



Office of the Chief Inspector

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

Name of designated centre:	Hillview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 February 2019
Centre ID:	OSV-0002481
Fieldwork ID:	MON-0023336

About the designated centre

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

The centre is operated by the HSE and provides full-time residential care and support to four adults with an intellectual disability in a community two storey house located in a residential housing estate in close proximity to the local town. The service is described by the provider as providing 24 hour, seven days per week residential support including nursing support to both male and females with an intellectual disability aged 18 years and older. The centre provides a 24 hour seven days per week medium support service. The care and support needs of those residing within this centre are facilitated through 24hr support, medical and nursing support and access to multidisciplinary teams.

The following information outlines some additional data on this centre.

Current registration end date:	03/12/2020
Number of residents on the date of inspection:	4

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
21 February 2019	10:00hrs to 18:30hrs	Julie Pryce	Lead

Views of people who use the service

There were four residents living in the centre on the day of the inspection, and the inspector met all the residents. Residents did not all communicate verbally, and some of the residents very clearly indicated that they did not wish to engage with the inspector, and this was respected.

Residents who were comfortable to engage with the inspector were happy with a brief introduction and then communicated that they were keen to continue with their planned activities. The inspector could see that residents, while not interested in interacting with the inspector, wanted to talk to staff about their day.

The inspector therefore consulted with staff as to how the voices of residents were heard, and was informed that residents were regularly consulted, and that different communication methods were understood and listened to. The inspector saw from both observation and documentation that this consultation took place, and that residents' different ways of communicating were understood and respected.

The inspector observed that residents felt at home and took ownership of their personal space, and were comfortable enough to make their preferences known.

Capacity and capability

Overall, the care and support provided to the residents by staff was of good quality. However the management and governance was not sufficiently robust as to ensure compliance with the regulatory process, and this resulted in poor outcomes for residents.

Many of the agreed actions from the previous inspection had not been implemented. These actions related mainly to maintenance of the premises. A further plan was presented to the inspector in relation to the required work, and some work was underway on the day of the inspection to improve the bathroom facilities in the house. However at the time of the inspection none of the agreed improvements were completed. Therefore systems in place to ensure required home maintenance were ineffective, and the processes and structures required to ensure compliance with the regulations and appropriate response to the regulatory process were ineffectual.

The provider did not demonstrate the capacity to identify areas for improvement

and proactively address such issues. There was no annual review of the care and support of residents for the previous year available to the chief inspector. The required six monthly unannounced visit on behalf of the provider had last been conducted in June 2018, which was outside the required timeframe. Those documents presented to the inspector had identified issues also found in the inspection in relation to the provision of well maintained and safe home for residents. Required actions identified had not yet been completed. This showed that the systems of unannounced visits and annual review were ineffective at bringing about improvement.

The person in charge had undertaken regular audits in the centre, and improvements were evident following the implementation of some of the required actions identified during this process. Therefore it was evident that those quality improvements that fell within the remit of local management were implemented.

The provider demonstrated good practice in relation to their management of the staffing resources. Appropriate arrangements were in place for the role of person in charge which is a key management position with responsibility for making decisions about the service. There was an appropriately qualified and experienced person in charge at the time of the inspection, who had responsibility for the day to day operation of the centre in areas such as staff supervision and communication, task allocation and conducting regular staff meetings.

The number and skill mix of staff was sufficient to meet the needs of residents. Consistency of staff was maintained by a core staff team, supplemented if necessary by relief staff who were familiar to the residents.. The inspector found that staff were familiar with the residents' needs and endeavoured to ensure that they were met in practice. They were also knowledgeable in relation to safeguarding and fire safety, and could demonstrate the steps they would take in the event of an adverse event or emergency to ensure the safety of residents. Supervision of staff was undertaken in a regular basis by the presence of the person in charge, and formally in a one-to-one conversation so that staff were supported to perform their duties to the best of their ability.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were appropriate to meet the needs of residents

Judgment: Compliant

Regulation 16: Training and staff development

For the most part staff training had been provided, but there was no evidence of fire safety training for some staff members

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a management structure in place with clear lines of accountability, and systems such as meetings, audits and unannounced visits had been conducted. However, the systems in place were not sufficient to detect areas requiring improvement, or to ensure the implementation of actions agreed as part of the regulatory processes.

Judgment: Not compliant

Quality and safety

Overall the provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare and were supported to make choices. However, the premises were not maintained to an acceptable standard.

The premises were appropriate to meet the needs of residents in terms of space, facilities and locality. However the house was in a state of disrepair. The provider had not ensured that the premises were kept in a good state of repair.

There were systems in place to identify residents' needs and to develop personal to guide staff to meet these needs. Each resident had a personal plan based on a detailed assessment of needs and abilities and these were regularly reviewed.

Assessments had been conducted which informed the plans in various aspects of daily life, including introducing new activities and skills in relation to maximising the potential for each resident. The plans had been regularly reviewed and included some particular needs of residents. Healthcare was facilitated for residents in various areas, including access to the appropriate members of the multi-disciplinary team to ensure holistic healthcare and significant efforts by staff relating to health promotion was evident. These processes resulted in positive outcomes for residents.

Communication with residents was well managed. There was detailed guidance in each person's personal plan which included information about how they preferred to communicate and how best to express information so that each resident could both be heard and be in receipt of information. Interactions between staff and residents were observed by the inspector to be meaningful.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. Staff were aware of their roles in relation to safeguarding residents.

There was a risk register in place which included many of the identified environmental risks. There were also several individual risks assessments and risk management plans for residents. However, not all risks had been identified or included in the risk register. A risk observed by the inspector in relation to a resident with mobility constraints having to walk a significant distance to a smoking area had been identified by the person in charge but had not been not been mitigated. This did not provide assurance that there was sufficient oversight of risk throughout the centre.

There were systems and processes in place in relation to fire safety. A personal evacuation plan was in place for each resident, and staff were aware of their role in the event of a fire. There was appropriate fire equipment including fire doors throughout the centre which was appropriately maintained. Regular checks on all equipment were carried out. There was a detailed risk assessment, which had been updated regularly to include any unusual circumstances. Fire drills had been conducted which indicated that residents could be evacuated quickly in the event of an emergency during the day. However there had been no drills under night time circumstances, and therefore no evidence that a safe evacuation could be managed in the event of an emergency during the night.

Regulation 10: Communication

Communication with residents was well managed

Judgment: Compliant

Regulation 17: Premises
The premises were of an adequate structure and layout to support the needs of the six residents currently living in the centre. However the houses were not maintained to an acceptable standard.
Judgment: Not compliant
Regulation 26: Risk management procedures
There were risk management processes in place, but not all risks had been mitigated,
Judgment: Substantially compliant
Regulation 28: Fire precautions
No fire drill under night time circumstances had been undertaken. Therefore it was not demonstrated that the provider could effectively evacuate the centre at night.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed.
Judgment: Compliant
Regulation 6: Health care
Healthcare and health promotion were well managed.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Hillview OSV-0002481

Inspection ID: MON-0023336

Date of inspection: 21/02/2019

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 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>All training records have been reviewed by the PIC and a plan has been devised to address areas of training identified for renewal.</p> <p>Staff member identified as not having fire training on the day of inspection had completed training on 19/12/2018.</p> <p>Evidence of fire training for all staff is now held at the centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A plan has been devised by management to conduct regular visits at the centre to monitor and review the service provided to the residents.</p> <p>A six monthly unannounced visit was carried out at the centre on 20/04/2019.</p> <p>The annual review of care and support of the residents for 2018 was carried out on 20/03/2019.</p> <p>The annual review of care and support of the residents will be conducted by the Provider</p>	

Nominee on a yearly basis.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All outstanding works at the centre have now been completed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review of all risks at the centre including the risk identified by the inspector on the day of the inspection has been conducted by the PIC and the staff team. The risk register has been reviewed and updated and now includes all risks identified at the centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night time evacuation drill has taken place at the centre, and all residents were evacuated safely in a reasonable time frame of 2 minutes.	

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	30/03/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant		01/04/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant		20/04/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2019
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	28/02/2019