



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

Issued by the Chief Inspector

Name of designated centre:	Church View
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2021
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0031746

About the designated centre

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

Church View is a designated centre that provides 24-hour residential nursing and healthcare support to five adults with intellectual disabilities. The bungalow is located in a small town in Co. Westmeath. Residents have access to local amenities such as shops and cafes. The house comprises five bedrooms, one main bathroom, one shower and toilet, a sitting room, kitchen, and sunroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 18 February 2021	10:15hrs to 16:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector found that the centre was well maintained and designed, and laid out in a homely manner. There were pictures of residents and their loved ones throughout the house. Residents moved freely through the house, with some residents listening to music and taking calls in their preferred areas of the house.

Through observations and review of residents' information, the inspector found that residents were receiving person-centred care and supports, that were leading to positive outcomes. The inspector had the opportunity to interact with three of the residents. One of the residents sat and spoke with the inspector. The resident stated that they had been unwell recently, but they had recovered and spoke to the inspector about the medication they had been prescribed. A second resident was listening to music and was supported to interact with the inspector with staff support. The inspector was introduced to the third resident who chose to engage in their preferred activities. The residents appeared relaxed and at ease in their home. The inspector also reviewed questionnaires that residents had been supported to complete regarding the service they were receiving. The residents expressed that they were happy with the service.

The inspector observed warm interactions between residents and the staff. The inspector interacted with staff members, who spoke positively of the service being provided to residents. They had worked in the centre for a significant period; the staff members referenced improvements made since the last inspection regarding the management of the centre and service provided to the residents.

A review of residents' information demonstrated that before restrictions imposed due to the current pandemic, residents were engaged in activities in their communities. Staff members also informed the inspector that before COVID-19, residents were partaking in day trips, going out for lunch, and going for meals. Some residents were also completing shopping with the assistance of staff members. Some of the group of residents living in the centre were identified as being part of the high-risk category and at risk of severe illness from the virus. The provider had supported residents to engage in other activities of their choosing. Residents were observed to be listening to music and watching programs they appeared to enjoy. Residents' person-centered plans had been updated for 2021, and personal goals had been identified for residents to work towards.

There was increased use of assistive technology to ensure that residents could maintain contact with their family and view religious services of their choosing. Residents had access to tablet devices, and the inspector observed some residents receiving a video call from family members.

The inspector had the opportunity to speak to a representative of a resident. The family member expressed that they were happy with the care being provided to their loved one and spoke positively of the efforts the staff and management team

had made in response to COVID-19. The representative expressed that they had open communication with the person in charge and were kept informed. The representative also spoke of visiting the centre before COVID-19 and that they could do so, they also spoke of completing a window visit with their loved one during Christmas.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to be active members of their community. Residents appeared happy in their home, and there was a consistent staff team in place to support them.

Capacity and capability

This service was last inspected in December 2018; the inspection found a number of areas that required improvements to ensure that the needs of all residents were being met. This inspection found that the provider had responded appropriately to the findings from the 2018 inspection and that residents were receiving a service that was meeting their needs and wishes.

The provider had ensured that the centre was effectively resourced with a clearly defined management structure in place. The centre was led by a person in charge who delegated to a team of staff nurses and care assistants. The care provided was nurse-led, and reviews of residents' information demonstrated that some of the residents had medical needs that required twenty-four-hour nursing supports which were in place. There was also a large staff presence rostered daily to support the residents.

There were appropriate arrangements in place to ensure that the service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents. For example, the provider had 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. Audits conducted were identified areas for improvement, and the person in charge and the provider had arrangements in place to address these. The provider had recognised that there were improvements required to the current storage facilities in the centre. The inspector reviewed correspondences that stated that a new office area was to be developed and that this had been identified as a priority. The inspector was assured that this would be addressed in the coming months.

The provider had not yet completed the 2020 annual review of the quality and safety of care and support provided to the residents. This was discussed with the person in charge, who assured the inspector that this would be completed in the coming weeks.

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. There were planned changes due to take place within the staff team, but the provider had prepared for these, therefore reducing the impact for residents.

The staff team had access to suitable training, staff members were also appropriately supervised. Staff spoken to stated that they received appropriate support from the provider. The provider had also ensured that staff members had completed refresher training and that staff development was being prioritised.

There was an effective complaints procedure in place. Residents were encouraged to raise any concerns or issues; the inspector reviewed the centre's complaints log and found that some complaints or issues had been raised by residents. These had been reviewed and addressed promptly, demonstrating that there was an effective complaints procedure in place.

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

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems that led to the effective monitoring of the care and support provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed an effective complaints procedure and ensured that residents knew their right to raise complaints.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

Residents had received comprehensive assessments of their health and social care needs. 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. One of the staff members that spoke with the inspector noted that they could access the provider's multi-disciplinary team when required and that this service was very helpful. During a review of residents' information, the inspector observed regular input from services for residents, including occupational and speech and language therapy.

The inspector reviewed a sample of residents' person-centred goals and found that there were systems to ensure that goals had been identified and that the goals outlined the measures required to support the residents to achieve them.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans, and risk assessments focused on promoting the health of residents, and these were again under regular review.

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 provider had developed a number of practices to prepare and respond to COVID-19. There were regular teleconferences being held between the provider's senior management and centre managers. This was leading to the most up-to-date information being shared and discussed regularly. There was a contingency plan developed for the centre along with individual isolation plans for residents. Staff had access to appropriate personal protective equipment (PPE) and had completed additional training regarding infection prevention and control. The inspector reviewed certain areas of infection control and management with the person in charge and noted that some adaptations were made following this and were submitted for review following the inspection.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

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 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant