Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mountainview
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	24 October 2023
Centre ID:	OSV-0007982
Fieldwork ID:	MON-0032573

About the designated centre

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

In Mountainview a full-time residential service is available to a maximum of four residents aged between 18 and 65 years. Residents may be autistic or have an intellectual disability, and may also have sensory and physical needs. The service operates 365 days a year. Supports are provided within a safe, homely environment, designed to promote wellness and quality care and support. The designated centre is a detached dormer bungalow located in a rural area, approximately 5km from the nearest town. There are four resident bedrooms, three of which have an ensuite bathroom. Residents also have access to communal facilities including a large kitchen, dining and sitting area, a separate living room and an upstairs games room. The centre is staffed at all times that residents are present, with two staff working in the centre overnight.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 24 October 2023	09:20hrs to 18:20hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

Mountainview is a four-bedroom, detached dormer bungalow located in a rural area. It is registered to provide a residential service to four adults with an intellectual disability or autism diagnosis. This was an announced inspection completed on behalf of the Chief Inspector of Social Services (the chief inspector). The purpose of the inspection was to assess the overall regulatory compliance in the centre. The findings of this inspection, and others completed since April 2021, will inform the response to the provider's September 2023 application to renew the registration of this centre for another three year period.

On arrival the inspector was greeted by the person in charge. Shortly afterwards they walked around the premises together. The centre was observed to be bright, clean, and decorated in a homely manner. Residents had access to a number of communal areas in the centre including an upstairs games room, a large kitchen, dining and sitting area, and a separate living room. On the day of this inspection the living room was being painted. When walking around the premises, the person in charge pointed out other areas, including walls in the kitchen and a bedroom, that were also to be painted in the coming days. Residents could access a large outdoor area from the kitchen. This was furnished with seating, lights, and equipment that some residents enjoyed using, especially in warmer weather. Each resident had their own bedroom. There were three downstairs and one upstairs. Three bedrooms had an ensuite bathroom and another bathroom was available for the fourth resident. There was an office in the centre which had an ensuite bathroom for staff use. Residents' bedrooms had been personalised to reflect their interests and what was important to them. Bedrooms had personal items such as books, puzzles, and family photos, as well as televisions and couches for relaxing. Communication aids were also on display, for example, a chart outlining what days a resident stayed in the centre and which days they spent in their family home. Visual supports were also on display in the kitchen area outlining which staff were working that day and the food choices available that week. There was a utility room off the kitchen and this was observed to be well-organised. There was evidence that a colour-coded cleaning system was in use where different coloured equipment was used to clean specific areas of the centre so as to prevent cross contamination.

Although the premises were generally clean and well-maintained some areas for improvement were identified. Some bathrooms required additional cleaning in areas including vents and around tiles. A number of damaged surfaces were also observed. These included some wardrobe fittings, frequently used handles on kitchen units, and the kitchen counter. Due to the damage observed, it would not be possible to effectively clean these surfaces.

There were four residents living in the centre at the time of this inspection. One resident had moved into the centre in April 2023 and was reported to have settled in well to their new home. This resident was staying with relatives at the time of this inspection and was expected to return later in the week. Due to some residents'

regular, planned, overnight stays with family members, there were often only three residents staying in the centre at any one time. The inspector was informed that a full-time residential placement was available to all four residents and all stays in family homes were arranged based on residents' and their relatives' wishes.

The team leader in the centre on the day of this inspection also worked in the centre where the resident who had recently moved in had lived previously. They had supported the resident with this move and advised the inspector that they had observed a number of positive changes for this resident in recent months. They told the inspector that the resident appeared more at ease and gave examples that they rushed less when eating their meals, and were developing more independence skills. They also advised that there had been a notable reduction in the amount of time that it may take the resident to go from their family home to the car when returning to the centre. This staff member also spoke about being conscious of the resident's human rights when designing and implementing their planned move between centres. They spoke about the efforts they had gone to to include the resident as much as possible, for example in choosing paint colours and bringing them shopping for soft furnishings and other items to personalise their bedroom.

When the inspector arrived one resident was in bed and the other two were in the open plan kitchen, dining and living area. One resident appeared very relaxed and was watching the television. The other was in the kitchen area with staff. Both residents greeted the inspector but neither chose to engage with them beyond this which was respected. Both residents were supported by residential staff to engage in activities throughout the day and left the centre later that morning. The inspector saw all three residents in the communal areas of the house later in the day.

As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. Eight completed questionnaires were provided to the inspector. Four had been completed by residents with staff support, and four were completed by relatives of residents. Overall the feedback included was very positive. The premises, including the outdoor areas and the equipment provided were praised. The centre was described as spacious, comfortable, and well-decorated. There was reference to the centre being noisy at times, however the respondent referenced that they enjoy their own space and can go to their own room at these times and watch the television. The food provided, including the choices available, was also mentioned. One respondent referenced that a resident's belongings had been lost on a number of occasions. This was followed up by the inspector with management who advised of the systems in place to reduce the risk of a similar incident occurring again.

The staff team was praised and described as caring, friendly, and supportive. It was reported that residents enjoyed a variety of activities while living in the centre. These included going for runs and walks, horse riding, swimming, going out for meals, on day trips, to the cinema, and visiting a local youth service. There was also reference to baking, doing puzzles, and watching television while in the centre. Some respondents expressed an interest in new activities or opportunities including music, and watching aeroplanes at the nearest airport. It was clear from reading the questionnaires that all four residents enjoyed being active. Some respondents

referenced that residents were kept busy in the centre and that they were supported and encouraged to develop their independence.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff training and rosters were also reviewed. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare and other support plans. Prior to the inspection, the inspector reviewed notifications submitted by the provider to the chief inspector. From this review it was identified that some adverse incidents had not been notified within the timelines specified in the regulations. Findings of this inspection indicated that these delays were as a result of these incidents not being initially recognised as safeguarding concerns. The findings regarding safeguarding and the protection of residents will be outlined in the 'Quality and safety' section of this report. The inspector also reviewed medication management procedures in the centre and identified that not all processes as outlined in the provider's policy were consistently implemented in the centre.

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

Capacity and capability

Overall, many good management practices were seen. The provider adequately resourced and staffed the service, and it collected information in order to improve the quality of life of residents. All audits and reviews as required by the regulations were being conducted and there was evidence of improvements made as a result. Improvement was required in the timely notification of adverse events to the chief inspector. The provider was also required to ensure that the staff team were aware of, and responded to, safeguarding concerns in a timely manner and the provider's medication policy was implemented consistently in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Care and nursing staff reported to the person in charge, who reported to the person participating in management. There had been some changes to the management arrangements in the centre since the last inspection completed on behalf of the chief inspector in July 2022. The current person in charge was appointed in September 2023. They were employed on a full-time basis and also held this role for one other designated centre. It was

explained how they divided their time between the centres, spending two days in one and three days in the other each week. These arrangements alternated each week ensuring that they split their time evenly between the centres.

Previously there had been one full-time team leader who worked in this centre only. At the time of this inspection they were on extended leave and the provider had arranged for the team leader from another nearby centre to split their time between this and one other designated centre. The inspector was informed that the team leader and person in charge tried to work opposite each other so that there was a member of the management team in the centre every day from Monday to Friday. At the weekends the provider had arranged for a senior manager to be on-call at all times should the staff team require support.

It was planned that the team leader's hours would be equally divided between providing direct support to residents and supernumerary hours to fulfil administration and management duties. However, it was explained that the team leader may provide more direct support where there were staffing vacancies, as was the case in this centre. The inspector was informed that there were five staffing vacancies in the centre. As well as the team leader working additional support hours, to address this shortfall the provider had two relief staff who worked regularly in the centre, and also used agency staff. Management advised that these staff worked regularly in the centre, knew the residents well, and were always rostered to work with members of the permanent staff team. A review of a selection of rosters by the inspector confirmed this and provided assurance that the staffing provided in the centre was consistent with the planned rosters and what was outlined in the centre's statement of purpose.

Staff meetings were held monthly in the centre and there was a schedule for staff supervision in place. These arrangements provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents. Having such arrangements in place is a requirement of the regulations.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. An annual review was completed regarding 2022 and involved consultation with residents and their representatives, as is required by the regulations. An unannounced visit had taken place in November 2022 and again in May 2023. When reviewing these visit reports it was noted that some actions were carried over from previous reports. Some of the repeated actions were due to the availability of resources, for example the availability of maintenance personnel to complete required painting. Others related to ongoing documentation issues, for example gaps in checklists and records. In the most recent reports there was evidence that where identified, actions to address areas requiring improvement were being progressed or had been completed. The person in charge showed the inspector a document that they maintained which tracked the progress of the associated action plans. This system appeared to be effective.

It was noted that a number of other audits and checks were being completed on a

regular basis in the centre. Areas monitored included medication management, residents' individual files, practices associated with infection prevention and control (IPC), and cleanliness and maintenance of the premises. Some of the findings of a recent environmental audit were not consistent with the inspector's findings, for example, those relating to the condition of kitchen counters and drawers. This suggested that those completing these audits may require additional guidance and support to ensure they are completed accurately.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the chief inspector. From this review, it was noted that not all adverse events were reported to the chief inspector within the timelines specified in the regulations. These adverse events will be referenced further in the next section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills and experience, as required by this regulation, to fulfill this role. They demonstrated a good knowledge of residents' assessed needs and the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Planned and actual rosters were available for revierw. The centre was staffed at all times that residents were present. The number of staff working in the centre varied depending on the number of residents staying in the centre at the time. There were two waking staff working in the centre each night. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that the staff team had recently completed training in the majority of areas identified as mandatory in the regulations. One staff required training in the management of the behaviour that is challenging including de-escalation and intervention techniques. They were scheduled to attend this training two weeks after this inspection. The staff team had also completed training in a number of other areas including Cardiopulmonary Resuscitation (CPR), communication, and human rights. An example of how knowledge of human rights had supported staff to promote the rights of a resident has been included in the 'What residents told us and what inspectors observed' section of this report.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was sufficiently staffed and resourced and there was a clear management structure in place. There was regular management presence in the centre to provide staff with opportunities for management supervision and support. The provider had completed an annual review and six-monthly visits to the centre to report on the safety and quality of care and support provided, as is required by this regulation. Where areas were identified as requiring improvement there was evidence that actions developed had been progressed or completed. The findings of

an environmental audit recently completed in the centre were not consistent with the inspector's findings during this inspection. Areas requiring improved oversight included the timely notification of adverse events to the chief inspector, staff awareness and timely reporting of safeguarding concerns, review and progress of residents' personal development goals, and the consistent implementation of the provider's medication management policy.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some minor revisions were required to ensure that the emergency procedures were specific to this designated centre, and that all information was legible. These revisions were made during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

In the November 2022 six-monthly visit completed by a representative of the provider it was identified that some adverse events and restrictions used had not been notified to the chief inspector as is required. From a review of the notifications that had been submitted, the inspector identified that more recently two adverse events had not been notified to the chief inspector in keeping with the timelines outlined in this regulation.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5 of the regulations. These were available to staff in the designated centre and had been reviewed at intervals not exceeding three years, as required.

Judgment: Compliant

Quality and safety

Overall residents appeared happy to live and spend time in this centre. One family member reported that their relative looked forward to returning to the centre. Residents were supported to engage in a number of activities consistent with their interests. Improvement was required in ensuring that staff recognised and reported safeguarding concerns, in the review of residents' personal development goals, and in consistently implementing the provider's medication management policy and associated procedures.

As referenced in the opening section there was evidence that residents living in this centre had active lives and engaged in a variety of activities. Documents reviewed by the inspector referenced visits to the zoo, going on train journeys, day trips to towns and cities across the country, horse riding and other sporting activities. There was also evidence of involvement in day-to-day activities such as clothes and grocery shopping, and preparing food for meals.

