



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	20 January 2020
Centre ID:	OSV-0001783
Fieldwork ID:	MON-0025274

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
Monday 20 January 2020	09:15hrs to 17:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector met with two residents who lived at the centre. Residents were observed going to, and returning from their day service on the day of inspection. Residents communicated with the inspector on their own terms and appeared to be happy and comfortable with staff and in their environment. Staff who were supporting residents were knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect. The inspector also spoke with staff who were supporting residents as part of the inspection. Staff who the inspector spoke with talked about residents' preferences and activities that they enjoyed including; recycling, going to Mass and going out for walks. The inspector was informed that residents settled well into their new home and that their quality of life had improved with having their own individualised apartments.

Capacity and capability

The provider had recently applied to vary the conditions of this centre to reduce the registered numbers of beds from four to three. In addition, the centre had been reconfigured internally to provide for three individual apartments with separate staff facilities adjacent to the apartments. The three residents who lived at the centre had recently moved in, with two residents having moved in as recently as December 2019. The documentation required to accompany this application to vary was reviewed as part of the inspection process.

The inspector found that in general, there was a good governance and management structure in place in the centre which promoted a person centred and safe service. There had been a few changes in management since the last inspection and the inspector found that some improvements were required in the consistency of the oversight arrangements in relation to areas such as; staff training, notification of incidents, individual plans, restrictive practices, risk management and fire drills.

The person in charge worked full-time and was recently appointed to the post of person in charge of this centre since January 2020. There had been five changes of persons in charge since the last inspection in May 2018; however the current person in charge had been involved in the management of the centre previously and demonstrated good knowledge about the service and residents' needs. The person in charge had a system in place to carry out internal audits in the centre in areas such as medication, health and safety, finances, fire checks and accident and incidents. A new template had recently been implemented for the staff team meetings, which demonstrated that incidents and learning from audits were discussed with the staff team. In addition, staff who the inspector spoke with said that they felt well supported and could raise any issues or concerns to the

management team if needed.

The inspector found that the staffing arrangements were adequate to meet the needs of residents on the day of inspection. There was an actual and planned rota in place which reflected what was happening in the centre. There was a consistent staff team in place, and staff who had supported residents in their previous home had relocated to the centre with the residents, which promoted good continuity of care.

Staff received regular training as part of their continuous professional development. A review of training records demonstrated that in general, staff were provided with mandatory and refresher training. However, one training that had been identified by the person in charge as being a need for this service had not yet been completed by some staff. The person in charge addressed this by the end of the inspection by arranging the required training for the relevant staff by the end of the week. In addition, the training needs analysis required updating to reflect the training requirements of staff to support the recently admitted residents.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits contained good detail and action plans had been devised as a result of these audits. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents and their families. However, the oversight arrangements regarding the actions identified in the unannounced audits required improvements to ensure that the service was effectively monitored at all times.

The provider had systems in place for the recording and review of incidents and accidents. However, the inspector found a notification that was required to be submitted to the Chief Inspector of Social Services had not been identified as an incident, and therefore had not been submitted as required by the regulations.

Registration Regulation 8 (1)

The provider ensured that all the information required to apply to vary a condition of registration was submitted as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the appropriate qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were found to meet the needs and numbers of residents on the day of inspection. Staff who had worked with residents in their previous service had relocated to the centre with the residents, which led to good continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a training matrix, which demonstrated that staff were provided with most mandatory and refresher training. However, a training need that had been identified by the person in charge for staff to support residents had not been completed by two staff. In addition, the training needs analysis required updating to ensure that staff were provided with the appropriate training to support the residents who currently resided in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place in the centre and was available for review by the inspector.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was up to date insurance in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There had been several changes of persons in charge since the last inspection in May 2019; however in general the inspector found that there was a good organisational governance structure in place. The person in charge and person participating in management who were at the centre on the day of inspection demonstrated good knowledge about the centre and the needs of residents. However, some improvements were required in the management and oversight systems to ensure consistency in the provision of service and to ensure more effective monitoring of the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a written contract for the provision of services, which outlined the fees to be charged where appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had reviewed and updated the statement of purpose and it was found to contain all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that all notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents received a person centred and safe service. However, some improvements were required with regard to personal plans, restrictive practices documentation, risk management and fire evacuation; which would further enhance the quality of the care provided to residents.

The inspector found that support plans were developed for residents' assessed needs and provided guidance to staff on the specific supports required. This included support plans for healthcare needs, social care needs and communication needs. A resident who had recently been admitted to the centre had a transition plan in place, which included consultation with their family and also had a multidisciplinary input to ensure the environment was suitable to their specific needs. In addition, an assessment of needs and compatibility assessment had been completed prior to the move to assess if the centre was suitable. Residents who were living in the centre had personal plans completed with input from their families; however the inspector found that some personal goals were quite broad and not individualised to the resident. For example; residents' goals included to continue their social role in the community, but did not specify what this would entail. In addition, progress updates on the achievement of the goals had minimal detail inputted which made it difficult to assess how effective the goals were.

Residents who required support with behaviours of concern had plans in place which detailed triggers to behaviours, proactive and reactive strategies required to best support residents. There were some restrictive practices in use in the centre which had been assessed to be the least restrictive, and aimed to promote residents' independence in their new living arrangements. However, the inspector found that there was no evidence of consent obtained from residents and/or their advocates in the use of these practices. The person in charge informed the inspector that he had recently contacted residents' family members about this and was awaiting documentation in this regard.

In general, the provider promoted residents' safety while staying in the centre. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents in a dignified manner, and which also aimed to promote residents' independence in this area.

The centre was designed and laid out to meet the needs and numbers of residents. Residents had their own apartments with individual entrances and emergency access to the staff designated area if required. Each apartment included a bedroom, bathroom facilities, kitchen and dining/living area and works were in progress to create a safe and individual outdoor space for residents. Each of the apartments in the designated centre were found to be spacious, clean, homely, nicely decorated and equipped to meet the needs of residents. There was some outstanding works to be completed to the external premises and staff accommodation, and the inspector observed this work being in progress at the time of inspection.

In general, the person in charge had a good understanding of risk management and risks that had been identified for the service had risk assessments in place.

However, one risk relating to healthcare was found to be risk rated inappropriately and the person in charge rectified this at the time. Adverse events were assessed and plans were in place to respond to emergency situations. There was a system in place for the review of accidents and incidents, and incidents were discussed at staff team meetings. A risk assessment had been completed with regard to the renovation works that were occurring in the centre. However, there was no documentary evidence to show that risks were identified in relation to the possible impact of building works on residents who were living at the centre during this time. While the inspector found that there were suitable arrangements in place to ensure that the impact to residents was kept to a minimum and that residents were safe; the specific risks to residents had not been appropriately identified and documented.

The centre had systems in place for the detection, containment and prevention of fire and regular fire safety checks were completed by the person in charge. There were easy to read evacuation plans on display in the centre and a centre emergency evacuation plan was in place. The inspector found that the evacuation plan did not clearly outline the arrangements for calling the fire service; however this was addressed by the person in charge by the end of the inspection. Staff received training in fire safety and regular fire drills were carried out. Staff who the inspector spoke with were knowledgeable about what to do in the event of a fire. Residents had personal emergency evacuation plans in place. However, although fire drills were occurring and residents were evacuated, the recording system of the fire drills did not allow for areas of improvement to be noted to ensure residents could be evacuated in the most efficient manner.

Regulation 10: Communication

Residents had communication profiles in place which were detailed in nature and outlined the communication preferences of residents. Residents had access to televisions, radios, telephones and the internet.

Judgment: Compliant

Regulation 17: Premises

The premises was designed to meet the needs and numbers of residents. Residents had their own one bedroom self-contained apartments, which consisted of a bedroom, bathroom, kitchen and living/dining area. In addition, residents had access to a private outdoor area.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management system in place in the centre and the inspector found that in general risks relating to the designated centre and residents had specific risk assessments in place. While there were good control measures in place to promote residents' safety; the inspector found that not all risks had been identified and documented. For example, risks to residents during the time of renovations in the centre had not been identified with regard to the specific risks and the possible impact of the building works on residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had systems in place for the detection, containment and prevention of fire and regular fire safety checks were completed by the person in charge. However, although fire drills were occurring and residents were evacuated, the recording system of the fire drills required improvements to allow for areas of improvement to be noted to ensure residents could be evacuated in the most efficient manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments were completed for residents with regard to health, personal and social care needs; however improvements were required in the monitoring of identified goals to ensure that they were effective and met within the agreed time scale. The inspector found that some personal goals were quite broad and not individualised to the resident. In addition, the inspector found that some goals in relation to identified social care priorities for one resident had not been achieved within the specified time frames.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where restrictive practices were in place, they were assessed to be the least

restrictive. However, the inspector found that there was no evidence of consent received from the resident and/or their advocate in the use of these practices.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were trained in the safeguarding of residents and staff spoken with were aware of what to do in the event of a concern. Intimate care practices had comprehensive support plans in place to ensure residents were supported in a person-centred, safe and dignified manner.

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	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Forest View Apartments OSV-0001783

Inspection ID: MON-0025274

Date of inspection: 20/01/2020

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training needs analysis for the service has been updated which assesses and sets out the minimum training requirements for staff to ensure the safe and consistent operational management of the service. 2 staff have been nominated for Epilepsy training which will be completed on 31.01.20</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The person in charge through the introduction of the new Service Governance structure will ensure improved and efficient oversight systems to provide consistency of service provision and effective monitoring of the designated centre.</p> <p>The person in charge will ensure that the action plan on the 6 monthly Provider led Unannounced Visit is completed and up to date with progress on actions.</p> <p>The training needs analysis for the service has been updated which assesses and sets out the minimum training requirements for staff to ensure the safe and consistent operational management of the service. 2 staff have been nominated for Epilepsy training which will be completed on 31.01.20</p> <p>A new monthly Service Governance Meeting has been introduced which will review all</p>	

incidents and notification requirements to ensure the notification of all notifiable events including any unplanned evacuation of the centre.. The next meeting is scheduled for 29.01.20 and notification requirements will be discussed with the staff group.

The person in charge will ensure that all service risks are assessed and appropriate controls in place. In particular, the person in charge will ensure that in the event of any construction or maintenance work taking place in apartments that the associated risk to service users is thoroughly assessed in the person's risk management plan and appropriate controls in place.

The person in charge will review the Fire Evacuation Template to include a process of analysis of the evacuation for the purpose of planning for improvements in the efficiency of evacuations and problem solving.

The person in charge will lead a review of all Individual Plans for service users which will ensure all individual goals for service users are SMART (Structured, Measurable, Achievable, Realistic and Timebound). The new Service Governance Meeting Structure will include monthly summaries of progress on individual goals and objectives as well as identifying and problem solving any obstacles to progress on individual goals.

A log of all restrictive practices for individual service users has been developed and sent to individual's next of kin for consent.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 A new monthly Service Governance meeting has been introduced which will review all incidents and notification requirements to ensure the notification of all notifiable events, including any unplanned evacuation of the centre. The next meeting is scheduled for 29.01.20 and notification requirements will be discussed with the staff group

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The person in charge will ensure that all service risks are assessed and appropriate

controls in place. In particular, the person in charge will ensure that in the event of any construction or maintenance work taking place in apartments that the associated risk to service users is thoroughly assessed in the person's risk management plan and appropriate controls in place.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The person in charge will review the Fire Evacuation Template to include a process of analysis of the evacuation for the purpose of planning for improvements in the efficiency of evacuations and problem solving.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge will lead a review of all Individual Plans for service users which will ensure all individual goals for service users are SMART (Structured, Measurable, Achievable, Realistic and Timebound). The new Service Governance Meeting Structure will include monthly summaries of progress on individual goals and objectives as well as identifying and problem solving any obstacles to progress on individual goals.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A log of all restrictive practices for individual service users has been developed and sent to individual's next of kin for consent.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/03/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	31/01/2020

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	31/01/2020
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	29/01/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	01/03/2020

	effectiveness of the plan.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	05/02/2020