



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0031874

## About the designated centre

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

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

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

Number of residents on the date of inspection:	7
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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
Thursday 29 April 2021	09:50hrs to 16:30hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

The centre is a large detached house which is spacious and clean. A large apartment is also on site where one resident lives. Residents have their own bedrooms and a brief look at one of them, showed that they had been personalised to suit the residents own preferences. The house is located on a large site with beautiful views of the surrounding areas and large garden areas to walk around. Some of the residents liked to walk to the local shops and some chose one of two cars that were provided in the centre to go shopping.

At the start of the inspection, the inspector was introduced to some of the residents who were up and making plans for the day. The inspector got the opportunity to talk to five of the residents to get their views on the quality of services provided in this centre. Two residents did not specifically want to talk to the inspector and their wishes were respected. Overall the residents met with reported that they were very happy living in this centre. They were observed to be relaxed, reported feeling safe and appeared relaxed in the company of staff who they spoke very highly about.

The inspector also got to review some feedback questionnaires that all residents had completed. These questionnaires were part of the providers own process to collate if residents were happy with the service. This informed the inspector that the provider sought residents' views about the care and support provided.

Overall the feedback from the questionnaires viewed was very positive. All of the residents reported feeling safe and stated that they liked living in the centre. One resident said " it is a nice place to live" another resident said " compared to other services they have lived in this centre was "paradise". One said that the walk to the shops can be difficult ( but as stated two cars were available) and when the inspector spoke to the resident about this they verified that they did not have to walk if they did not want to.

The inspector also followed up on some other information with five of the residents. Again all of the residents said that they were happy living there. They said they felt safe, in particular three residents said that this centre was their preferred residential placement from previous placements they had been in. In fact one resident said ' this centre feels like a home'.

All of the residents said that they liked the staff who worked there. The interactions observed between residents and staff were warm, friendly and jovial. Residents said that if they were unhappy with their care they would talk to staff. One resident described the staff as ' a great bunch of people who really help you'.

All of the residents said that they liked the food provided. Some of the residents spoke about how they liked cooking and baking. One showed the inspector some of the lovely cakes they had baked which included ' brownies' and 'carrot cake'.

Residents also said that they were supported to achieve goals in the centre, although the public health restrictions were impeding some of them. Some residents were understandably frustrated with the restrictions but were managing to keep occupied despite this. As stated some were baking, others liked to go for a take out coffee, for a walk or drive, or to keep occupied with other activities in the centre. For example; one resident had undertaken a literacy course on line and an arts and crafts course. The provider had also put provisions in place for some on line activities should residents wish to avail of them. These included bingo nights, karaoke nights or yoga sessions. Residents were aware of these and said that they took part in them if they wanted to.

One resident had a number of goals in place; one of which was to start saving money to be able to plan a holiday when public health restrictions allowed. Another resident was looking forward to returning to their part time job when restrictions were eased.

Some residents also spoke about their own support needs and it was evident that they were included in decisions around their care. One resident spoke about a recent hospital admission and said that staff had been very supportive of them during this difficult time. The resident also spoke about their care following their discharge from hospital and was very knowledgeable about their support needs and the recommendations made by allied health professionals.

Another resident spoke about the care and attention from staff, allied health professionals and the community nurse following an injury they had sustained in the centre. This care was provided in a timely manner and was being reviewed regularly by the team. The records reviewed in the residents personal plan verified this also.

The inspector also found examples of where residents rights were respected. For example; a resident spoke about their own decision not to follow the recommendations from an allied health professional over the last few weeks. This resident was aware that the recommendations may be in their best interest, but was able to advocate for themselves that they would implement the recommendations when they felt more prepared. This informed the inspector that residents' rights were being upheld in the centre and that residents could make decisions about their care even if others may perceive the decisions as unwise.

In addition; the inspector spoke to one resident about a restriction that was in place around the residents access to their cigarettes (some of which were locked away by staff). However, this resident outlined the reason behind this which they were very happy with. This again informed the inspector that residents were included in and consented to decisions around their care.

Weekly meetings were also held in the centre to discuss menu plans, activities and other relevant topics such as COVID-19. Residents could also meet on an individual basis with their key worker to discuss other more personal matters or goals that they may wish to achieve.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

This centre was well resourced and residents themselves reported being very happy with the management and staff team in the centre.

There was a defined management structure in place. A new person in charge had recently been appointed to the centre who was a qualified social care professional with the appropriate management qualifications and managerial experience of working in the disability sector. They were employed on a full time basis and were also responsible for another designated centre under this provider. They had the support of two team leaders in this centre in order to ensure effective oversight of the care and support provided.

The person in charge demonstrated a good knowledge of the residents needs, was responsive to the inspection process and was aware of their responsibilities under the regulations. They reported to an assistant director of community and children services who they met monthly to review the care and support of the residents there. This assistant director had been the previous person in charge of this centre and provided mentoring/induction to the current person in charge when they had commenced their new role.

The assistant director reported to the director of community and children services. They were also a person participating in the management of this centre and met with the inspector to discuss some aspects of service provision in the centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available along with six-monthly auditing reports. Other audits completed included; infection control, medicines management, risk management and fire. Overall the findings from these audits were for the most part compliant; where areas of improvement had been identified they had been addressed. For example; one audit found that a staff member was due refresher training in medicines management and this had been completed.