Contact with family members was very important to the residents in the centre and this was supported by the staff team. Many residents also regularly stayed overnight in their family homes. Relatives and friends were also welcome to visit residents in the centre and relationships were also maintained using video calls and other technology.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as observable indicators of pain or distress. Plans contained detailed routines that were very specific to the residents. It was clear that predictable support was very important to these residents and this was reflected in the personalised documents available for staff guidance. It was also noted that opportunities for residents to improve and expand their independence skills were factored into many everyday activities. A personal communication dictionary had been developed for residents who were not verbal communicators to document how they used body language to communicate with others.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, dentists and medical practitioners and specialist consultants as required. Vaccine records were available and maintained. There was evidence of input from allied health professionals such as occupational therapists, psychologists, and speech and language therapists. Referrals had also been made to

a dietitian. A summary document had been developed for each resident to be brought with them should they require a hospital admission.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. Examples included re-establishing visits with certain family members and trying animal therapy. Although there were monthly reviews of these goals and evidence of progress with some, it was not possible to determine what, if any, progress had been made in achieving some of the other goals identified. It was also noted that some goals were repeated from previous years and were now regular activities for residents rather than current development goals.

All four residents who lived in the centre had been assessed as requiring a behaviour support plan. These plans were recently reviewed, comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required.

When reviewing residents' individual plans, the inspector also reviewed a sample of individual risk assessments. Some of these required review to ensure that they accurately reflected the risk posed by identified hazards in light of incidents, for example car accidents, in the centre in the previous 12 months. The rights assessments completed for each resident also required review. Although the provider recognised and reported the use of some environmental restrictive practices in the centre, these were not reflected in the rights assessments completed regarding the residents' home.

The safeguarding and protection of residents was a standing agenda item at staff meetings. Records indicated that safeguarding scenarios were discussed regularly at these meetings. Despite this practical focus, as referenced earlier in this report, it was identified from a review of notifications submitted to the chief inspector that there were two instances of alleged abuse that had not been escalated by staff in a timely manner to their line manager in keeping with the provider's safeguarding policy. In both instances it appeared that the delay was as a result of staff not recognising these as safeguarding concerns. This did not provide assurance that that the provider shall protect residents from all forms of abuse, as is required by the regulations. Additional assurances had been requested by the chief inspector following the notification of one of these incidents. It was evident during this inspection that the provider had completed the actions as outlined to the chief inspector in response to this incident. The inspector reviewed the active safeguarding plans in place at the time of this inspection. There was evidence that these were implemented as planned and regularly reviewed.

The inspector reviewed the medication management processes in place in the centre. Medicines were stored in a secure, dedicated area of one room. Although a separate refrigerator for the storage of medicines was available, it was not possible to lock it. A separate secure area was available for the storage of medicines to be returned, as is required by the regulations. Assessments had been completed

regarding residents' ability to manage their own medication and opportunities were identified for residents to be involved in some way, consistent with these assessments. Staff spoke with the inspector about the checks completed including nightly stocktakes and the processes to be followed on receipt of medicines from the pharmacy. Of the sample reviewed, the amounts of medicine available in the centre were consistent with the most recent records.

The inspector looked at the records maintained regarding the medicines prescribed to one resident. On review it was identified that the same error had been made in the administration record for the previous four days. From review it appeared that some medicines had not been administered as prescribed. Given the storage of medicines in blister packs, management were confident that these medicines had been administered and the error was in the completion of the administration record only. It was also identified that the discontinuation of one medicine had not been signed by the prescriber, as is required by the provider's policy.

The inspector also reviewed the protocols in place to guide staff regarding the administration of PRN medicines (medicines to be used as the need arises). It was identified that the number of tablets referenced in some protocols was not consistent with the medicines available, for example the protocol referenced administering two 200mg tablets, however the tablets in stock of this medicine were 400mg. The wording of these protocols could result in an administration error posing a risk to resident safety. It was also not clear under what circumstances staff were to administer two other prescribed PRN medicines. Management committed to following up on this.

Regulation 11: Visits

Residents were supported to receive visitors in line with their wishes. Staff also supported residents to visit their family homes. The layout of the centre ensured that there were suitable communal facilities and private areas for residents to receive visitors. It was referenced in all four questionnaires completed by relatives of residents that they felt welcome in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community. Residents were involved in day-to-day activities such as grocery shopping, as well as recreational activities like going out for meals, day trips, and cinema outings.

Judgment: Compliant

Regulation 17: Premises

The designated centre was laid out to meet the aims and objectives of the service and the number and needs of residents. Residents had access to a number of communal areas as well as having their own bedrooms. Although generally clean and well-maintained, there were some areas, including parts of the bathrooms, that required additional cleaning and a number of frequently-touched surfaces in the kitchen area were damaged. As a result it would not be possible to clean these effectively.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the guide prepared by the provider regarding the centre that was provided to each resident. This required review to ensure that any charges associated with staying in the centre were clearly outlined. This was addressed before the end of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had moved to the designated centre earlier in the year. The inspector reviewed the planning and support provided to them as part of this move. The transition plan ensured that the resident had many opportunities to visit the centre and to personalise their bedroom before they moved in. Visual supports were used to prepare the resident and increase their understanding of the plan. There was evidence that important people in their life had contributed to the plan. The team leader working in the centre at the time of this inspection also worked in the centre where this resident used to live. As reflected in the report, they outlined the positive impact they believed this move had on the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Some risk assessments required review to ensure that risks were accurately described and the risk ratings were reflective of the risk posed by the hazards identified in the centre and recent incidents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was suitable storage of medicines in the centre. However the refrigerator that was available was not secure. There was evidence of many appropriate and suitable practices relating to the ordering, receipt, and disposal of medicines. Improvements were required to ensure that medicine administration records were completed accurately, that the discontinuation of medicines was signed by the prescriber, and to ensure that there was clear guidance available to staff regarding the administration of PRN medicines (medicines to be used as the need arises).

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a comprehensive and individualised personal plan. It was identified that some information in these plans was required to be updated given recent changes and developments. Residents had been involved in the development of a personal development plan. From the various reviews available it was not clear what progress was made, if any, in supporting residents to achieve some of their personal development goals. Improvement was also required in the individual rights assessments completed for each resident to ensure that they were an accurate reflection of residents' lived experiences.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to healthcare professionals and health and social care professionals in line with their assessed needs. Following one resident's hospital stay in April 2023, the provider put in place a plan to support their wellbeing in this area and to reduce the likelihood of

the need for future hospital admissions to treat this medical condition.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a recently reviewed behaviour support plan in place. The provider demonstrated that any restrictive practices used were regularly reviewed to determine if they were still required and were effective. Accessible information had been prepared for residents regarding the restrictive practices used in the centre. A number of restrictive procedures had been reduced or removed in the previous year.

Judgment: Compliant

Regulation 8: Protection

There was evidence that some safeguarding concerns had not been identified in a timely manner. Actions had been taken since to address these matters in keeping with the provider's policy. There was evidence of liaison with the local safeguarding and protection team, as appropriate, and regular review of safeguarding plans. Actions, as outlined in safeguarding plans, were in place on the day of inspection and there was evidence that the provider had acted upon feedback from the safeguarding and protection team. All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Substantially 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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Mountainview OSV-0007982

Inspection ID: MON-0032573

Date of inspection: 24/10/2023

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In order to comply with Regulation 23, the Person in Charge will take the following actions:

Comprehensive regular environmental audits will continue to be conducted, incorporating the reviewed action plans. These audits will identify any maintenance requirements. All maintenance requirements are logged into the Resilience Healthcare Procore App, where the property department oversees any maintenance issues in the centre. Based on the recommendation from the property team, a local plan is developed and followed up by the PIC and the Team Lead. This action plan will be reviewed weekly by the Person in Charge or by the Team Lead to ensure that all maintenance is addressed where possible in a timely manner. Follow-up with the maintenance team will ensure thoroughness and effectiveness, ensuring that all maintenance issues are logged and addressed as soon as they arise.

The Person in Charge will ensure that all notifications are submitted in a timely manner. Additionally, PIC will ensure that staff are familiar and knowledgeable regarding the recognising and reporting of safeguarding incidents. Recognising, responding and reporting safeguarding concerns is addressed in individual supervision and at team meetings. All employees are provided with relevant training. The Designated Liaison Person photographs and contact details of the are prominently displayed in the centre.

A comprehensive review of each resident's personal development goals will be initiated in the first quarter of the year. The progress of these goals will be monitored monthly by key workers, Team Lead, and the Person in Charge.

All staff are familiar with the Resilience Medication Policy and Procedures. Medication Management will continue to be discussed at the team meetings and individual

supervision to ensure that each employee understands this policy and are clear on their responsibilities within this.
The Person in Charge will ensure that all staff are familiar and comply with medication management policy. Regular reassessment of competency will be conducted throughout the year by the Person in Charge and the Team Lead.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
To ensure full compliance with Regulation 31, the Person in Charge is aware of their responsibility to give the chief inspector notice in writing within the required timeframes as outlined in the regulations. Any allegation suspected or confirmed, of abuse of any resident will be reported within the three-day notification period.

Furthermore, additional safeguarding training for staff will be provided, emphasising the importance of recognising, responding, and reporting any incidents promptly to the PIC and the Team Leader.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To comply with Regulation 17, the Person in Charge will ensure that all maintenance issues are promptly identified and resolved by the local maintenance team. The Person in Charge has already contacted the local maintenance team and scheduled the necessary work for completion. Additionally, the designated centre has regular environmental audits in place. Action plans are reviewed on a weekly basis to ensure that maintenance concerns are addressed on an ongoing basis.

Regulation 26: Risk management procedures	Substantially Compliant

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

To comply with Regulation 26, the person in charge will undertake a comprehensive review of the risk assessments, ensuring that risk ratings accurately reflect the risks posed by the hazards identified in the centre and recent incidents.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Resilience Healthcare Medication Management Policy outlines practices relating to the ordering, receipts, prescribing, storage, disposal and administration of medication.
The PIC will ensure that all employees in the designated centre are aware of and understand their responsibilities within the policy. This policy will continue to be discussed at team meetings and in individual supervisions.

The person in charge continues to conduct weekly audits to ensure the accurate completion of medicine administration records by staff. All staff members continue to be reassessed on their medication administration competencies throughout the year by PIC and Team Lead. Furthermore, PRN protocols will be thoroughly reviewed and duly authorised by a General Practitioner to remove any ambiguity. All protocols will be reviewed with each employee as a part of their supervision to ensure that they fully understand the protocols.

A lock for the medication refrigerator has been ordered and is awaiting delivery on 21.01.2024. No medication is presently stored in this fridge.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
To comply with Regulation 5, the Person in Charge will ensure that care plans are regularly reviewed and will ensure that the most up-to-date information is outlined accurately, this will include assessing the effectiveness of the plan.

The personal plan is subject to regular review at least annually or more frequently if there is a change in need or circumstances. Regular file audits will be conducted by the Person in Charge or Team Lead, identifying areas for updating which will then be reviewed accordingly.

Residents' goals will be reviewed with their keyworkers. Progress towards these goals will be closely monitored on a monthly basis, reflecting the key workers' monthly check-ins conducted during the key workers' meetings.

Individual rights assessments for each service user will be reviewed, ensuring the inclusion of an accurate reflection of residents' lived experiences.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In compliance with Regulation 8, the person in charge will ensure that all staff have completed additional safeguarding training. This will include thorough familiarity with our safeguarding measures, including the safeguarding policy, and the importance of recognizing, reporting and responding to any safeguarding concerns in a timely manner. The topic of Safeguarding, along with various safeguarding scenarios, will continue to be subjects for discussion at each team meeting and during individual supervisions.

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 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 externally and internally.	Substantially Compliant	Yellow	30/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/03/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/03/2024

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	30/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/03/2024
Regulation 31(1)(d)	The person in charge shall give	Not Compliant	Orange	31/01/2024

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/01/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2024

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/03/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/03/2024