



**Health  
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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:	Castlevew
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	18 December 2019
Centre ID:	OSV-0004903
Fieldwork ID:	MON-0028333

## About the designated centre

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

Castlevue is a full time residential service that is run by the Health Service Executive. The centre can accommodate four male or female adults over the age of 18 years, with an intellectual disability. Castlevue is a bungalow situated a short distance outside of a town in Co. Westmeath. The house comprises of four bedrooms, one main bathroom and two ensuites, a sitting room, large living room, office space, dining area and kitchen. There is a garden and storage shed to the rear of house and driveway and large lawn to the front. Residents have access to amenities such as shops, religious services, restaurants and hairdressers. Residents are supported on a twenty-four hour basis by a staff team that consists of staff nurses and health care assistants.

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

Number of residents on the date of inspection:	4
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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
Wednesday 18 December 2019	11:00hrs to 15:00hrs	Eoin O'Byrne	Lead
Wednesday 18 December 2019	11:00hrs to 15:00hrs	Gary Kiernan	Support

## What residents told us and what inspectors observed

The inspectors found that the centre was homely and was laid out to meet the needs of the residents. The centre had been decorated for Christmas and there were pictures of residents and their family and friends throughout the centre.

The inspectors met with all four of the residents in their living room. The residents appeared comfortable in their home and appeared at ease when interacting with the staff team supporting them. Residents were being supported by a staff team that were knowledgeable of their needs and interacted with them in a caring manner.

Inspectors observed that some residents were receiving individualised sensory supports during the course of the day which they responded positively. Inspectors observed that the staff team supporting the residents were aware of the residents' non verbal communication skills and were responsive to these.

Some of the residents informed the inspectors of recent trips that they had gone on and spoke about completing their Christmas shopping. Residents spoke of a planned music session later in the day and that they were looking forward to it. One of the residents spoke about how they were working in their local community and described the tasks they complete when doing so. Another resident spoke to inspectors about their family and where they had previously lived.

## Capacity and capability

Residents were receiving a safe and quality service. There was a strong management presence in the centre with a clearly defined management structure that was led by the person in charge and the clinical nurse manager 1. The management systems were supporting a service model that met the residents' needs. The provider maintained good oversight of the service through a schedule of audits and other monitoring activities. The inspector reviewed audits that had taken place and found them to be thorough and that the actions for improvement were laid out in a clear format. The inspector also observed that these actions were being addressed in a prompt manner by the centres management team.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspectors observed that a plan had been put in place regarding actions raised in the report

and that the management team were active in addressing these. The provider had ensured that an annual review of the quality and safety of care and support in the centre had also been carried out. These activities were aimed at driving continuous, incremental improvements for the benefit of the residents.

There were systems in place that appropriately reviewed and responded to adverse incidents or near misses and the person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations.

The provider had made appropriate arrangements for the post of person in charge which is a key leadership and management position in the centre. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. The number and skill mix of the centre's staff team was appropriate to the number and assessed needs of the residents. The staff team consisted of nursing staff and health care assistants and the provider was ensuring that residents received twenty-four hour nursing supports. The inspectors spoke with staff during the course of the inspection and found that they interacted with the residents in a caring manner and were knowledgeable of the needs of the residents and the plans in place to support them.

Inspectors reviewed the centres proposed and actual staff rota. The provider and person in charge had ensured that the residents were receiving continuity of care from an experienced staff team who knew the residents well. There was consistent agency staff on duty as needed. The person in charge had also ensured that there was detailed induction information to ensure that staff members could support the residents.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. They were also being provided with training specific to the needs of residents residing in the centre. The inspectors reviewed the staff team's supervision schedule and saw that staff members were receiving supervision regularly. A sample of staff members' supervision records were reviewed and were found to be promoting learning. Staff members also referred positively to the supports provided to them by the centres management team.

The provider had ensured that there was a complaints procedure for residents and that it was displayed in an accessible manner. Inspectors reviewed the centres complaints log and observed that all complaints were being promptly responded to, addressed and followed up. There was also evidence of staff members advocating on behalf of the residents and submitting complaints that were important to them.

Overall, the centre was well run with systems in place to ensure that residents were receiving a quality service.

## Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development program.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured that there was a contract for the provision of services and that the resident or their representatives had agreed to same.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure for residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted policies and procedures as laid out in schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support and were being encouraged to be active members of their community. One area for improvement was identified regarding residents' access to the centre's back garden.

Residents had received comprehensive assessments of their health and social care needs. There was evidence of these reviews being audited by the centres



management team and the residents' key workers and this was leading to residents plans being adjusted to the changing needs of each resident. The provider had ensured that the healthcare needs of the residents were being met. Residents had access to appropriate healthcare professionals and there evidence of residents accessing the general practitioner in their local community when necessary.

Residents were receiving a person centred care approach and this was evident when reviewing the residents' personal plans. Residents and their representatives were leading the person centred planning meetings and goals for the residents were being developed during the meetings. The inspectors reviewed a sample of the residents' goal achievements for 2019 and found that there was visual and written evidence of residents being supported to achieve their preferred goals. Residents were being consulted with in relation to planning activities and some residents were taking the lead with same, other residents were being supported by the staff team. There were support plans in place to inform the staff team on how to best care for the residents and these were also under regular review.

Residents were being assisted and supported to communicate in accordance with their needs and wishes. There were communication supports in place and staff members had received communication training to support certain residents. Inspectors reviewed detailed communication plans to aid staff members in their interaction with residents and observed these being implemented during the inspection.

There were systems in place to ensure that residents received adequate positive behavioural support when necessary. Inspectors reviewed behaviour support plans and found them to be individualised and detailed. There were social scripts in place to aid staff in reducing anxiety and frustration for residents and these were under regular review by the provider's behaviour support team. There were restrictive practices being implemented in the centre that were under review and there was evidence of the person in charge and staff team seeking to consider all alternative measures before using a restrictive procedure. The inspectors found that there was clear reasoning for the use of the practices and guidelines for staff on when these practices should be implemented. The residents' representatives were also being consulted regarding the use of restrictive practices in the centre.

The provider had ensured that there were systems in place to ensure the safeguarding of residents in the centre. There were no current safeguarding concerns in the centre. Inspectors reviewed records of how a previous safeguarding allegation had been addressed . The review found that the provider had responded adequately to the issue and had put a plan in place to safeguard the resident. Staff members had received appropriate training in relation to safeguarding residents and there was evidence of staff members acting on behalf of residents when necessary.

The provider had ensured that the interior of the centre was designed and laid out to meet the needs of the residents. There was evidence of the management and staff team seeking improvements to the premises and that there had been recent purchases to aid the care being provided to residents. The person in charge discussed planned upgrades to the kitchen and parking facilities. The centres garden

was, however, not accessible to all of the residents residing in the centre due to their mobility needs and this matter required further review.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify record, investigate and learn from adverse incidents. Risk assessments were detailed and reviewed regularly by the person in charge. There was a risk register in the centre that was under regular review and it was clear that reducing risks in the centre was of high importance for the provider and person in charge.

There were a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system and emergency lightening. Fire drills were taking place in the centre regularly and the provider had displayed that they could safely evacuate residents. The inspectors also found that the provider had ensured that personal emergency evacuation plans were in place.

There were systems in place to ensure the safe ordering, administration and storage of medicines. These procedures met the requirement of the Regulations. Staff were trained in the safe administration of medications and there were appropriate procedures for the handling and disposal of unused and out-of-date medicines. There were regular audits of the residents' medication information and recording sheets being carried out by the centres management team. There was also evidence of medication errors being reviewed and learning being generated that was implemented and led to a reduction in errors.

### Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

The provider had ensured that residents could receive visitors in accordance with the residents wishes.

Judgment: Compliant

## Regulation 12: Personal possessions

The person in charge ensured that residents held control over the property and possessions that they retained in the centre.

The residents had access to their finances and there were effective systems in place to safeguard residents.

Judgment: Compliant

## Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

## Regulation 17: Premises

The provider had ensured that the interior of the centre was designed and laid out to meet the needs of the residents. There was evidence of the management and staff team seeking improvements to the premises and that there had been recent purchases to aid the care being provided to residents. The centres garden was, however, not accessible for all of the residents residing in the centre due to their mobility needs.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

There were adequate precautions against the risk of fire and the provider had provided suitable fire fighting equipment in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place relating to management and administration of the residents' medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had received comprehensive assessments of their health and social care needs.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving appropriate health care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness,

understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

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>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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Castleview OSV-0004903

Inspection ID: MON-0028333

Date of inspection: 18/12/2019

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider will ensure that the centre's garden will be enhanced to promote safe and easy accessibility. Improvement works will be completed to ensure the garden is accessible for all residents residing in the centre in line with their individual mobility needs. Regular progress review of the planned maintenance works to ensure accessibility will be carried out.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/08/2020