

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

Issued by the Chief Inspector

Name of designated centre:	Hyland View
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	01 June 2022
Centre ID:	OSV-0003619
Fieldwork ID:	MON-0028304

About the designated centre

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

This is a service providing full-time residential care and support to seven adults (male and female) with disabilities. The centre comprises of a large detached house in Co. Monaghan and is in close proximity to a large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema and to go on holidays. Each resident has their own large private bedroom, all of which are en suite. Residents' bedrooms are tastefully decorated to their individual style and preference. Communal facilities include a large well equipped fully furnished kitchen cum dining room, a comfortable spacious sitting room, utility facilities, adequate storage space and well maintained gardens to the rear of the property. Adequate private parking is also available to the front of the premises. There are systems in place to ensure the assessed social, emotional and healthcare needs of the residents are comprehensively provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge. She is supported by two senior staff nurses, nursing professionals, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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 (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 1 June 2022	10:30hrs to 14:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke with the residents and spoke with two family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from three family representatives was also reviewed as part of this inspection. As with the previous inspection of this centre, the residents met with said they were happy in their home, and staff were observed to be responsive, kind and caring in their interactions with the residents.

On arrival to the centre, some residents welcomed the inspector into their home. The house was observed to be warm and welcoming and all residents appeared relaxed and comfortable in the company and presence of staff.

One resident invited the inspector to view their person centred plan. The plan was available in both written and pictorial format and, the resident was happy to show the inspector pictures of themselves enjoying social outings such as holiday breaks and celebrating important occasions such as birthdays. The resident appeared very happy in the photographs and told the inspector they were very happy in their home. They also showed the inspector their room, which was observed to be well maintained and, personalised to their individual style and preference.

A number of other residents also invited the inspector to see their rooms which were found to be spacious, warm, clean and, were also decorated to their individual preferences.

Some residents attended a day service and informed the inspector that they enjoyed the activities on offer there. Another resident informed the inspector that they liked to go for a pint and were looking forward to visiting their family soon.

Over the course of this inspection residents were observed relaxing in their home watching television, having dinner and chatting with staff and, some went on social outings and drives. Where a resident had a particular interest in a hobby such as arts and crafts, staff ensured this interest was supported and encouraged. For example, one resident was a skilled knitter and the inspector saw that the resident was actively supported by staff to pursue this hobby.

Two family members spoken with over the phone were extremely positive about the quality and safety of care provided. One said the service was excellent, person centred, holistic and was responsive in meeting the needs of their relative. They also said the house was homely and they were welcome to visit at any time. They were satisfied that the healthcare needs of their relative were being planned for and supported. Additionally, they reported that there was good continuity of care in the house, staff had the right skill-set to support their relative and at the time of this inspection, they had no concerns about the quality or safety of care provided in the centre.

The second family member said the care provided was brilliant and the staff team were great. They too were happy with the quality and safety of care provided in the centre reporting that the service was second to none, their relative was happy living there, the standard of care was excellent and they had no complaints whatsoever.

Written feedback from the residents on the service viewed by the inspector, informed that they loved living in this house and, viewed it as their home. Written feedback on the service from three family members also informed that they were satisfied with the service, the needs of their relatives were being provided for and they were happy with the quality of care. Family members also reported that staff were courteous and respectful and that overall, the service was excellent.

The rights of the residents were promoted in their home and the staff team actively listened to and responded to their needs and feedback on the service provided. For example, earlier in the year some of the residents expressed dissatisfaction with regard to the mode of transport provided in the service. Staff supported them to bring this issue to the attention of management via the complaints process and, the issue was dealt with to the satisfaction of the residents.

At all times over the course of this inspection, the inspector observed that staff were kind, caring, respectful and warm in their interactions with the residents and residents appeared happy and content in their home.

The following two sections of this report outline how the effective governance and management arrangements in place in this service, positively impact on the quality and safety of care provided to the residents.

Capacity and capability

Residents and family members spoken with as part of this inspection process reported that they were very happy with the service overall and, the provider ensured that adequate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge (supported by two experienced senior staff nurses) who worked on a full-time basis with the organisation. The person in charge was a qualified nursing professional (with additional qualifications in Leadership and Management) and provided leadership and support to the staff team. They ensured that resources were managed and channelled appropriately, which meant that the evolving and changing assessed needs of the residents were being supported and provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to

include Children's First training, safeguarding of vulnerable adults, medication management (where required), basic life skills training, positive behavioural support, manual handling, training in dementia and infection prevention control. From speaking with a nursing professional on the day of this inspection, the inspector was assured that they were familiar with residents care plans and how to meet their assessed needs.

The person in charge and one senior staff nurse spoken with were found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, the person in charge was aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in November 2021, identified that issues regarding some furniture and furnishings needed addressing and, the statement of purpose required updating. These issues were actioned and at the time of this inspection, had been addressed.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place

to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include Children's First training, safeguarding of vulnerable adults, medication management (where required), basic life skills training, positive behavioural support, manual handling, training in dementia and infection prevention control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

As found with the previous inspection of this service, residents continued to be supported to have meaningful and active lives within their home and community and systems remained in place to meet their complex assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. Some residents attended a day service where they met friends, engaged in activities of interest and availed of social outings. Residents also liked to go on holidays and hotel breaks and, frequent community based amenities such as local shops, restaurants and shopping centres.

Residents continued to be supported with their healthcare needs and, as required access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to physiotherapy, occupational therapy, speech and language therapy and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Where required, access to mental health services and behavioural support were also provided for to include psychiatry and psychology services and, a sample of files viewed by the inspector informed that staff had training in positive behavioural support.

Systems were in place to safeguard the residents however, there were no safeguarding issues in this house at the time of this inspection. From speaking with one senior staff nurse, the inspector was assured that they had the experience, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and Children's First and information on how to contact the safeguarding officer and an independent advocate was available in the centre. Two family representatives spoken with also reported that they were happy with the quality and safety of care provided in the service.

Systems were in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. Systems were also in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control and hand hygiene. The person in charge reported that there were adequate supplies of PPE available in the centre and assured it was

being used in line with national guidelines. There were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

Adequate fire fighting equipment was in place to include a fire alarm, fire extinguishers and fire doors. All equipment was being serviced as required by the regulations. Fire drills were being facilitated on a quarterly basis (or sooner if required) and each resident had a personal emergency evacuation plan in place.

The premises were laid out to meet the needs of the residents and on the day of this inspection, they were found to be well maintained, clean, warm and homely. Some painting/repair work was required to the kitchen ceiling however, the person in charge was aware of this and had a plan of action in place to address it.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. As found in the previous inspection of this service, residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and on the day of this inspection, they were found to be well maintained, clean, warm and homely. Some painting/repair work was required to the kitchen ceiling however, the person in charge was aware of this and had a plan of action in place to address it.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the

centre.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire alarm, fire extinguishers and fire doors. All equipment was being serviced as required by the regulations. Fire drills were being facilitated on a quarterly basis (or sooner if required) and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, access to mental health services and behavioural support were also provided for to include psychiatry and psychology services and, a sample of files viewed by the inspector informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents and their individual choices were supported and respected. Residents were directly involved in the running of their home and staff were seen to be supportive and respectful of their individual autonomy.

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 (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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant