



## Office of the Chief Inspector

# 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:	Announced
Date of inspection:	05 June 2019
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0022474

## About the designated centre

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

Hillview Manor provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of seven residents with six bedrooms in the main house and a one bedroom apartment situated adjacent to the main house. The centre is surrounded by a large garden area, it is in walking distance to local amenities and public transport links. 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. Residents are supported by a person in charge, team leader and support workers in line with their assessed needs.

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

Number of residents on the date of inspection:	7
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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
05 June 2019	10:00hrs to 18:30hrs	Sarah Mockler	Lead

## Views of people who use the service

The inspector met with six of the seven residents across the day of inspection. Five of the residents only briefly spoke with the inspector. During this time one resident expressed how much they liked the staff working and supporting them. Another resident spoke about a concert they had recently attended and spoke about how much they enjoyed music.

A resident spent some time in the morning speaking with the inspector. They were preparing for a short holiday break in Ireland and they were really looking forward to this. The resident was very pleased with the standard of care provided by staff, and in particular expressed that the person in charge was very approachable and calm and in their manner. The resident overall was satisfied living in the centre and said they felt safe.

Respectful and caring interactions were observed on the day on inspection. The inspector met with a resident who enjoyed looking at pictures of their family members. They had a tablet full of photos and the staff member was able to tell the resident who some of the people were while helping to support them flick through the pictures. Overall residents appeared happy and content on the day of inspection and were busy getting ready to go into the community to different activities of their choosing.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring a good quality service was provided to the residents. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that residents' specific needs and wishes were considered.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. It was evident that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. All the residents were very familiar with the person in charge and one resident in particular expressed that they were very happy with the support they received from them. The person in charge was also recently appointed to manage another designated centre. There were suitable arrangements in place, such as the team leader roles, to ensure the effective oversight and management of the centre when

the person in charge was not present.

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.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. There was an annual review of the quality and safety of care and support in the designated centre. The provider had also completed two unannounced visits to the centre in the previous 12 months and had prepared written reports. The actions identified in these reports had been completed in a timely manner. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. The suite of audits were based on the regulations.

A quality improvement plan was also made available to the inspector. This quality improvement plan was drafted as part of the thematic inspections around restrictions which the centre took part in recently. Some of the actions identified in this report were in progress on the day of inspection. These reviews and quality improvement plans were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. Safe and effective recruitment practices were in place and ensured an appropriate skill mix was available to the residents. A sample of Schedule 2 documents were reviewed and were all in place as per regulation.

The staff training needs and development were organised and managed in a way to ensure that they had the required skills, experience and competencies to respond to the individual needs of the residents. Additional training was made available to staff when required. Staff had recently completed specific training in relation to one resident's assessed health needs. Staff were receiving good quality supervision as per the organisation's policy. A new template in terms of recording supervision had recently been put in place and staff spoke about the ease of use and how it helped facilitate supervision meetings. Staff spoken too, felt well supported in their roles.

#### Regulation 14: Persons in charge

This was a full-time post. The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents. Information and documents specified in Schedule 2 were available.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, consistent and effectively monitored. The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. Staff were knowledgeable about residents' needs and preferences. There were some gaps in documentation

but this had a limited impact on residents' quality of life.

The premises was warm, clean and kept in good structural repair. There was more than adequate private and communal accommodation. Rooms were spacious. There was well kept large gardens, and some of the residents took part in different aspects of this. One resident allowed the inspector to view their bedroom. It was a large room and decorated to the resident's taste.

A sample of residents' personal plans were reviewed. There was an assessment of need completed for the residents that identified health, personal and social care needs. The outcome of this assessment was used to inform an associated plan of care for the residents. The residents also had access to a keyworker. Residents were working towards meaningful goals. It was evident that the resident was consulted in this process. A sample of keyworking meeting notes were reviewed and although it was noted that the resident did not want to take part in these meetings, the goals the resident identified were clearly documented. An accessible version of the plan was made available to the resident. The effectiveness of the residents' personal plan was regularly reviewed by the multidisciplinary team.

Each resident had access to appropriate health care to support their assessed needs. There was evidence to demonstrate that the residents were supported to attend National Screening appointments. The residents' right to refuse medical treatment was respected and documented. One resident had recently refused to attend a National Screening appointment and this had been discussed and signed off by their GP. The provider had recently transferred to an online system to monitor and document residents' specific health needs. Some gaps in the documentation process on this system was noted. For example a specific care need in relation to diabetes management had details to guide staff practice on what to do in certain situations however, it was not sufficiently detailed on how to complete the process.

Residents were protected by the safeguarding arrangements. The person in charge, and members of staff spoken too demonstrated sufficient knowledge of the types of abuse and the actions to take in the event of witnessing or suspecting abuse. There had been no incidents of safeguarding in the designated centre to date since the previous inspection in August 2018.

The inspector found that residents were overall protected by appropriate risk management procedures and practices. There was a risk register in place. There was evidence of learning following incidents and there were systems in place to respond to emergencies. However, following a review of a sample of individual risk assessments, not all risk assessments were updated to reflect that the risk control measures were proportional to the risk identified.

Suitable fire equipment was provided and serviced as required. There was adequate means of escape with emergency lighting provided. Suitable fire containment measures were in place in the home. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills were being completed at regular intervals. The provider had prepared personal evacuation plans and these were updated regularly following any



learning identified following a fire drill.

### Regulation 17: Premises

There was adequate private and communal accommodation. The premises met the needs of all residents and the design and layout promoted the residents' safety, dignity and wellbeing.

Judgment: Compliant

### Regulation 26: Risk management procedures

While there is a risk management policy and appropriate practices in place some gaps were evident in the documentation that did not result in a medium or high risk to the resident. A risk assessment tool had been used, however an appropriate risk assessment had not been developed to include relevant control measures.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The mobility and cognitive understanding of the residents was adequately accounted for in the evacuation process. Residents were involved in fire drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The service worked together with the resident to identify their strengths, needs and life goals. The participation of the resident in this process was evident.

Judgment: Compliant

### Regulation 6: Health care

There were some gaps evident in the maintenance of documentation but care was

delivered to a high standard and did not result in a medium or high risk to residents. The documentation was not sufficiently detailed to describe how to complete a specific care need in relation to diabetes management. Also, recommendations from allied professionals were not sufficiently detailed in the specific care needs document.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents were protected by the safeguarding arrangements. All staff had received suitable training in relation to safeguarding.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide contained all relevant information as required in the regulations.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 20: Information for residents	Compliant

# Compliance Plan for Hillview Manor OSV-0002438

Inspection ID: MON-0022474

Date of inspection: 05/06/2019

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            Risk assessment in place from 05/06/2019 for resident that had a recent fall and control measures in place.            All staff have been informed in daily handover of new risk assessment and control measures in place.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:            Recommendations from allied professionals are now detailed in specific need care plans from 05/06/2019.            Community Nurse has updated medication competencies to include how to take blood sugar levels. Five medication competencies will be completed before each staff member administers medication or checks blood sugar levels. There is also information on how to check blood sugar levels available to all staff.</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 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	05/06/2019
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	05/06/2019