



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:	Announced
Date of inspection:	16 January 2023
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0029776

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 is a designated centre operated by Western Care Association. The centre can provide residential and respite care for up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, located a short distance from each other, on the outskirts of a town in Co. Mayo. One house provides a residential service for three residents and the second house provides respite care for up to five residents. Each resident has their own bedroom, some en-suite facilities, bathrooms and shared access to communal living and garden spaces. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 (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
Monday 16 January 2023	09:10hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and their assistant manager, and over the course of the day, the inspector also had the opportunity to meet with two staff members and also with one resident who resided in the centre.

This centre comprised of two houses, located within close proximity to each other on the outskirts of a town in Co. Mayo. One house provided residential care for three residents, who each had their own bedroom, some en-suite facilities, bathrooms and communal use of a kitchen and dining area, sitting room, utility and staff office. The second house provided respite care for up to five residents, with each also having their own bedroom, some en-suite facilities, bathrooms, computer room, sitting room, kitchen and dining area, utility and staff offices. Both houses were comfortably furnished, in a good state of repair, clean and provided a warm living environment.

Upon the inspector's arrival, they were greeted by the person in charge and entered via the main entrance, to perform hand hygiene. Also in this house to meet with the inspector, was the assistant manager, a staff member and a resident. This resident resided full-time in this house and took a few minutes before they left for their day service, to speak directly with the inspector about the care and support they received. They told the inspector that they had lived in the centre for many years and were very happy there. They spoke of their interest in shopping, going out for meals and of how they enjoyed meeting with their peers for a chat and cup of tea at their day service. This resident used a mobility aid to get around the centre and told of how the layout of their home allowed them to independently do so. They had recently celebrated a milestone birthday and proudly showed the inspector photographs of a party that they had with family and friends to mark this occasion. They shared their home with two other residents and told the inspector that they all got on well together, sat together in the evening time for dinner and of how staff were always there to provide support, as and when they needed it. They pointed to a menu planner that was displayed on the wall of the dining room and told of how staff held meetings with them, which facilitated them to be part of menu planning for the upcoming week, and to also discuss with staff the activities or outings that they wanted to go on. They said they knew every staff member that worked in the centre, and that the person in charge always told them, well in advance, before a new staff member joined the staff team.

Over the course of this inspection, the person in charge spoke at length with the inspector about the social interests and assessed needs of residents who availed of respite in this centre. These residents had many individual interests, some liked to avail of respite the same time as their peers and got on very well together. The planning of respite care was done well in advance of residents' arrival and due consideration was always given to the staffing compliment required by the service, based on the assessed needs of the residents scheduled to stay. Staff spoke of how these residents liked to engage in social activities together as part of their respite

stay, often going out for a meal or going shopping. The adequacy of this centre's resources, with respect to staffing and transport, made it possible for these residents to be as active as they were, with staff endeavouring to maximise residents' social care during their time spent in the centre, by planning activities around each resident's personal interests and preferences.

Over the course of this inspection, many examples were found where the provider's ability to promptly respond to identified risk, had resulted in positive outcomes for residents. For example, in recent months, in response to incidents that had occurred, the falls management plan for one resident required review. This resulted in an review of this resident's environmental surroundings, making them safer for this resident and also resulted in effective falls prevention measures being put in place. Similar to this, where incidents of negative interaction between residents had occurred, the provider also promptly reviewed these and put measures in place to support the staff to engage in positive behaviour support initiatives with these residents, which resulted in a significant reduction in the re-occurrence of these incidents.

The individual needs of all residents were considered in all aspects of the service delivered to them, to ensure their rights were at the forefront of any operational decisions made. Regular meetings were held with residents, which kept them informed of any operational changes and also afforded them an opportunity to be involved in the running of the centre. Residents' rights were respected and considered in the review of residents' care and where possible, the provider ensured positive risk-taking as part of the overall promotion of residents' independence. For example, in response to the needs of a resident with a visual impairment, the provider had put safety measures in place to allow this resident to access all areas of the centre, independent of staff, should they wish to get up during the night to access the kitchen for a drink. The person in charge informed the inspector that this was working well for this resident and was continually subject to review.

There was good continuity of staff in this centre, meaning that these residents were continually cared for by staff who knew them and their assessed needs. Of the staff who met with the inspector, they were found to be very knowledgeable of residents' assessed needs and spoke respectfully about each resident's preferences for how they wished to spend their day.

The findings of this inspection will now be discussed in the subsequent sections of this report.

Capacity and capability

This was an announced inspection to assess the provider's overall compliance with the regulations. Overall, the inspector found that this was a well run and well-managed centre that ensured residents received a good quality and safe service. Of the regulations inspected against, the provider was found to be in full compliance

with these.

The person in charge held the overall responsibility for the running and management of this centre and was supported in their role by an assistant manager, their line manager and staff team. They were regularly present at the centre to meet with the residents and also with their staff team, whom they held scheduled meetings with, to discuss and review residents' care. They were also in regular contact with their line manager to review operational matters. They held responsibility for another designated centre operated by this provider, and the effectiveness of current governance and management arrangements allowed for them to also have the capacity to ensure this centre was effectively managed.

Due to the nature of the respite aspect of this service, the provider was constantly reviewing the number and skill-mix of staff rostered for duty, to ensure appropriate staffing arrangements were in place, in accordance with residents' assessed needs. Most of these residents requiring a certain level of staff support to engage in activities of their choice and to access local services and amenities, and the provider had ensured a suitable number of staff were always on duty to allow for this. From time to time, where additional staffing resources were required, the provider had ensured relief staff, who were familiar with the centre, were available to provide this additional support. Staff training arrangements were maintained up-to-date, ensuring staff had received the training they required appropriate to their role. Furthermore, each staff member was also subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced to meet the assessed needs of residents, and also in accordance with the arrangements set out in the centre' statement of purpose. The monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge and the assistant manager at the centre, to oversee the provision of direct care to residents. Along with various internal audits which were being completed, six-monthly provider-led visits were also occurring in line with the requirements of the regulations. Where improvements were identified as part of these visits, the provider had ensured action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and were regularly present to meet with residents and with their staff team. They held strong knowledge of residents' assessed needs and of the operational needs of the service delivered to them. They held responsibility for another designated centre operated by this provider and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to regular review, ensuring suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Where this centre required additional staff support from time to time, the provider had arrangements in place to provide this. Many of the staff working in this centre had supported these residents for quite some time, which had a positive impact for these residents, as it meant they were at all times supported by staff who knew them well.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring staff had the training they required appropriate to their role. Staff also received regular supervision from their line manager, which had a positive impact on staff development within this organisation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced with regards to staffing, transport and equipment. The person in charge held regular meetings with their staff team, which facilitated frequent review and discussion around residents' care. The person in charge also regularly reviewed operational matters with their line manager. Six-monthly provider-led visits were occurring in line with the requirements of the relegation and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, containing all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and response to any incidents occurring and they had ensured that all incidents were notified to the Chief Inspector of Social Services, in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents availing of this service led active lifestyles, and the provider had ensured that suitable arrangements were in place to support them to engage in their activities of choice, and to also ensure that they were supported to maintain links with their families and local community, in accordance with their wishes.

The re-assessment of residents' needs was overseen by the person in charge and the assistant manager, ensuring residents' assessments and personal plans were updated, where any changes to residents' assessed needs were identified. Where residents had assessed health-care needs, staff were fully supported by multi-disciplinary teams, in the review of these residents' health care interventions. For example, following a change in recent months to one resident's mobility needs, staff had sought the input of relevant multi-disciplinary teams in the review of this resident's falls management plan. Staff who met with the inspector were aware of the falls prevention measures that were now in place for this resident and of how to appropriately implement these. Personal goal setting was an important aspect of the care delivered to these residents and staff worked closely with residents' day services to ensure these residents had access to the supports they required to work towards their goals.

In response to some incidents in recent months, where negative interactions had

occurred between some residents and their peers, the provider had put low-level interventions and initiatives in place to promote positive behavioural support among residents. For example, a positive behaviour notice board was displayed in the dining area of one of these houses, and staff spoke of how they often referred to this notice board when promoting positive behaviour with residents, and reported that it was working well for the residents it was intended for. In this particular house, this had resulted in a significant decline in the occurrence of incidents of negative peer to peer interactions and its overall effectiveness was continually being reviewed. Safeguarding arrangements were regularly discussed with residents, who were aware of how to raise any concerns they had with staff or members of management. Where concerns were raised, these were reported to the designated officer for safeguarding and the provider also ensured additional measures were put in place to maintain the safety and welfare of the residents involved.

Due to the respite aspect of this service, a specific fire drill schedule was in place to ensure that each resident, who availed of respite, took part in at least two fire drills each year. Fire drills were regularly occurring and prior to this inspection, the provider had identified where improvements were required to the outcome of these. In response to this, the person in charge spoke at length with the inspector about the various control measures that the provider had put in place in response to this, and of how they and their staff team were in the process of implementing and reviewing the overall effectiveness of these new measures. Effective risk management systems were also in place, that supported the timely identification, response, assessment and monitoring of risk in this centre. Where incidents that had occurred, the person in charge ensured these were responded to and discussed with their staff team to establish any learning. There was a risk register in place for each house within this designated centre, and at the time of this inspection, the person in charge was in the process of reviewing both documents to ensure these fully supported them in their on-going monitoring of risk.

Overall, the effectiveness of the systems that the provider had put in place in this centre, had resulted in these residents experiencing positive outcomes in terms of their health, social and personal care.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents had access to the support that they required to express their wishes. For example, some residents had a visual impairment and the provider had ensured that their environment was conducive to their sensory needs, resulting in these residents being able to independently access communal area of the centre, as and when they wished.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to welcome visitors to their home and were equally supported by staff to visit family and friends, as and when they wished.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two premises, located a short distance from each other. Each house provided residents with their own bedroom, some en-suite facilities, bathrooms and communal use of sitting room, kitchen and dining areas, utility, computer room and staff offices. Outdoor garden spaces were also available to residents to use as they wished. Both houses were found to be nicely decorated, well-maintained and provided residents with a comfortable living environment.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available at the centre, containing all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, it was quickly responded to, which had a positive impact on the safety and welfare of all residents. Where specific resident risk was identified, supporting risk assessments were put in place, outlining the control measures to be implemented by staff to mitigate against the risk. The oversight of organisational risk was primarily overseen by the person in charge and at the time of this inspection, they were in the process of reviewing the risk register to ensure it fully supported them in their on-going monitoring of risk in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety systems were in place, including, fire detection and containment arrangements, regular fire safety checks were occurring and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and a schedule was in place to ensure that all residents availing of respite, took part in at least two fire drills each year. Each resident had a personal evacuation plan and there was also an individual fire procedure in each house, guiding staff on how to respond, should a fire occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Effective arrangements were in place to ensure each residents' needs were re-assessed on a regular basis and that personal plans were updated to reflect any changes in residents' needs. Personal goal setting was completed with each resident and adequate arrangements were put in place by the provider to ensure that each resident had access to the supports they required to achieve their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents' had assessed health care needs, the provider ensured that these residents received the care and support that they required. For example, some residents required support with their neurological care and with regards to falls management. The provider was responsive to this and ensured that these aspects of care were subject to regular multi-disciplinary review, and that all staff were maintained informed of any change to these residents' health care interventions. A wide variety of allied health care professionals were available to this centre and engaged with staff, as and when required, in the review of residents' specific health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured that adequate arrangements were in place to support residents with this aspect of their care. Effective behavioural support initiatives were in place in this centre, which staff reported that residents were responding well to. Where restrictive practices were in place, these were subject to regular multi-disciplinary review, ensuring the least restrictive practice was at all times used in this centre.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on the identification, response, review and monitoring of any concerns relating to the safety and welfare of residents in this centre. Where safeguarding concerns were identified, the provider had ensured these were reported to the designated officer for safeguarding and that immediate measures were put in place to safeguard the residents involved. The monitoring of peer to peer interactions was continually overseen by staff, which had resulted in a significant decline in safeguarding related incidents in this centre in recent months. This had resulted in no active safeguarding concern in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

This centre was operated in a manner that was considerate of the rights, preferences and individual interests of the each resident. Residents were facilitated to be involved in the running of the centre, with regular residents' meetings occurring to ensure residents' participation in activity and meal planning. Each resident had their own bedroom and staff were respectful of residents' personal space. This was also evident in how the provider scheduled for respite care, with due consideration always given to residents' preferences for the duration of their stay.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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