

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

Issued by the Chief Inspector

Name of designated centre:	Hillcrest Apartments
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0001780
Fieldwork ID:	MON-0034348

## About the designated centre

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

Hillcrest Apartments is centre run by Western Care Association. The centre can provide residential care for up to three male and female residents who are over the age of 18 years with an intellectual disability. The centre comprises of a two-storey house which contains three separate apartments located in a village in Co. Mayo. Each apartment provides residents with their own bedroom, bathroom, hallway and kitchen and living area. Residents also have access to a large garden area. Staff are on duty both day and night to support the residents who live at this centre.

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

Number of residents on the date of inspection:

3

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 (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
Thursday 1 December 2022	10:00hrs to 17:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

Three residents lived in this centre. On the day of the inspection, the inspector met two of the residents, while another was attending their day service in another town. Both residents were supported by their staff and were enjoying a bespoke individualised service which was very person centred. Residents were observed to respond appropriately to staff and staff working directly with residents were observed to interact in a kind, caring and respectful manner in line with the assessed needs.

Overall, residents were observed to enjoy and like their personalised apartments. Residents had their own bedroom and living space, which was suitably decorated and furnished to residents taste and preference. Daily schedules were in place with activities set out that staff facilitated, however these could change due to residents choice. All the residents coped well with the inspectors arrival and continued with their chosen activity during the inspection. Staff maintained verbal communication and interaction throughout to ensure residents did not become anxious or unsettled.

The inspector spoke with two staff members as part of this inspection process and it was observed that the staff knew the residents' needs well. They were able to describe how best to support residents in line with their healthcare and positive behaviour support plans. Staff spoke about residents in a dignified, positive, professional and person centred manner. They also reported that the person in charge and person participating in management were both approachable and provided on-going support as required. While the management team were relatively new in their roles, the inspector found them to be forthcoming, knowledgeable and caring towards the residents and staff team. The inspector found that this promoted a positive and learning environment for the team supporting residents.

Systems were in place to ensure the resident had access to allied healthcare professionals to include general practitioner (GP) services as they required. Ongoing access to emotional and therapeutic support was also provided.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, sensory activities in each apartment. Overall, the inspector noted there was adequate space in residents living environments.

In summary, the inspector found that residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported to choose how they wished to spend their time in this centre and that they were involved as much as possible in the running of their home.

The next two sections of the report present findings of this inspection in relation to

governance and management and arrangements in place in the centre, and how these impacted on the quality and safety of the service being delivered.

## Capacity and capability

This centre was a person centred service which supported and accommodated three residents in individual and personalised apartments in a large two storey house. Residents were briefly observed to be happy and comfortable with staff supporting them. The provider had put systems in place to ensure it remained responsive to residents' assessed needs.

The centre had a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure which consisted of a newly established person in charge who worked on a full time basis in the organisation and was supported in their role by a full time and experienced person participating in management and staff team.

The person in charge was a qualified social care professional and provided leadership and support to the team. They ensured staff were appropriately supported, qualified, trained, supervised and supported so as they had the required skills to provide a caring, responsive and effective service to residents. The person in charge had a variety of experience prior to commencing their role from individualised services in this organisation.

The number and skill-mix of the staff team was appropriate to the assessed needs of residents being supported in the centre. The inspector found that the staff were consistent and familiar with residents at all times to reduce anxiety and maintain a calm working atmosphere which also reduce incidents in this centre.

Staff spoken with showed the inspector they had the skills, experience and knowledge to support the residents in a safe and effective way. They were knowledgeable on the assessed needs of residents and were able to explain to the inspector how best to support them in managing anxiety and behavioural issues. The inspector met and observed for a short period two staff supporting two residents in their apartments. On review of a sample of staff files the inspector noted that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire training, infection control and positive behaviours support. This meant they had the required skills necessary to respond to the needs of the resident in a consistent and capable manner.

The person in charge and person participating in management ensured that the centre was monitored and audited as required by the regulations. This included an annual review of the quality and safety of care had been completed and was scheduled for updates, along with a number of six monthly unannounced visits. This

process was ensuring the service remained responsive to the needs of all residents .

Overall the inspector found that residents were receiving a quality service and were provided with continued and consistent support as required as specified in their personal plans, which included support from relevant multidisciplinary and therapeutic supports such as positive behaviour support and psychology or psychiatry intervention, were also provided.

#### Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre in a supernumerary role. The person in charge was supported in their role by a person participating in management who was present during this inspection. The inspector found the management team well informed and aware of the residents support needs and the management systems in place in this centre. Furthermore, the person in charge met the requirements of regulation 14.

Judgment: Compliant

#### Regulation 15: Staffing

The provider was able to demonstrate that sufficient staff numbers and skill-mix were in place in-line with the statement of purpose and the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

A sample of training records were reviewed which indicated that staff were up to date with their training needs and had also undertaken additional training in response to COVID-19.

Judgment: Compliant

#### Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents was safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including equipment, staff training and transport for example. There was a clearly defined management structure in place and while there had been recent changes in the management team, the inspector found that this had not had an impact on the care provided to residents. The new management team were robust and were familiar with the residents and staff team in this service. An annual review of the quality and safety of care and support was completed and a date was scheduled for the update. Actions outlined had completed dates specified with persons responsible for addressing these actions identified.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place in the centre which was in-date and under regular review. At the time of the inspection the inspector found that the person in charge monitored this record effectively and reviewed as per local procedure.

Judgment: Compliant

### Quality and safety

This service was provided to supported and meet residents' complex and individual assessed needs and in-line with their expressed wishes. The quality and safety of care was also being monitored as required by the regulations.

The individual social care needs of each resident was supported and encouraged. On review of a sample of residents files, the inspector found that residents were supported to achieve personal and social goals and to maintain positive links with their families. The service was very much delivered to the terms of each resident and person centred. While residents' activities may be postponed or delayed due to preferences or anxiety or behavioural issues, the inspector found that residents preferences and choices were accommodated at all times and that they were known within their local community, shops and nearby towns.

Residents were being supported with their healthcare needs as required and access to GP services was provided for. The inspector saw that annual health checks were completed or schedules and access to appropriate allied health professionals as required. As said earlier initially it was unclear if all required checks or appointments

were completed as required but the inspector found that this information was contained in different areas of residents documentation. Residents also had access to allied health professionals such as dentist, optometrist, physiotherapist and chiropodist. At times when residents refuse to treatments or interventions this is recorded and another appointment is scheduled at a later date. Care plans were also in place to guide staff in supporting residents to achieve best possible health.

Systems were in place to safeguard the resident. Of staff spoken with, the inspector was assured they had the knowledge to respond accordingly to any concern if they had one and from a sample of files reviewed, staff had training in safeguarding of vulnerable adults.

Effective fire safety precautions were in place, including fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available. Fire drills were occurring regularly and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (PEEP) was in place for each resident which ensured that staff were guided on how to evacuate residents safely from the centre.

The inspector reviewed the premises of the designated centre and found it was comfortable, spacious and well laid out. The premises was newly renovated but the management team ensured that appropriate maintenance was in place. The person in charge had highlighted issues and appropriately reported them any issues, and any required works were completed within a timely manner. In addition, the inspector noted that as stated previously actions from a previous inspection were now addressed.

Overall, the inspector found that care within the service was delivered in person centred manner and that the quality of the residents' life was actively promoted in this centre.

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided to all residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout if the centre met the aims and objectives of the service and suited the number and needs of residents. The provider had also addressed an

action from the previous report and the inspector saw that this was address satisfactorily.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided to residents, which included information in user friendly format about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

There was robust measures in place to control the risk of infection in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that fire safety precautions were in place, including fire detection and emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and the residents, and records demonstrated that staff could effectively evacuate the centre.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and supported in the centre. The residents had good access to a range of healthcare supports such as general practitioner (GP) and other allied health professionals. The inspector found on review of a sample of healthcare plans that the completion of required reviews were not always clearly shown. Following conversation with the management team it was highlighted the importance of clear and accurate health checks.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were appropriately supported with their emotional needs at the time of the inspection. Where required, behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard the residents' from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents rights were paramount in this centre at the time of this inspection.

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 (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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant