



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

Issued by the Chief Inspector

Name of designated centre:	Harbour View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0007753
Fieldwork ID:	MON-0034372

About the designated centre

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

Harbour View is a centre run by the Health Service Executive located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three houses which are located in close proximity to each other, where residents have access to their own bedroom, shared bathrooms, communal and garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	09:05hrs to 16:25hrs	Alanna Ní Mhíocháin	Lead
Wednesday 17 November 2021	09:05hrs to 16:25hrs	Stevan Orme	Support

What residents told us and what inspectors observed

There was evidence of person-centred, good quality care in this centre. Residents were supported to engage in activities of their own choosing and to be active members of the wider community. Residents' rights were respected and their independence was promoted.

This centre consisted of three houses on the edge of a town. Each house was visited and reviewed by an inspector on the day of inspection. Inspectors adhered to public health guidelines on the prevention of infection of COVID-19 throughout the inspection. All houses were two storey buildings and one house included a small self-contained apartment. The houses were very homely and welcoming. Residents' photographs, personal objects and art work were displayed throughout the houses. Residents had their own bedrooms that had been decorated in line with their taste and included objects that reflected their interests and hobbies. The living areas of the house were comfortable and warm. Each house had a sitting room and a kitchen-dining room. Some parts of the centre had recently been refurbished. In one house, residents had painted the fences in the back garden and created a very pleasant space to sit out. Other parts of the centre showed some wear with minor damage to sofas, peeling paint on a bathroom ceiling and outside walls, and cracks in a bathroom wall covering. This will be discussed later in the report. Bathrooms had walk-in showers. Overall, each house was clean and tidy but there was some evidence of mould in bathrooms in two of the houses. Throughout the inspection, it was noted that radios and televisions were tuned to the stations that had been chosen by residents.

Inspectors met with all residents in the centre. Residents were busy going about their daily routine and were noted coming and going from the centre throughout the day. Residents told inspectors about their interests, hobbies and activities. Residents named numerous community-based activities that they enjoyed; for example, yoga, going out to dinner, meeting friends for coffee, horse-riding, attending the gym. They talked about the activities they enjoyed in their home, including, art work, rug making, jigsaws. Residents were observed taking part in these activities. Some residents chose to complete arts and crafts, others took part in online exercise classes, and others left to meet friends to socialise. Residents were proud to show their art work to inspectors. Some had plans to gift their art to friends and family, while another was going to have their work included in an upcoming exhibition. Residents reported that they were happy in their home. They were noted chatting and sharing jokes with one another. Residents said that they liked the staff. One resident said that staff had been a 'wonderful support' with a recent health issue. One resident reported that staff had too much paperwork to do every day. They said that they liked their home but one resident did not like the COVID-19 information posters that had been displayed in the centre. Resident surveys indicated that they were very happy with their home, the staff and the service provided in this centre.

Residents were noted to be active participants in the running of the centre. Residents left to go food shopping for the planned evening meal. Residents completed some of the household chores in the centre. These were agreed with residents in advance and noted on picture-based communication boards which were on display in the centre. In one house, residents answered the landline phone and took messages for staff members. Another resident reported that they did not want their photograph displayed in the centre and this had been respected. In one house, a poster that had been made by the residents that outlined five principles of human rights was displayed. Residents discussed these principles with inspectors and outlined how these principles were applicable to their lives.

Staff were observed interacting with residents in a very respectful and friendly manner. They upheld the residents' rights. Staff offered choices to residents throughout the inspection regarding food, activities, and upcoming plans. Staff offered help if needed but also promoted residents' independence to complete routine tasks. Staff were very knowledgeable on the residents' health, social and personal needs. Staff and residents were very relaxed and comfortable in each other's company.

Overall, there was evidence of a good service in this centre that promoted the residents' independence and respected their rights. There was a homely feel and pleasant atmosphere in the house and residents were active participants in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good management of this service and the provider had measures in place to ensure best practice in terms of service delivery. This ensured that residents received a quality service that was in line with their assessed needs. However, improvement in relation to the staff roster and staff training was required.

The provider had good oversight of the service. Annual reviews of the service and provider-led unannounced audits had been completed in line with the regulations. In addition, there was a schedule of audits completed throughout the year that examined various aspects of the service. Any issues identified on these audits were added to a quality improvement plan with definite actions plans and timelines for completion. The quality improvement plan was reviewed and updated monthly. Complaints submitted to the provider were included in the audit schedule. Inspectors noted the provider had a complaints procedure that was on display in picture-based format in the centre. In conversation with inspectors, residents were knowledgeable on how to make a complaint. The contact details of the complaints

officer was on display. A review of documentation found that complaints had been processed in line with the procedure and closed when the complainant was satisfied with the response.

A review of staff rosters and the staffing arrangements for the centre found that the number of staff in the centre was suited to meet the assessed needs of residents. The skill mix of staff was also appropriate with access to nursing care as required. There was a core staff team in the centre which ensured that residents were familiar with the staff on duty. Additional staff had been allocated to the service recently to support residents engage in activities. However, it was noted that the staff roster was not entirely accurate regarding the staffing of the centre with some staff members from other centres listed on the roster.

Staff training was largely up to date in areas that were identified by the provider as being mandatory. Staff had submitted certificates to confirm that they had attended mandatory training courses. Additional bespoke training by a psychologist in relation to human rights had been sourced and provided to staff. The staff training record was in the process of being updated but it had been identified that some staff needed refresher training in certain areas; for example, manual handling and cardiopulmonary resuscitation. While applications for this training had been submitted to the provider, no definite training dates had been identified on the day of inspection.

Overall, there was evidence that there was good governance and management in this centre. The provider had systems in place to monitor the quality of the service delivered. The number of staff and their skill mix were suited to meet the assessed needs of the residents and to support them with their personal and social goals.

Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed health and social needs of residents. There was a core team of staff in place who were familiar to residents. However, some improvement to the recording of staff on rosters was required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training in mandatory areas identified by the provider was mainly up to date. Where staff needed refresher training, this had been identified and requests submitted for access to relevant training courses. However, no definite dates in relation to when staff would access this training had been identified

Judgment: Substantially compliant

Regulation 23: Governance and management

There was good governance and oversight in this centre. The provider had completed annual reviews and six-monthly unannounced audits in line with the regulations. In addition, there was a suite of further audits completed throughout the year. Findings from audits were included in a quality improvement plan and actions were taken within a specific time frame to address any issues.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in the centre that was displayed in picture-based format. The contact details of the complaints officer was on display. Complaints were reviewed monthly and there was evidence that previous complaints had been processed in line with the provider's procedure.

Judgment: Compliant

Quality and safety

The care and support received by residents in this centre was of a good quality. Residents' rights were respected, they were supported to be active members of the community, and their independence was promoted. However, some improvements were required in relation to the upkeep of the centre, the identification of risk and measures to prevent the spread of infection.

Residents' engagement in the community and participation in activities that they enjoy was recorded in their personal plans. The plans identified ways to support residents to participate in activities in line with their interests. These included activities within their home; for example, art, cooking, baking. Activities that enabled them to maintain links with the wider community were also included; for example, horse-riding, basketball, yoga, bowling, going out for meals. Each resident had an individualised assessment that was reviewed annually with the involvement of the resident and family members, if required. There was also evidence of involvement from various health professionals as needed. The assessment identified the residents' health, social and personal needs and set goals for the year to help

address these needs. The plans were available in an accessible format for residents. Goals were reviewed and reset monthly with the residents as new issues and opportunities arose. Photographs of residents achieving some of their social and personal goals were included in the personal plans.

Residents' health needs were fully assessed and reviewed. Where a health need had been identified, there was a corresponding care plan that outlined how to support the resident with that need. These plans were regularly reviewed and updated. Staff were very knowledgeable on residents' health needs. Residents were also well informed and told inspectors about their upcoming medical and multidisciplinary appointments.

As discussed previously, residents' choices and rights were respected and upheld in this centre. Residents were active participants in the running of the centre and were involved in grocery shopping, meal planning, cooking and other household chores. Residents chose their daily schedule and activities.

The provider had taken steps to protect residents' safety. Staff had been trained in safeguarding. Quarterly audits reviewed staff knowledge on the steps that should be taken if there was any cause for concern. Any adverse incidents had been reported, screened and processed in line with the provider's policies. Intimate care plans for residents were in place. Each resident had individual risk assessments. This included positive risk-taking to promote residents' independence; for example, remaining in the centre without any staff present. Control measures to support these activities and promote residents' safety had been identified. These assessments were regularly reviewed. In addition, the provider maintained a comprehensive risk register for the centre. However, the provider had not identified and assessed the risk in relation to an outdoor shed that was used for storage. Also, records indicated that fire doors were routinely checked by staff but inspectors found two doors that did not close completely when the fire alarm was activated. The provider addressed this issue and the fire doors were repaired on the day of inspection. Separate to this, the provider had adequate measures for the detection and fighting of fire. Residents had personal evacuation plans and fire drills were routinely carried out with clear outcomes and learning documented. Fire detection and fire fighting equipment was routinely checked and serviced by an external fire company.

The centre itself was suited to the residents' needs. Each resident had their own bedroom and space to spend time alone or in the company of other residents as they so wished. Some refurbishment had been completed in recent months. For example, a new kitchen was fitted in one house, and the self-contained apartment was recently refurbished. The provider had plans to further enhance certain parts of the centre in the near future. However, there were areas of wear in the centre that needed to be addressed; for example, tears in couches, rust on the medicine cabinet in one house, damage to the pedals on bins. Mould was noted in some bathrooms. This had been risk assessed by the provider but had not been removed.

The provider had plans in place to support residents to self-isolate in cases of suspected or confirmed COVID-19 infection. Staff implemented safety pauses that involved temperature checks and COVID-19 symptom checks. A cleaning schedule

and enhanced cleaning was used to keep surfaces clean and a review of documentation showed that this was completed in line with the provider's guidelines. However, damage to surfaces, as outlined above, meant that it was not possible to fully wipe down all surfaces and this was not in line with best practice in relation to the prevention of the spread of infection.

Overall, residents in this centre received a good quality and safe service. Supports were available to meet their assessed needs and residents were enabled to fulfil their personal and social goals. Residents were included as active participants in the running of the centre. Their rights were upheld and their independence was promoted.

Regulation 13: General welfare and development

Residents were provided with care and support in line with their assessed needs. They were supported to access facilities for recreation. They were supported to engage in activities of their choosing in line with their interests. Residents were supported to maintain links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The premises suited the assessed needs of residents. There was adequate private and communal space. The centre was decorated in keeping with the residents' taste and personalised with their photographs and objects. However, there was evidence of some wear and damage to certain parts of the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had individual risk assessments for each resident and a risk register for the centre. Risks were identified, assessed and control measures in place to reduce the risk. These risks were regularly reviewed. However, the provider had not identified or assessed a risk in relation to an outdoor storage area and had not identified the risk relating to faulty fire doors.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were plans to protect residents from the risk of infection of COVID-19 and to support residents to self-isolate if required. The provider had implemented and completed cleaning schedules. However, mould in a number of bathrooms and damage to surfaces in the centre posed a risk in relation to the spread of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good systems in place for the detection, containment and fighting of fires. An external fire company routinely checked these systems. The staff in the centre conducted regular fire drills with the residents. The drills were simulated under different conditions and learning from the drills was recorded. Two fire doors were found to be faulty on inspection but this was addressed by the provider on the day.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment and regularly reviewed. There was evidence of input from a variety of health professionals as required by residents. Staff were knowledgeable on the residents' health needs and supports required.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld. Residents were routinely offered choices and these choices were respected by staff. Residents were active participants in the running of the centre. Staff respected the privacy and dignity of each resident.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Harbour View OSV-0007753

Inspection ID: MON-0034372

Date of inspection: 17/11/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The registered Provider has ensured that there are accurate, actual and planned rosters in place. • The Person in charge has indicated clearly only staff that work in the Designated Centre is reflected on centre the rosters. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Registered Provider has resourced an external agency to ensure the delivery of required Mandatory Training in line with staff Training needs. • The Person in Charge has a detailed schedule in place for all staff to complete all outstanding mandatory refresher training required. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- The Registered Provider has assessed all areas of the designated centre both internally and externally, assessed the risk and documented same. A schedule for maintenance to complete all works required has been developed.
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- The Person in Charge has updated the risk assessment in relation to Safe Premises Regulation 17.
- The Person in charge has ensured that cleaning schedules reflects all Infection, Prevention and Control measures.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The registered provider has reviewed and updated the systems in place for the assessment, managing and ongoing review of risk within the designated centre.
- The Person in Charge has reviewed and updated all risk assessments in relation to Risk Management in line with Regulation 26.
- The Person in Charge has updated the Fire Risk Assessment to include the reporting of faulty fire doors, daily fire checks and safe storage areas.
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Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The Person in Charge has completed an infection control audit and identified a number of areas for improvement to ensure all residents are protected against infection. An improvement plan has been developed to ensure all actions are closed out.
- The Person in charge has ensured that cleaning schedules reflects all Infection, Prevention and Control measures required.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair	Substantially Compliant	Yellow	31/12/2021

	externally and internally.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2022