



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:	Unannounced
Date of inspection:	08 and 09 June 2023
Centre ID:	OSV-0005877
Fieldwork ID:	MON-0038624

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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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 8 June 2023	17:15hrs to 19:00hrs	Jackie Warren	Lead
Friday 9 June 2023	09:50hrs to 13:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector spent time in the company of residents and observed the care and support interactions between residents and staff. The inspector spoke with staff on duty, and also viewed a range of infection control documentation and processes.

The centre was a house in a small rural village, close to a large town. The centre suited the needs of the people who lived there and provided them with a safe and comfortable living environment. The location of the centre enabled residents to visit the shops, coffee shops, restaurants, the church, beaches and scenic places in the area. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee and restaurant meals, going for outings in the bus, foot spa treatments, music and visits with their families. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

On arrival at the centre, a resident showed the inspector around the house. The centre was furnished and decorated in a comfortable, domestic style which created a very homely atmosphere, and there was sufficient room for residents to have private space, if they chose to. Each resident had their own bedroom. The bedrooms that the inspector saw had been decorated, personalised and equipped in line with residents' preferences and needs. There was Internet access, television, games, and music choices available for residents.

The centre had a large, well maintained and furnished accessible garden where residents liked to spend time outdoors. There was also a large soft surfaced outdoor area, which was designed to reduce the risk of injury for residents who were at risk of falls. Staff had been developing a sensory garden and there was a wide variety of colourful flowers, shrubs and herbs planted there, in addition to some decorative features. The person in charge explained that additional sensory features were being added to the garden.

The inspector met with all four residents who lived in the centre. These residents did not have the verbal capacity to speak with the inspector or to discuss living there. However, the inspector observed the interaction between staff and residents. Staff were very familiar with residents' care needs and preferences. They talked about what residents liked to do and explained how they would support these wishes in an individualised way. For example one resident liked to attend daily Mass and the inspector saw that staff accompanied the resident to the church for Mass during the inspection. One resident liked to return to bed after breakfast for a lie in, which was also happening on the day of inspection. A resident was seen enjoying a foot spa, and another resident went out for an drive and had coffee and refreshments at a local landmark. Residents particularly liked spending time outdoors and going for drives. During the inspection, residents were spending time out in the garden and

also went out to places they liked several times during the day. There were sufficient staff in the centre to ensure that each resident could be supported to enjoy individualised activities that they enjoyed.

It was clear that residents who availed of this service enjoyed a good quality of life, that their welfare and wellbeing were actively prioritised. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Staff who spoke with the inspector had a very good knowledge of residents' likes, dislikes and care needs, and were also were aware of safe infection control processes.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how this affects the quality and safety of the service being delivered.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who was responsible for the management of two designated centres. The person in charge divided her time between the two designated centres, and spent time in both centres each weekday.

The person in charge worked closely with residents, staff and with the wider management team. There were arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty. Staff confirmed that these systems were effective and that they felt well supported at all times.

The centre was suitably resourced to ensure that suitable care and support was delivered to residents, and for effective infection control management. These resources included the provision of a suitable, safe and comfortable environment, sufficient numbers of suitably trained staff to support residents, and adequate supplies of personal protective equipment (PPE), hand sanitising gels, cleaning materials and equipment.

There were measures in place in the centre to control the spread of infection and to

reduce the risk of COVID-19 infection. This included adherence to national public health guidance and development daily cleaning schedules. There was a process in place for sharing information about residents' infection status in the event of any resident transferring from the centre. The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Staff were informed of infection control protocols and practices. Staff had received training in various aspects of infection control, such as training in personal protective equipment, hand hygiene, and infection prevention and control. The provider had also ensured that a range of guidance documents, policies and procedures were available to inform staff of best infection control practices. Staff who spoke with the inspector were satisfied that they had received adequate training and guidance in infection control management, and they knew where to find additional information if they needed it.

There were good systems in place for reviewing and monitoring the service to ensure that a high standard of infection control management was being provided and maintained. Quarterly environmental audits were being carried out and these included detailed examination of premises, hygiene and infection control practices. These audits showed high levels of compliance. Although only minor areas for improvement had been identified, these had been promptly addressed. For example, removal of some stored items from a sitting room had been recommended, and this had been done. A review of the quality and safety of care and support of residents was being carried out annually, and six-monthly unannounced audits of the service were being carried out on behalf of the provider.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Residents lived in a clean, comfortable environment.

During a walk around the centre, the inspector found that it was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The house was kept in a clean and hygienic condition throughout. The kitchens were bright and comfortable, and were well equipped with readily cleanable and suitable equipment for cooking and food storage. Surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces were of impervious materials which could be easily cleaned.

Information about infection control had been developed for residents in a user-friendly format. Residents were supported to access vaccination programmes if they chose to, and assessments had been carried out to inform decisions about whether

or not each resident would become vaccinated.

Cleaning schedules had been developed to manage the centre's hygiene requirements, and staff members carried out the required daily cleaning tasks. This included daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Assistive equipment was included in a cleaning plan and was found to be visibly clean on the day of inspection. Staff explained that due to the vulnerability of the residents, that the extent of the cleaning programme had not been reduced, even though the risk from COVID-19 had decreased. In addition to ongoing cleaning routines, a six-monthly deep clean of the entire house was also being carried out by an external company.

There were laundry facilities in the centre, and the laundry of potentially infectious clothing and linens was being managed in line with good practice. There was a plentiful supply of cleaning materials such as sanitising solutions, wipes and cloths. To reduce the risk of cross-contamination a specific colour coded cleaning system was in use, and there were clear and safe protocols in place for the storage and laundry of mop heads.

There were good waste management arrangements in the centre which increased infection control safety. Refuse collection was supplied by a private contractor and bins were suitably and hygienically stored while awaiting collection.

Family contact and involvement was important in the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished, and for them to visit family and friends in other places.

Regulation 27: Protection against infection

There were good measure in place in the centre to control the risk of infection, both on an ongoing basis and in relation to COVID-19. The centre was well maintained, had good quality, easily cleanable surfaces in higher risk areas, and was maintained in a clean and hygienic condition. There were systems, such as audits, staff training and cleaning plans, in place to reduce the risk of infection in the centre.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant