



Office of the Chief Inspector

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

Name of designated centre:	Hillview
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005496
Fieldwork ID:	MON-0026368

About the designated centre

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

This designated centre is located on its own spacious site in a small housing development; while rural, the area is populated and a short commute from a busy town and the providers day service; transport is provided. The premises are a dormer type bungalow and the provider has completed conversion works on the first floor so as to increase the capacity of the house from 4 to 5 residents.

A twenty-four hour 7 days a week residential service to adults with an intellectual disability is provided. The provider aims to provide the best possible support so that residents can live the life of their choice in the community having respect for the beliefs and the dignity of the person and their families.

The model of support and care is social. There is one social care worker on duty at all times who is also the sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
10 July 2019	09:30hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Residents waited in the morning to welcome the inspector back to their home; all of the residents presented as relaxed, content and happy; residents were eager to meet with the inspector again in the evening when they returned from their day service.

Some residents engaged freely and were well able to account for their satisfaction with the centre and with life in general. Other residents communicated by gesture, some words and their general demeanour. Residents and their representatives had also completed the questionnaire provided by HIQA (Health Information and Quality Authority) prior to the inspection. The feedback provided was consistently positive about the provider, the staff team, the quality of support and services provided and the positive impact of this on residents and their quality of life.

Residents said that they loved their home, were looking forward to moving bedrooms and to the additional sitting room that would be available to them shortly once the first floor conversion was complete. Residents voiced no concerns about the proposed increased occupancy of the house and said that they were told what was happening and would tell their key-worker if they were not happy. Residents spoke of work and how much they enjoyed it, of sporting and musical events past and upcoming that they had enjoyed and were looking forward to.

Residents wanted to know how the inspection had gone and when told that it had gone well they said that they agreed with this. Residents said that it was a good house, with good staff and that they had a good life. Residents identified three issues that would make life even better; a bigger sitting room, some garden furniture and one resident wanted a bigger bed.

Capacity and capability

The inspector found that this centre was effectively managed and overseen to ensure that residents received a safe, quality service that was appropriate to their needs; the centre was adequately resourced to deliver on this objective.

The management structure was clear as were individual roles, responsibilities and reporting relationships. The inspector found that frontline staff and residents had good access to management including senior management; there was a shared objective to provide each resident with the optimal safe, quality service that was

responsive to their needs and wishes.

For example the inspector found that residents were consulted with and kept informed of plans to increase the occupancy of the house. Staff spoken with had a strong sense of supporting and advocating for residents in this regard. Management discussed the providers admission procedures; these recognised the requirement to ensure that the needs of any new resident were suited to the purpose and function of the centre and a good match for the existing residents who had been living together for sometime.

The person on charge was on leave but it was evident from these positive inspection findings that the arrangement put in place for the management and oversight of the centre during this absence was effective.

The staffing levels were adequate to meet the number, needs and choices of the current residents. There was only one staff on duty at any time and the night-time arrangement was a sleepover staff. While residents presented with a diverse range of needs and abilities they were a compatible group and had shared interests; the occupancy of the centre also fluctuated at weekends due to visits home. Residents did need varying levels of staff support and there were specific times when staff supervision was required. The provider confirmed that the allocated staffing would increase by a minimum of thirty hours with the proposed increase in occupancy; staffing resources was a further factor considered by the provider when assessing the suitability of any new resident.

The inspector reviewed a sample of staff files and found that the provider had good recruitment practices that further promoted the safety and quality of the service. For example the inspector found that staff were suitably qualified and had undergone Garda vetting when recruited and again quite recently.

All staff had completed baseline mandatory, required and desired training for example in safeguarding, medicines management, food safety and first aid. However, refresher training was due in safeguarding and in responding to behaviours of concern.

The provider had many effective systems for maintaining oversight of the centre to ensure that residents received a safe, quality service appropriate to their needs and wishes; these systems included the annual review and the unannounced reviews required by the regulations. The inspector saw that as stipulated the annual review actively sought feedback from residents and their representatives. The most recent unannounced review overall found a substantive body of good practice but did self-identify areas that could, if addressed, drive further improvement; for example questioning the requirement for medicines that had not been administered for sometime. Based on these positive HIQA inspection findings the inspector was assured that the providers own findings were accurate and that actions required to drive improvement were completed.

There was no open or recently recorded complaint. The inspector was satisfied that this was correct as complaints and general satisfaction was discussed each week between staff and residents; residents said that they were happy. Residents and

representatives who completed the HIQA questionnaire said that they had never made a complaint as they had no reason to; equally they said that they would have no hesitation in approaching staff.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were appropriate to the assessed needs of the residents. Residents received continuity of care and supports from a team of regular staff.

Relief staff were used only in response to events such as annual leave.

Staff files were well presented and contained all of the required records.

Plans to increase the occupancy of the centre included a planned increase in staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were due refresher training in safeguarding and some were overdue refresher training in responding to behaviours of concern or risk including de-escalation techniques.

Judgment: Substantially compliant

Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed and resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had meaningful systems of review and effectively utilized the findings of reviews to inform and improve the safety and quality of the service.

The provider had effective arrangements for supporting and supervising staff. Staff were facilitated to voice their views about the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission procedures considered the statement of purpose, the suitability of the service, the needs and wishes of the existing residents and other factors such as staffing resources.

Each resident was provided with a contract for the provision of services. The contract set out the support and services to be provided and the fees to be paid. The inspector did recommend that the format of the contract could be improved so that it was more resident specific.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained and made available in the centre a current statement of purpose; the record contained all of the required information and was an accurate reflection of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the designated centre there were effective arrangements for managing, recording and monitoring incidents and events involving residents and ensuring that the prescribed notifications were submitted to HIQA. The overall incidence of such events was low; responsive actions included the review of risk assessments and updates of the personal plan.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of its requirement to notify HIQA (Health Information and Quality Authority) of any absence of the person in charge where that absence was of a continuous period of 28 days or more. The provider had submitted the required notification for one but not both centres that the absence was applicable to. This failing was addressed prior to the inspection and given the providers positive history of submitting notifications the inspector was satisfied that it was an oversight on behalf of the provider. The provider had put effective arrangements in place for the management of the centre during said absence.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures on the receipt and management of complaints. These were accessible in that they were displayed, were available in an easy read format and discussed with residents on a regular basis. Residents and representatives said that they would have no hesitation in approaching either staff or management if they had a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall the inspector found that the provider maintained and reviewed at a minimum every three years the suite of policies and procedures specified in Schedule 5. Two policies were due review; the policies on safeguarding and

nutritional intake. The provider confirmed its intent to review them and awaited revised national safeguarding policy so as to advise their own local policy.

Judgment: Compliant

Quality and safety

The inspector found that residents received an individualised safe, quality service where they were supported to live ordinary lives in the community. Residents who could self-report told the inspector that they were happy and had everything that they could want in life.

The provision of support and care commenced with the assessment of each residents needs, abilities, wishes and preferences. This information was then set out in the personal plan; the plans seen by the inspector presented a clear picture of each resident, their daily life, their hopes and goals. Residents and their representatives were consulted with and participated in decisions about the care and support to be provided; there was evidence of open discussion and questioning in the interests of the resident.

The plan included the plan for agreeing and pursuing each resident's personal goals and objectives. The inspector's discussions with residents and records seen clearly evidenced the ongoing meaningful opportunities that all residents had in line with their ability and wishes to experience engaged and fulfilling lives. Residents had access to paid employment, community integration and opportunities to pursue and expand personal interests such as music and sporting events. Ongoing support was provided by staff and family and residents had a full social itinerary for the summer.

Much of this engagement was facilitated as a group but the inspector was satisfied that these were shared interests that all residents enjoyed and that they enjoyed each other's company. The provision of social support was however also individualised, for example staff described how they worked with another nearby centre or used weekends when some residents went home to facilitate more one to one time for residents and different choices such as attending mass or visiting relatives.

There was strong evidence of community inclusion, maintaining and developing friendships and relationships in a very ordinary way. For example residents' accessed community based services and amenities and were well informed of local events. Residents had ongoing access to family and home and good support from family. Residents spoke of their personal friendships and connections; staff described the local area as welcoming and inclusive.

Residents were consulted with in a meaningful and fair way about the general operation of the centre. For example residents were aware of the planned increase in occupancy and of this inspection. Staff used an easy-read explanatory booklet to

explain the HIQA inspection process and what residents should expect on the day. Residents recently had a draw to decide on the allocation of bedrooms when similar preferences had been voiced. Residents were satisfied that this was fair.

Generally residents enjoyed good health; staff assessed, monitored and took action to ensure this; the personal plan included any care needed such as specific dietary requirements. Residents had, based on records seen access to the healthcare services that they needed such as their General Practitioner (GP), psychology, neurology, dental and optical care; nursing advice was available daily in the day service. The provider monitored for eligibility and access to national screening programmes.

Residents were offered choice and an assessment was completed to establish resident capacity to safely manage their own medicines; based on a combination of personal choice and assessment findings staff were providing support to all four residents. Overall the evidence was of practice that promoted and protected resident safety and well-being. For example staff had completed training, medicines were supplied by a local community based pharmacy, the provider audited medicines management practice and changes were made based on the findings; there was a very low incidence of medicines related errors.

There were occasions when staff had to respond to a behaviour related incident; these were infrequent and overall residents lived compatibly together and looked out for each other. Staff spoken with understood how these incidents happened and how to respond. Residents had good support from staff, access to psychology as needed (for example if staff found there was a change or increase in these events); practice was guided by guidelines for preventing and responding to these events.

Residents and their representatives stated that the centre was safe. The provider had safeguarding policy and procedure that was to be reviewed in line with expected updated national guidance. While staff were due refresher safeguarding training staff spoken with had a good understanding of their personal responsibility to protect residents from all forms of harm and of the providers reporting procedures. The designated safeguarding officer had direct access to residents and staff and was regularly present in the centre. Safeguarding, staying safe and respect for each other were regularly discussed with residents. Residents presented as relaxed and content in their home and with staff; residents said it was a good house.

The provider had effective fire safety procedures. For example the inspector saw that the works completed on the first floor included the extension of the fire detection system and the emergency lighting and the provision of measures to contain fire and its products such as fire resistant door-sets. Certificates seen attested to the inspection and testing of fire safety systems at the appropriate intervals. Staff had completed fire safety training and all staff and residents participated in regular simulated evacuation drills. These drills simulated different scenarios and good evacuation times were recorded. Each resident had a PEEP (personal emergency evacuation plan) and these reflected the findings of the drills,

for example the level of staff prompting and guidance needed.

Risk identification and management further promoted the safety of the service and resident safety. The register of risk assessments seen and the individual risk assessments reviewed by the inspector were work, centre and resident specific; the latter reflected the assessment of needs as seen in the personal plans. Changes and events informed the risk register; for example following an incident and to ensure resident safety during the completion of conversion works to the first floor.

Regulation 10: Communication

There was evidence of a broad understanding of how residents communicated and assessment established any communication differences. Staff used assistive tools such as PECS (Picture Exchange Communication Systems) and communication applications to support effective communication as and when residents choose to use these. Residents were informed and had good access to a range of media including personal computers. Staff provided residents with information that was relevant to them and their lives.

Judgment: Compliant

Regulation 13: General welfare and development

On speaking with residents it was evident that residents were facilitated to develop and maintain personal relationships in accordance with their wishes and that this and their roles in the wider community were important to them. The provider was proactive in identifying and facilitating for residents initiatives for participation in the wider community. Each resident had opportunity for new experiences, social participation, recreation, education, training and meaningful employment. Access was determined by individual needs, abilities, interests and choices and therefore supported success rather than failure. Residents continued to discover and develop need interests and were enabled to lead their lives in as fulfilling a way as possible.

Judgment: Compliant

Regulation 17: Premises

Residents moved into this house in 2017. Residents said that they loved their house and were looking forward to moving bedrooms once they had decorated their new

rooms. Residents confirmed that they enjoyed looking after the house with staff. The house was suited to residents individual and collective needs and the recent works completed by the provider meant that the house had the capacity to accommodate an additional resident while also enhancing the accommodation and facilities available to residents and staff, for example an additional communal space, two additional bedrooms and two additional full sanitary facilities.

The inspector was advised that it was planned to go shopping for garden furniture so that residents could enjoy sitting in the spacious garden provided.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents generally enjoyed good health but had some specific nutritional requirements. These were set out in the personal plan with advice received from relevant health care professionals. Residents had good input into the meals provided commencing with their participation in the shopping for groceries and the selection of meals to be cooked daily. Residents were encouraged to make healthy lifestyle choices; the records of meals provided indicated that residents enjoyed a varied and appealing choice of meals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. Risks and their management were reviewed; incidents and change informed this review. The approach to risk management was individualised and supported responsible risk while also keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The overall evidence was of medicines management policy, procedure and practice that complied with legislative requirements and promoted resident well-being and safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs, abilities and wishes and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed in consultation with the resident and their representative as appropriate. The inspector was satisfied that the plan guided daily practice and was reviewed and updated as needed.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs so that residents continued to enjoy good health. Each resident has access to the range of healthcare services that they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of a positive person centred, evidence based approach to the management of behaviour and plans that detailed how therapeutic interventions were implemented. The plan was tailored to individual needs and informed by clinical input.

There as policy and procedure on the use of restrictive practices. Residents however

enjoyed routines and an environment free of unnecessary restrictions.

Judgment: Compliant

Regulation 8: Protection

There are policies and procedures for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported through regular discussion to develop knowledge, self-awareness, and understanding of self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was satisfied that practice in this centre respected the rights, dignity, privacy and individuality of each resident. Residents were consulted with and provided with information of relevance to them. Residents had the support and independence that they needed or desired. Residents could exercise their religious beliefs and political interests if they wished to do so.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 Hillview OSV-0005496

Inspection ID: MON-0026368

Date of inspection: 10/07/2019

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training on safeguarding of vulnerable adults at risk of abuse is scheduled for September 16th 2019. Training on MAPA will be completed for staff at the designated centre by the end of September 2019, awaiting confirmation of dates from MAPA trainers.	

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	30/10/2019