The director of community and children services outlined some other quality improvement initiatives that the provider was implementing in this centre and the wider organisation for 2021. This included an initiative to improve the use of and review of restrictive practices in designated centres and to assure that decision making for the use of restrictive practices were in line with current best practice. In addition, several off site planning days had occurred in the wider organisation to work specifically on creating a new quality focused schedule of audits which the provider intended trialling in some designated centres starting the week following this inspection.

From a review of a sample of rosters over the last year, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents and a number of relief staff were consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. During an outbreak of COVID-19 earlier in the year, additional staff had been redeployed from other areas of the organisation to ensure that residents were supported by staff who knew them.

Of the staff met they said that they felt supported in their role and were able to raise concerns, if needed, to the person in charge, through regular staff meetings and supervision. A senior manager was also on call in the wider organisation 24/7 should staff need support. Supervision records were not viewed as part of this inspection but staff said that supervision meetings were useful and allowed them to discuss their future goals to enhance or develop further skills and training.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included, positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication and first aid. A sample of records viewed indicated that all staff had completed these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Staff personnel files were not reviewed at this inspection.

#### Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre who was a qualified social care professional with the appropriate management qualifications and managerial experience of working in the disability sector. They were employed on full time basis and were also responsible for another designated centre under this provider. They had the support of two team leaders in this centre in order to assure effective oversight of the care and support provided.

Judgment: Compliant

#### Regulation 15: Staffing

There was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents and a number of relief staff were consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Judgment: Compliant



## Regulation 16: Training and staff development

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents living there.

Judgment: Compliant

## Regulation 23: Governance and management

This centre was well resourced and the governance and management structures were ensuring that services were monitored and reviewed to provide a safe, quality services to the residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

All notifications as required by regulations were submitted by the provider.

Judgment: Compliant

## Quality and safety

Residents reported that they were happy with the care and support being provided in the centre and were included in decisions around their care and support. There were systems in place to ensure that a safe quality service was provided.

Each resident had a personal plan which had been developed into a concise easy read version. A more detailed version of those support needs were stored on a computer database which all staff had access to. The records were updated regularly. The inspector observed a sample of records and found that residents health care needs were assessed, monitored and reviewed on a regular basis. A community nurse was available in the wider organisation to provide assistance and support to the staff and residents in the centre. For example; one resident had recently been discharged from hospital and the community nurse had developed plans of support for this resident to meet their needs.

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. The residents met were also aware of their own health care needs and spoke positively about how they were supported by staff with their needs.

Residents were also supported to enjoy best possible mental health and where required had access to support from a behaviour specialist and a psychiatrist. Staff were knowledgeable around the residents needs in the centre. Two residents spoke about improvements they had noted in their own mental health since moving to this centre.

There were systems in place to manage and respond to risk in the centre. There was a low level of incidents occurring in the centre. For example; since April 2020, 14 incidents had been recorded in the centre. Where incidents had occurred, they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. Risk assessments were also in place which outlined these controls measures. For example: a resident who had sustained a number of falls had been reviewed by an occupational therapist and a risk assessment had been developed to mitigate the risk to the resident. The inspector also observed staff implementing some of these controls on the day of the inspection.

The cars available in the centre were insured and there was a record to indicate that they were in a road worthy condition.

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. An outbreak of COVID-19 had occurred in the centre earlier in the year. The residents spoke to the inspector about this and praised the staff for the support they received during this difficult time. The provider had conducted a review of this outbreak to see if there was any learning to be gained from this. One additional measure was implemented in the wider organisation. For example; the provider had introduced antigen testing for staff to ensure that staff who could be positive for COVID -19 (without symptoms) may be identified quicker thus reducing the potential for spreading the infection.

Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Staff were observed adhering to cleaning schedules during the inspection. Audits were also completed to ensure the practices in the centre were in line with current public health guidelines.

Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to

support them if they were suspected or confirmed of having COVID-19. There was also a senior management team in the organisation to oversee the management of COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken with, were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe. As already mentioned in the report two residents said that this centre was like a home where they felt safe.

As already mentioned throughout this report, there were numerous examples demonstrated where residents' rights were protected. In addition; the quality initiative within the wider organisation mentioned earlier in this report will strengthen this process even further.

### Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre.

The cars available in the centre were insured and there was a record to indicate that they were in a road worthy condition.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control measures were in place to prevent/manage and outbreak of COVID-19 in the centre.

Judgment: Compliant

### Regulation 6: Health care

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. The residents met were also aware of their own health care needs and spoke positively about how they were supported by staff with their needs.

Judgment: Compliant

## Regulation 8: Protection

All staff had been provided with training in safeguarding adults and staff spoken with, were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe. As already mentioned in the report two residents said that this centre was like a home where they felt safe.

Judgment: Compliant

## Regulation 9: Residents' rights

There were numerous examples demonstrated where residents' rights were protected and upheld in the centre. In addition; the quality initiative within the wider organisation mentioned earlier in this report will strengthen this process even further.

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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant