

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

Issued by the Chief Inspector

Name of designated centre:	Mountain View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0005877
Fieldwork ID:	MON-0036346

About the designated centre

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

Mountain View is a centre run by the Health Service Executive. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability and high support needs. The centre comprises one bungalow located in a village in Co. Sligo, providing residents with their own bedrooms, shared bathrooms, shared communal spaces and large garden area. This is a nurse-led service, with three staff on duty during the day and two staff on duty during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 5 September 2024	10:00hrs to 15:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. Overall, the inspector found that residents in this centre received a good quality service. Residents were supported by staff who were familiar with their needs. Governance and oversight arrangements ensured that the service was well monitored and any issues were addressed in a timely manner.

The centre was a bungalow located in a small rural village. The centre was a short drive away from a large town with shops, cafes and other amenities. The house had four bedrooms. One bedroom had an en-suite bathroom with a wet room style shower. The main bathroom in the house also had a wet room style shower. The house had an open-plan room which combined a kitchen-dining room and living room, as well as a separate sitting room and a utility room. Outside, the grounds were very well maintained. There was a large garden at the front of the house. There was a patio area at the back of the house that had a rubber tarmac covering. There was also a large sensory garden at the back of the house with plants of different colours and smells. The garden was accessible by a path. Outdoor furniture was located in the patio area and garden. There were plans to install a swing set in the garden, in the coming weeks.

The centre was warm, bright and homely. It was clean and tidy. Each resident's bedroom was decorated in a different style, in line with the resident's choice. The residents' photographs and objects personalised the bedrooms and communal rooms. The furniture was in good condition and free from any damage. The house was nicely decorated and in a very good state of repair. The house was fully accessible to all residents with level access and wide doorways throughout. Equipment that was needed by residents for their daily activities was available, for example, shower chairs and walking aids. A handrail was located along the hallway to promote residents' independence when moving around the centre. The soft rubber covering of the patio area was chosen to meet the needs of residents. There was adequate space for residents to spend time together or alone, as they wished. There was a pleasant atmosphere in the centre. The residents chose the music that was played in the centre throughout the day.

The inspector met with all four residents on the day of inspection. Residents greeted the inspector with a handshake. One resident showed the inspector their bedroom and some of their belongings. Residents engaged with the inspector using multiple methods of communication, for example, spoken words, gestures, facial expression. The residents required the support of familiar staff when communicating with the inspector. Residents appeared happy and content in their home. They were comfortable in each other's company and in the company of staff.

As part of an announced inspection, the Chief Inspector issued questionnaires to the

residents. These questionnaires asked the residents' opinions on the centre and the service they received. Four questionnaires were completed and reviewed by the inspector. All residents required support by a member of staff or family member to complete the questionnaire. The questionnaires indicated that residents were happy in their home and with the service.

The inspector had the opportunity to speak with a family member of one of the residents. The family member was very complimentary of the staff and the care in the centre. They spoke about the activities that the residents enjoyed, and the good communication between staff and families. They said that they would be comfortable highlighting any issues if they had any concerns about their relative or the service.

In addition to the person in charge, the inspector met with three other members of staff. Staff spoke respectfully about residents. They were knowledgeable about the residents' needs. They knew what supports were required by residents. They knew the residents' likes and dislikes. They were familiar with the residents' communication profiles. All staff had received training in human rights-based care. They said that the training had increased their awareness of the importance of ensuring that residents had choice in their daily lives and to respect the choices they made. Staff spoke about the residents' right to decline choices that were offered. One staff member said that the training highlighted that "we work in their home".

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

There were strong governance and oversight arrangements in the centre. The management structure and lines of accountability meant that issues could be identified, escalated and addressed appropriately. The staffing arrangements were in line with the residents' assessed needs. The provider submitted documentation and notifications in line with the regulations.

The lines of accountability were clearly defined in this centre. Staff knew who to contact should any incidents arise. On-call arrangements were in place to ensure that a member of management could be contacted at all times. If an incident did occur, it was recorded and escalated appropriately. Incidents were reviewed monthly and analysed to identify any trends. The review of incidents formed part of the oversight arrangements that the provider had implemented. Oversight was also maintained through a series of audits. The provider also completed unannounced audits of the service every six months. Findings from these audit reports were added to the centre's quality improvement plan. This gave an overview of the actions required to address identified issues and improve service quality.

The staffing arrangements were suited to the needs of residents. The skill-mix of staff was in line with the residents' assessed needs. A nurse was on duty in the centre at all times. Staff training in mandatory modules and site-specific modules was up-to-date for all staff.

The provider had submitted the necessary documentation to apply for the renewal of the centre's registration. This included the centre's statement of purpose and the residents' guide. The centre's complaints procedures were outlined within these documents. The provider also submitted notifications to the Chief Inspector, as outlined in the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application to renew the centre's registration. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience for the role, as set out in the regulations. They maintained a regular presence in the centre and had very good knowledge of the residents' needs, and the service required to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to meet the assessed needs of residents. The rosters for July, August and September 2024 were reviewed. These indicated that the required number of staff with the required skill-mix were on duty at all times. Flexibility was built into the rostering system to ensure that additional staff were available when required by the residents. Staff were familiar to the residents as a consistent team was employed in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training in the areas that had been identified as mandatory by the provider. The training records for staff were reviewed by the inspector. The inspector also checked the training record against a sample of one staff member's training certificates. It was noted that staff had up-to-date training in all areas. Staff had also received training that was specific to the needs of residents in this centre. Where staff required refresher training, this had been identified by the person in charge and dates had been arranged to complete this training.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the centre's registration. This was reviewed and found to include all of the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and oversight arrangements in the centre ensured that the quality of the service was effectively monitored.

The provider completed unannounced audits of the service every six months, in line with the regulations. The provider had prepared an annual report into the quality and safety of care, and support of residents. In addition, the provider had a series of audits that were scheduled to be completed at different times throughout the year. The inspector reviewed the record of audits that had been completed in the centre since the beginning of 2024, and found that audits were completed in line with the schedule. Findings from reports and audits were added to the centre's quality improvement plan. This identified the actions required to address identified issues within a specific timeframe.

Incidents that occurred in the centre were accurately recorded and escalated. Incidents were reviewed on a monthly basis, to identify any trends and to avoid reoccurrence.

The management structures were clearly defined. Staff were aware who to contact should any issues arise. A member of management was contactable at all times should any issues arise. Staff received regular supervision. The inspector noted that

supervision sessions were scheduled through 2024 and into 2025 for staff. Staff meetings occurred monthly. The inspector reviewed the minutes of the most recent meeting and noted that it covered issues relating to residents' care, as well as issues relating to the staff and service.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider had submitted their statement of purpose as part of the documentation required to renew the centre's registration. This was reviewed by the inspector and found to contain the information outlined in the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector reviewed the records of the incidents that had occurred in the centre since the beginning of 2024. It was noted that any incident had been reported to the Chief Inspector, in line with the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The centre had a policy for managing complaints. Complaints were audited in the centre on a quarterly basis. On the day of inspection, there were no open complaints in the centre.
Judgment: Compliant
Quality and safety
The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. The residents' safety was promoted through good safeguarding practices and risk

management systems.

Residents received a person-centred service in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place and staff were knowledgeable about supporting residents. Residents were supported to access services and appointments with healthcare professionals. Residents were supported to express their needs and wishes. The centre was fully accessible and laid-out to suit the residents' needs. It had the equipment required by residents to complete their daily activities. Residents were supported to maintain contact with family and friends. They were supported to engage in activities within the centre and in the wider community.

The safety of residents was promoted. Risk assessments had been put in place to ensure that staff knew how to reduce risks to residents. Staff were knowledgeable on safeguarding procedures. Some restrictive practices had been introduced in the centre to keep the residents safe. These were regularly audited and reviewed. Information was available to share with hospital staff, should a resident be admitted to hospital.

Regulation 10: Communication

The provider had made arrangements to support residents to communicate their needs and wishes. The inspector reviewed the care plans for two residents. Residents had been assessed by a speech and language therapist who had devised communication profiles for each resident. The communication profiles outlined the ways that staff should support residents to communicate. Staff were knowledgeable of the content of these documents and were observed using some of the strategies effectively with residents, during the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their financial affairs. The residents' care plans contained assessments that had been completed in the previous 12 months that identified the residents' understanding of their financial affairs and the supports they needed to manage their finances. Residents' finances were audited monthly. The inspector reviewed the financial audits that had been completed since the beginning of 2024. These audits included questions about consulting residents in relation to their spending. The ability of residents to access their financial statements was also included in the audit.

Residents had control over their own possessions. They had adequate space to store

their personal items.
Judgment: Compliant
Regulation 13: General welfare and development
The inspector reviewed the daily activity records for one resident. This indicated that the resident engaged in activities within the centre and in the wider community which were in line with their interests. Residents were supported to maintain contact with their family members through phone calls, staff updates and visits.
Judgment: Compliant
Regulation 17: Premises
The premises suited the needs of residents. As outlined in the first section of the report, the centre was in a good state of repair and nicely decorated. The house and gardens were fully accessible to all residents. Residents had access to equipment needed for activities of daily living, which promoted their independence. There was adequate space for residents to spend time alone or in the company of others.
Judgment: Compliant
Regulation 18: Food and nutrition
The nutritional needs of residents were well managed in this centre. The inspector reviewed the notes of two residents and found that they had access to the relevant professionals in relation to their nutritional needs. Staff were clear on how residents' food should be prepared, in line with recommendations made by these professionals. Residents had access to nutritious meals. Choices were available at mealtimes. Staff were observed offering food and beverage choices to residents throughout the inspection.
Judgment: Compliant
Regulation 20: Information for residents
The provider had developed an information guide for residents. This was reviewed

by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements for information to be shared regarding the residents' care and support needs, in the event of their temporary absence from the centre. The inspector reviewed one resident's 'Health Passport'. This document contained relevant information to guide staff, should the resident need to be admitted to hospital.

The inspector reviewed the health records for two residents. These contained guidance for staff on how information should be shared with ambulance services and hospitals, should the need arise.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in this centre to assess and manage risk.

The person in charge maintained a risk register that outlined risks to the service. The risk register was reviewed by the inspector and was found to be comprehensive. Risk assessments had been reviewed within the timeline set out by the provider.

In addition, each resident had individual risk assessments. The inspector reviewed the risk assessments for two residents. The assessments included all areas of risk that were identified in the resident's assessment of need. The assessments gave very good guidance to staff on how to reduce the risk to residents. The risk assessments were regularly reviewed and updated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessment of need for two residents. It was noted that these assessments had been completed within the previous 12 months. The assessments were updated at regular intervals throughout the year and or in response to any changes that occurred. Plans that outlined the supports required to

meet residents' needs, were also available to staff. These plans were regularly updated.

An annual review of the residents' personal plans had taken place. This review included input from the resident and reviewed the previous year's plan. Goals for personal development were set at the meeting.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were well managed in this centre. The notes for two residents revealed that residents had access to a wide variety of healthcare professionals, as required. Residents were supported to attend medical appointments. There was evidence of follow-up with healthcare professionals and onward referrals, as healthcare needs arose. The residents' notes contained detailed medical histories.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a resident's behaviour support plan. This had been put in place by a suitably qualified professional, with input from staff who were familiar with the resident. It gave clear guidance to staff on how support the resident.

Where restrictive practices were required in the centre, these were audited every second month and referred to an external committee for regular review.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to protect residents from the risk of abuse. Staff had up-to-date training in safeguarding. Staff were knowledgeable on the steps that should be taken, should any concerns arise. The contact information for designated officers, was on display in the centre. There were no open safeguarding plans in the centre on the day of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected in this centre. Staff had received training in human rights-based care. Residents were offered choices and these choices were respected. Resident meetings occurred on a weekly basis. The minutes from the meetings that occurred in July and August 2024 were reviewed by the inspector. The person in charge reported that a new format for the meetings was due to be implemented that week. The new format would consist of a picture-based system that included discussion about the residents' rights.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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