



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Hillcrest Apartments     |
| Name of provider:          | Western Care Association |
| Address of centre:         | Mayo                     |
| Type of inspection:        | Short Notice Announced   |
| Date of inspection:        | 19 April 2021            |
| Centre ID:                 | OSV-0001780              |
| Fieldwork ID:              | MON-0032225              |

## About the designated centre

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

Hillcrest Apartments is centre run by Western Care Association. The centre can provide residential care for up to six male and female residents who are over the age of 18 years with an intellectual disability. The centre comprises of a two-storey house which contains three separate apartments located in a village in Co. Mayo. Each apartment provides residents with their own bedroom, bathroom, hallway and kitchen and living area. Residents also have access to a large garden area. Staff are on duty both day and night to support the residents who live at this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

0

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 |
|----------------------|----------------------|------------------|------|
| Monday 19 April 2021 | 09:15hrs to 12:00hrs | Anne Marie Byrne | Lead |

## What residents told us and what inspectors observed

In response to public health safety guidelines, the provider revised the service provision of the centre, which resulted in this centre ceasing residential care for a number of months to allow for up-grade works to be completed to the premises. These up-grade works have since been completed and the centre now comprises of three self-contained apartments located within one building.

There were no residents present at the centre on the day of inspection. However, three residents were waiting to transition to this service the week subsequent to this inspection. In recent months, the person in charge worked closely with these residents' families and staff teams who were currently supporting them in order to develop transition plans in accordance with these residents' needs. She had also completed a series of visits to meet with these residents, so as to support them to become familiar in her company.

Each apartment was spacious, homely and tastefully decorated. The design and layout of residents' bedrooms and the living area of their apartment were very much guided by residents' preferences and needs. For example, the person in charge worked in conjunction with one staff team who are currently supporting one of these residents, to ensure that the design and layout of their apartment met their cognitive and behavioural support needs. For instance, the doors in the hallway of this apartment were painted in a different colour to the walls to support this resident to distinguish between the rooms that opened out onto their hallway.

Overall, the findings of this inspection identified a number of robust systems that were in place to support the transition of each resident to this service and support the on-going monitoring of their needs.

## Capacity and capability

Prior to this inspection, the provider submitted a complete application to renew the registration of this centre which reflected the new layout and design of this service. This inspection identified a number of effective systems that were in place to ensure the centre continued to provide residents with a good quality and safe service. Although the provider was found to be in compliance with many of the regulations inspected against as part of this inspection, some minor improvement was required to the premises to ensure each resident had access to an adequate amount of natural lighting in their bedroom.

The person in charge held the overall responsibility for this centre and she was based there full-time which gave her the opportunity to meet with residents and

staff. She held very good knowledge of the operational needs of the service and was aware of the assessed needs of the residents who were awaiting to transition to the centre. This was the only centre operated by the provider in which the person in charge was responsible for and adequate support arrangements were in place to give her the capacity to effectively manage this service.

Arrangements were in place to support the on-going review of the centre's staffing arrangement to ensure a suitable number and skill-mix of staff were at all times on duty to support residents. Planned rosters were in place, identifying staff names and their start and finish times. At the time of inspection, the provider was in the process of recruiting additional staff for the centre and the person in charge spoke of the induction programme that these new staff members would be under-going prior to working directly with residents. Suitable arrangements were also in place, should further staff be required to support this centre's staffing arrangement. Effective staff training arrangements were also in place and all staff received regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. Monitoring systems were in place to ensure that any improvements required within this centre were identified and responded to in a timely manner. Oversight arrangements were greatly enhanced by the regular presence of the person in charge at the centre, giving her the opportunity to regularly see the quality and safety of the care delivered to residents. Effective communication systems were in place which meant that staff and the person in charge could regularly gather to discuss any concerns relating to residents and their care needs. The person in charge was also in regular contact with her line manager, which supported the oversight of all operational matters.

#### Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service. She was based full-time at the centre which gave her the capacity to regularly meet with residents and staff. Current governance and management arrangements were adequate in supporting her in her role.

Judgment: Compliant

### Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review to ensure that an adequate number and skill-mix of staff were at all times on duty to support the residents who availed of this service. Planned and actual rosters were in place, which identified the names of staff and their start and finished times worked at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Suitable training arrangements were in place to ensure all staff had access to refresher training, as and when required. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. The provider had ensured suitable persons were appointed to manage and oversee the delivery of care at this centre. Suitable arrangements were in place to ensure the person in charge and her staff team regularly met to discuss resident related issues. Monitoring systems were in place to ensure the quality and safety of care was at all times monitored for improvement.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a Statement of Purpose available at the centre and this was in the process of further review at the time of this inspection to support the provider's application to renew the registration of this centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were recorded, reported and responded to in a timely manner. This system also ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Quality and safety

Effective systems were in place to ensure that residents' needs were subject to regular assessment and that personal plans were in place to support staffs knowledge in how they were required to support residents with these needs. At the time of inspection, much work had been completed to support residents to prepare to transition to this service. The person in charge had liaised with residents' families and with residents' current staff teams and was very aware of the needs that these residents would need support with, once transitioned to this centre. In response to this she had ensured adequate arrangements were being put in place for these residents and this approach had a very positive impact for residents as it promoted continuity of care and ensured familiarity for them as much as possible.

The centre comprised of one large two-storey house located in a village in Co. Mayo. Since the last inspection of this centre, the provider completed a number of upgrade works to this premises. Residents now had their own self-contained apartment where they had their own front door, bedroom, bathroom, individual laundry facility, hallway and kitchen and living area. The decor and layout of each apartment was planned as much as possible with residents' families and with their current staff teams, to ensure these were designed and laid out in a manner that was familiar to residents. Large external grounds and garden area was also available to residents and the provider was in the process of doing further upgrade works to these grounds in the days subsequent to the inspection. Although, the centre was found to be very comfortable and homely, one resident's bedroom required further review to ensure it provided adequate natural lighting.

The provider had ensured that fire safety precautions were in place, including, fire detection and containment arrangements, emergency lighting and fire safety checks. Multiple fire exits were available throughout the centre, including, an upstairs fire exit for those residing in upstairs accommodation. A clear fire procedure was in place, outlining how staff were to respond in the event of a fire at the centre. Plans were also in place to develop personal evacuation plans for each resident to inform



staff on the specific support each resident may require to safely evacuate the centre. Suitable arrangements were also in place to conduct a number of fire drills once residents transitioned to the centre.

Effective risk management systems were in place to ensure risk was identified, assessed, responded to and monitored on a regular basis. The identification of risk at this centre was largely supported by an incident reporting system, regular staff and management engagement and regular presence of the person in charge at the centre. At the time of this inspection, the person in charge was in the process of reviewing the centre's risk assessments to ensure clarity on hazard identification and specific control measures put in place in response to identified risk.

Positive behavioural support was very much promoted at this centre and staff were supported in doing so through multi-disciplinary review. Arrangements were in place to ensure behaviour support plans were available for residents who required this support. Although there were no restrictions in use at the time of this inspection, the inspector observed that the entry and exit points of each resident's apartment was fitted with a key-code lock. The person in charge assured the inspector that once residents transition to the centre, should the use of these key-code locks be required, these would be reviewed in accordance with the centre's restrictive practice policy.

#### Regulation 10: Communication

Effective systems were in place to support residents with assessed communication needs.

Judgment: Compliant

#### Regulation 17: Premises

Since the last inspection of this service, the provider reconfigured the centre to comprise of three apartments. Each resident had their own bedroom, bathroom and living area. However, one residents' bedroom required further review to ensure it provided adequate natural lighting.

Judgment: Substantially compliant

#### Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and

monitoring of risk at this centre, which supported the centre's response to residents' and organisational specific risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put arrangements in place to ensure the service could protect the safety and welfare of residents. Contingency plans were in place, should an outbreak of infection occur at this centre and these plans were subject to regular review.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and up-to-date staff training in fire safety. Multiple fire exits were available throughout the centre, including, and upstairs fire escape for residents and staff residing in upstairs accommodation. A clear fire procedure for the centre was also in place and the provider had plans to develop personal evacuation plans for each resident once they transitioned to the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Adequate arrangements were in place for the safe prescribing, administration and storage of medicines. The person in charge also had a regular auditing system in place to monitor these practices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Systems were in place for the assessment of residents' needs and development of personal plans to guide staff on how they were required to support residents in

accordance with their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Suitable arrangements were in place to support residents with their assessed health care needs to ensure they received the care and support they required. Residents had access to a variety of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Systems were in place to ensure that where residents required behavioural support that they received the care and support they required. Suitable arrangements were also in place to ensure all restrictive practices were assessed for, reviewed and managed in accordance with the centre's restrictive practice policy.

Judgment: Compliant

### Regulation 8: Protection

Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre and suitable arrangements were in place to ensure residents were very much involved in the running of this centre. Arrangements were also in place to ensure residents' social care needs were very much led by residents' wishes, interests and capacities.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 31: Notification of incidents   | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 27: Protection against infection  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 7: Positive behavioural support   | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Compliant               |

# Compliance Plan for Hillcrest Apartments OSV-0001780

Inspection ID: MON-0032225

Date of inspection: 19/04/2021

## 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 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>The provider will comply with the regulation and increase natural light in the bedroom by replacing a panel in the emergency door with a glass panel. |                         |

**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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow             | 08/06/2021                      |