



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

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	18 September 2018
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0024466

About the designated centre

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

The centre provides accommodation for a maximum of seven residents with 6 bedrooms in the main house and a one bedroom apartment situated adjacent to the main house. The centre aims to support residents to experience life in a home like environment and to engage in activities of daily living typical to those which take place in many homes, with additional supports in place in line with residents' assessed needs.

The following information outlines some additional data on this centre.

Current registration end date:	26/10/2019
Number of residents on the date of inspection:	7

How we inspect

To prepare for this inspection the inspector or 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
18 September 2018	10:30hrs to 17:30hrs	Andrew Mooney	Lead

Views of people who use the service

The views of the people who use the service were established by speaking with residents and observing them during the day.

The inspector met and engaged with five residents in line with their assessed needs and preferences. The inspector observed positive interactions between residents and staff. It was clear residents were comfortable in the company of staff. Residents spoke fondly of the staff and stated that they were happy and felt safe in the centre.

Residents were engaged in community activities of their choosing which varied from person to person. These included working within their community, attending local day services and accessing local amenities. Residents also had goals and were being supported to achieve them. Residents told the inspector about holidays they had booked and were looking forward to.

Capacity and capability

The centre had the capacity and capability to support residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge, who was supported by a team leader. Residents and staff could clearly identify how they would report any concerns about the quality of care and support in the centre. The provider had arrangements in place to monitor the quality of care and support in the centre through regular governance meetings.

There was a written statement of purpose in the centre. However, this document did not accurately reflect the facilities within the centre as it had not been updated sufficiently to reflect some reconfiguration within part of the centre. Furthermore, the document did not accurately reflect the arrangement for when the person in charge was off duty. The current document indicates that there is always a team leader on duty if the person in charge is off duty but this was not the practice within the centre.

There were sufficient staff with the right qualifications and experience to meet the assessed needs of residents. The inspector spoke to a number of staff in the centre who could clearly identify the care and support needs of residents. Staff were observed to treat residents with respect and warmth. Whilst there was a staff rota in

place, it required some improvement. The rota did not accurately record staff names and not all actual staff shifts were recorded. The centre also had access to training and refresher training in line with the statement of purpose.

Regulation 14: Persons in charge

There was a suitably qualified and experienced Person In Charge in place.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. However, there were some improvements required with the maintenance of the staff rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflects up-to-date, evidence based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place. However, it did not accurately reflect the facilities or management arrangements within the the centre.

Judgment: Not compliant

Quality and safety

Overall, a quality and safe service was delivered to residents. There were some gaps in documentation and not all procedures were followed correctly but this had a limited impact on residents quality of life.

The centre had appropriate fire-fighting equipment, fire alarm, emergency lighting and fire safety checks in place. The centre carried out regular fire drills and followed up on any learning identified from these drills. However, whilst the provider had prepared personal emergency evacuation plans, they required further detail to ensure that the residents actual support needs were captured accurately. Also, the inspector was not assured that there was sufficient fire containment measures in place as some fire doors had closing mechanisms deactivated and another fire door was not closing correctly. The inspector requested that the provider took immediate action to ensure that the centres fire containment measures were appropriate and this was addressed during the inspection.

Overall, the centre was well decorated and homely. It had an adequate number of baths, showers and toilets available. During the inspection the inspector observed areas of the centre that had begun to be painted. However, having discussed the arrangements for completing the painting with management, it was unclear what the time frame for completing this was. This protracted time frame was not promoting a homely environment.

Residents had access to adequate quantities of wholesome and nutritious food. However, the system for ensuring that food was stored safely required improvement. The centre had a daily refrigerator temperature checking system in place. However, when the temperatures were recorded as being outside the indicated safe range, no apparent corrective actions were taken.

Each resident had a comprehensive assessment of need and an appropriate personal plan. Families and friends were welcomed by the service and they participated in and were regularly involved in residents lives. Each resident received timely, comprehensive multidisciplinary assessment of their health needs which was regularly updated and reviewed. Residents generally had active lives, participating in activities of their choosing. Residents had goals and these appeared to be engaged with.

Each resident had access to appropriate healthcare to support their assessed needs. This included access to a GP of their choosing and when medical treatment was

recommended, this was agreed with the resident and facilitated by the provider. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take proactive steps with their healthcare needs. However, whilst residents' health needs were well supported, improvements were required as not all interventions were fully documented.

Positive behaviour support plans were in place for residents where required. The inspector reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. Restrictive practices were assessed and regularly reviewed to ensure they were appropriate. However, the inspectors identified a number of areas locked, including a press and two doors which had not been identified as restrictive practices and therefore were not appropriately assessed and reviewed.

Where safeguarding concerns arose, they were investigated appropriately and residents were protected from all forms of abuse.

Risk was generally managed appropriately and there were policies and procedures in place to support this. The provider had initiated reasonable measures to prevent accidents.

Regulation 17: Premises

Improvements were required regarding the timeliness of completing maintenance issues. Areas of the centre were being painted but this was being done over a protracted time.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The monitoring arrangements for ensuring food are stored in hygienic conditions were not adequate.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider has initiated and put in place an investigation in relation to any

incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place which was serviced when required. However, fire containment measures and personal emergency evacuation plans required improvement.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The centre was suitable for the purposes of meeting the assessed needs of each resident and where reasonably possible, arrangements were in place to meet these needs.

Judgment: Compliant

Regulation 6: Health care

There were some gaps evident in the maintenance of documentation but care was delivered to a high standard.

Judgment: Substantially compliant

Regulation 8: Protection

The provider has initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. However, not all restrictive practices within the centre were identified and therefore they were not appropriately assessed and reviewed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Hillview Manor OSV-0002438

Inspection ID: MON-0024466

Date of inspection: 18/09/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All staff full names are on the roster. There is a leader on each shift and this is highlighted and identified. Roster's are typed and easy to read and identify who is on shift.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Floor Plans have been updated to reflect the layout of the apartment i.e. change of bedroom to sitting room.</p> <p>If the PIC and team leads are not on duty a nominated person will be appointed and identified on the rota to take lead for that shift. The Talbot Group operate an "on call" service for out of hours with managers/PIC'S providing on call support.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Painting schedule will be put in place for the outstanding work and painting will be completed as per schedule.</p>	

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A new fridge was bought with a built in temperature. Recording sheet has been adapted to include an action plan if the temperature does not record between 0-5 degrees.</p> <p> </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Self closures on fire doors rectified on the day of inspection.</p> <p>A weekly inspection is now carried out on fire doors to ensure they are closing effectively.</p> <p>All resident's PEEP's have been updated and individual to each resident.</p> <p> </p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>PIC has spoke to all staff members asking them to ensure all interventions/control measures are being documented fully.</p> <p>Full team meeting scheduled for 19/10/18 and outcome of the report will be discussed as an agenda item.</p> <p> </p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The identified press and one door which have been locked have been assessed and are no longer locked.</p> <p>Rationale will be put in place for maintenance shed.</p> <p> </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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/09/2018
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/10/2018
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Not Compliant	Orange	26/09/2018
Regulation 28(3)(a)	The registered provider shall make adequate	Not Compliant	Red	18 September 2018

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	12/10/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	19/10/2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/10/2018