supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillview House OSV-0001837

Inspection ID: MON-0030770

Date of inspection: 25/11/2020

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have received formal supervision. A schedule of supervision has been populated detailing staff supervision plan for 2021.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/12/2020