



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0033151

About the designated centre

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

Mountain View Respite and Residential Services comprises of two houses in two neighbouring housing developments in Co Mayo. One house is a four bedroom bungalow and the second house is a two-storey, seven bedroom house. The centre is registered to provide residential and respite services for up to eight people. The centre provides services for male and female residents with an age range of 18 years to end of life. Residents require varying levels of support ranging from high support to those who have low support needs. One house provides a residential service for one full-time resident and two regular respite users and the second house provides respite service for up to 21 residents on a rotational basis, based on their assessed needs. The staffing complement consists of social care workers and social care assistants, and there is always one staff on duty across both services, including overnight with additional hours available if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Tuesday 13 July 2021	10:10hrs to 15:50hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that Mountain View residential and respite centre provided person-centred care to residents. Residents were supported to be as independent as possible, and were facilitated to make choices and decisions in their day-to-day lives.

The centre consisted of two houses in close proximity to each other. One house provided full-time care to one resident and shared care to two residents. The other house provided respite care to up to twenty-one residents on a rotational basis and based on compatibilities and needs. On the day of inspection, the residential house in Mountain View was providing care to three residents and there were three residents availing of respite in the second house at that time. The inspector only got to meet with one resident as the other residents were either at day services or attending a medical appointment at this time.

At this time during the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with the management team in the respite house, while adhering to public health measures. This location provided respite to three residents on the day, all of whom were attending day services at the time so the inspector did not get to meet them. The house was noted to be clean, comfortable and brightly decorated. While there were minimal personal effects in the house, the inspector did note that every effort was made to make the house homely for respite residents during their stay. During COVID-19 a gardening project was completed, and the back garden was noted to be colourfully decorated and contained a brightly coloured shed and swing chair. In addition the centre had got a new chicken coup which housed two chickens, and the inspector was informed about how the residents enjoyed this new addition to the home.

The inspector got the opportunity to speak with one family member of a resident who availed of respite. They spoke highly about the centre and talked about how well their family member were looked after when they availed of respite care there. They also spoke about their involvement in their family member's life and said that they were happy with the communications received from staff and management.

Later in the morning, the inspector visited the residential house briefly. This house appeared bright, clean and was nicely decorated which added to the homely atmosphere. While there the inspector met with one resident. They greeted the inspector warmly and appeared happy to talk with the inspector about how they were getting on at this time. The resident had also completed a questionnaire for the inspector to review. During the conversation, the resident spoke about how COVID-19 had affected them. They talked about resuming going to a 'hub' one day per week where they took part in art classes and met their friends. They expressed happiness about this and said that they also visited their friends in another day service at times, and that they were planning on doing that later that day. They also spoke about getting a new mobile phone, and making and receiving phone and

video calls, and they spoke of a recent day trip they went with staff where they enjoyed a meal out.

Residents living in this house had developed a 'lockdown' photo book, which contained photos of activities that residents were engaging in at this time during the COVID-19 pandemic. The photos included residents engaging in art and crafts, baking, gardening, going on day trips, playing sports and practicing their religious faith. In addition, residents had access to a garden allotment in the community where they spent time doing gardening projects, and the photographs available for review indicated residents' enjoyment of these various activities.

A review of the questionnaire completed indicated that in general the resident was happy with their home and supports provided. Questions related to various aspects of care including; food, bedroom, rights, activities, visitors, staff and care and support for which residents could rate that they felt 'happy', 'neutral' or 'unhappy'. The results of the questionnaire indicated that they felt 'happy' about most aspects; however for questions relating to how safe they felt and about their relationships with other residents, they indicated that they felt 'neutral'. A number of notifications were submitted to The Chief Inspector of Social Services since the start of the COVID-19 pandemic indicating that this resident was affected by negative interactions, including some physical interactions, from their peers. As a result, a safeguarding plan had been developed and measures contained in the plan aimed to support residents to develop positive relationships with each other, and to ensure their ongoing safety. The inspector was informed that some residents were very negatively impacted during the COVID-19 restrictions and described how their routines and lives had been changed. This had led to an increase in stress and behaviours of concern, which had impacted on other residents in the house. The provider had put measures in place to safeguard residents including additional staffing, individual day programmes outside of the house and a return to shared care based on risk assessments. This had reduced the number of incidents and led to a safer environment for all. The resident affected said that they sometimes felt anxious about other residents' shouting, but that they had a space in their home that they could go to to be alone. When asked, they said that they liked the mix of having the company of the other residents during the week and also having the weekends to themselves.

The inspector also reviewed documentation such as residents' personal plans, the annual review of the service, and residents' house meeting notes in order to get a more detailed view of the lived experience of residents. Residents' meeting notes provided evidence of good consultation with residents about a range of topics such as meal planning, activities, safeguarding, advocacy, COVID-19 information, hand hygiene, and also included regular discussion about how to make complaints. The inspector noted that residents were supported with making choices about how they lived their lives and what goals they wanted to achieve in the future through the personal planning process. In addition, a resident newsletter had been developed in the respite house, which contained fun information as well as updates on the house.

The inspector got the opportunity to meet with staff members who were working on the day. Staff appeared knowledgeable about the needs of residents and were

observed to be treating the resident in a respectful and dignified manner. It was evident through observing interactions that the resident felt very comfortable around staff.

Overall, residents appeared well supported with their individual needs, and arrangements were in place to ensure that they were consulted about the running of the centre and in making choices in their lives. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There was a good governance and management structure in place which ensured that the care delivered to residents was to a good quality and was kept under ongoing review for improvements. Findings on inspection demonstrated good monitoring and oversight of the centre by members of the management team, and good compliance was found in a number of areas. However, documentation in relation to some residents' personal plans required review to ensure that the information provided was up-to-date. Improvements in this area would further enhance the quality of service provided.

The person in charge worked full-time and had responsibility for another designated centre in the area. He was supported in his role by an assistant manager, who also worked full-time and was involved in the operational management of the centre. The skill-mix in the centre consisted of a team of social care workers and social care assistants who worked on the front line with residents. The centre appeared to be effectively resourced to deliver care to residents, with two staff available during day time hours in each location, and sleepover cover provided each night. There was a rota in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents.

The person in charge had recently completed a training needs analysis where training required to effectively support residents had been reviewed. The training matrix in place demonstrated that staff were provided with training to ensure that they had the appropriate skills to effectively support residents with their needs. The person in charge maintained a schedule for supervision meetings with staff, which indicated that supervision meetings were held regularly and in line with the organisation's policy of four times per year. In addition, staff spoken with said that they felt well supported in their role and could raise any concerns to the management team should this be required.

The management team ensured that there were systems in place for regular auditing of the care provided. The provider carried out unannounced audits and completed the annual review of the quality and safety of care and support in the

centre as required in the regulations. Consultation occurred with residents and their families, and where areas for improvement were identified action plans were developed. These were found to be kept under regular review for completion. The person in charge also ensured that a range of internal audits were carried out. These included audits in medication management, finances, health and safety and infection prevention and control.

In addition, the person in charge ensured regular reviews of incidents that occurred in the centre took place. Where incidents that may cause harm to residents occurred, the inspector found evidence that meetings were held with the person in charge and team members to review learning from these incidents and agree actions to minimise the risk of such incidents re-occurring. In addition, regular meetings occurred with members of the multidisciplinary team to review safeguarding incidents that had occurred between residents in one location of the centre. There was also evidence that incidents were discussed as part of the regular team meetings. This demonstrated effective and ongoing monitoring of incidents that occurred.

There was documentary evidence that residents were consulted about the running of the centre and were kept informed about how to raise complaints. One resident spoke to the inspector about a complaint that they had made recently and about how this was addressed in a satisfactory manner. They also spoke about how staff supported them and their house mate to make the complaint, and added that the person in charge had met with them and resolved the issue. A review of the easy-to-read complaints procedure outlined the process for how residents can make complaints and about the appeals process also.

In summary, the management team ensured that the centre was effectively monitored. The systems in place demonstrated that regular reviews occurred about the quality and safety of care provided in the centre, and where improvements were noted, the management team were responsive in ensuring that actions were identified and progressed.

Regulation 15: Staffing

The inspector found that on the day of inspection the centre was effectively resourced to meet the needs of residents. The rota was reviewed, which demonstrated that a consistent staff team was in place in order to ensure continuity of care to residents. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge carried out a training needs analysis to identify training required to support residents. A review of training records indicated that all staff had received the identified training in order to ensure that they had the skills and knowledge to support residents with their needs. Staff were offered supervision and support meetings four times per year, and a review of the schedule for the year indicated that there was a plan in place for this.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems in place which ensured effective oversight and ongoing monitoring of the centre to ensure that it was safe and to a high quality. The provider ensured that six-monthly provider audits and the annual review of the quality of safety and care in the centre was completed as required in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre demonstrated that all notifications as required by the regulations to be submitted to the Chief Inspector were completed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were supported to have an awareness and understanding of the complaints procedure, and there was evidence that this was discussed regularly with residents at house meetings. As a result, one resident spoke about how they were supported to raise a complaint, and how this was addressed for them in a timely manner and to their satisfaction.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, person-centred service where their where their rights and wishes were respected. One resident who the inspector met with appeared to enjoy living at the centre and were observed to be comfortable in their environment and with staff supporting them.

A sample of residents files were reviewed during inspection and were found to contain comprehensive information regarding residents' personalities, routines and about what is important to them. In addition, assessments of needs were completed to assess health, personal and social care needs, and support plans developed where required. However, the health action plan for two residents did not contain the most up-to-date information about their health needs. The person in charge assured the inspector that this would be reviewed and updated. Annual meetings were held with residents, where residents were supported to identify personal goals for the future. These goals were kept under regular review and updated with progress notes. Some goals identified by residents included; to live in a bigger house, resume art classes, resume day services, spend more time with friends and gardening work.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services where this was identified as being required. This also included receiving information about vaccines and making this service available to residents. Residents were also supported to avail of the National Screening programmes. Where concerns about residents' health and wellbeing were raised, these were followed up with the relevant healthcare professionals and a range of support plans were in place to guide staff in supporting residents with their needs.. In addition, there was evidence that residents had access to multidisciplinary supports such as psychologists, physiotherapists and occupational therapists, where required.

Safeguarding of residents was promoted through staff training and the ongoing review of incidents that arose in the centre. In addition, residents were supported to be aware about how to keep themselves safe through regular discussion at residents meetings about safeguarding and about how to make complaints. There was evidence that any safeguarding concerns raised were screened in line with the safeguarding procedures, and safeguarding plans were kept under regular review by the person in charge.

The inspector found that residents' rights were promoted through discussion about advocacy and rights at residents' meetings. In addition, there was evidence in the meeting notes and through discussions with a resident, that residents were consulted with regard to their day-to-day lives. Residents were also supported to practice their religious faith in line with their wishes. There was evidence that one resident was supported to avail of an alternative respite location as part of a review of compatibilities, and where the resident chose not to make this change after a brief trial, their choice was respected and alternatives were being explored with the resident.

The provider ensured that there were systems in place for the prevention and control of infection. This included staff training, health and safety audits, posters on display around the house about prevent infection transmission, use of personal protective equipment (PPE) and availability hand gels. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans. Residents' meetings demonstrated that residents were supported to understand measures to protect themselves from infection with regular discussion occurring about COVID-19. The person in charge had completed the Health Information and Quality Authority's self assessment for preparedness planning.

There were systems in place for the identification, assessment and management of risk, including a risk management procedure. Risks that had been identified at service and resident level had been assessed and were kept under regular review. Where one risk assessment was found to not include the most up-to-date control measures the person in charge addressed this before the end of inspection.

In summary, residents were provided with person-centred care and support and there was evidence that residents' rights, interests and uniqueness were valued. However, improvements in the documentation of personal health plans would enhance the good care provided and ensure that the most up-to-date information was readily available to staff supporting residents.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and ongoing review of risks that occurred in the centre. Risk assessments were completed for service and resident related risks. A sample of risk assessments were reviewed and found to contain good detail. However, one recent control measure had not been included on some residents' risk assessments, but this was addressed by the person in charge by updating the documentation by the end of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems and measures in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, education of residents about measures required to minimise infection spread, availability of PPE and easy-to-read posters on display around the house. In addition, HIQA's self-assessment tool for contingency planning during COVID-19 had been completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans were developed where this was identified as being required. However, some gaps in documentation were evident, and improvements in this area would ensure that all health-related information was up-to-date and readily accessible in the health action plans that were in place to guide staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being supported to access a range of allied health care appointments,. This included access to community public health services, national screening programmes, bone density scans and access to vaccine programmes. The provider ensured that residents had access to multidisciplinary supports, such as physiotherapy and occupational therapy services, where this need had been identified

Judgment: Compliant

Regulation 8: Protection

The provider ensured residents' safety through staff training in safeguarding, ongoing and prompt review of incidents that occurred and supporting residents' understanding on how to keep safe. The person in charge ensured that any concerns of a safeguarding nature were investigated, and that regular reviews of measures contained in the safeguarding plans occurred.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre and about making choices in their day-to-day lives. There were a range of easy-to-read documents available to support residents to understand various topics; such as complaints, keeping safe

and about COVID-19.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountain View Residential & Respite Services OSV-0003702

Inspection ID: MON-0033151

Date of inspection: 13/07/2021

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Health Action Plans for fulltime residents in Mountain View Residential and Respite Services will be reviewed to ensure there are no gaps in documentation and that all health related information for residents is up to date.	

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 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	20/08/2021