



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	06 July 2021
Centre ID:	OSV-0005496
Fieldwork ID:	MON-0033329

## About the designated centre

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

Hillview is a detached dormer bungalow located within a small housing development on the outskirts of a town that can provide full time residential care for a maximum of five male residents over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen/dining room, a sun room, a sitting room, bathrooms and a utility room. Residents are supported by the person in charge, social care workers and support workers.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 6 July 2021	10:45hrs to 17:20hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents living in this designated centre were being supported to maintain contact with their family and friends. Activities were being provided for which residents commented positively on. Residents were also being facilitated to raise any concerns or issues that they had.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. To minimise movement while present in the designated centre, the inspector was based predominantly in a vacant bedroom for most of the inspection.

During this inspection, all four of the residents living in this designated centre were met by the inspector. Prior to COVID-19 these residents had attended a day services operated by the same provider but were now receiving their day service within the centre from redeployed staff. As a result residents participated in activities such as drama, arts and baking which were facilitated through Zoom. This also allowed residents to see other people that they would normally have met when attending their day service in person.

Supports were given to residents to maintain contact with their family and friends throughout the COVID-19 restrictions. On arrival at the designated centre, one of the residents was out visiting a nearby town where they could meet some friends while another resident was part of a local pitch and putt club which allowed them to keep in contact with their friends. Residents were facilitated to receive visitors at the centre and to make visits to their family members which was very important to some residents.

Telephone and video calls were used frequently so residents could speak to their family members and it was noted that one resident had recently celebrated their birthday with a Zoom party. Zoom had also been used so residents and their families could participate in a person-centred planning process where goals were identified for residents to achieve. For example, one resident had a goal identified to develop their skills and there was evidence that in recent months this resident was being encouraged and supported to make their own bed and their own breakfast.

During the inspection, a staff member was overheard to encourage another resident to make their own cup of tea. Staff members on duty were overheard and observed to interact appropriately with residents who appeared very comfortable in the presence of staff. One resident spoken with commented very positively on staff working in the centre and indicated that there was nothing they did not like about living in the centre. This resident showed the inspector some gardening and art works they had done and appeared proud of these.

The inspector was told by this resident that before the COVID-19 pandemic they had

worked in a café in a nearby town and missed meeting customers there. The resident hoped to recommence work there but felt that it might take time before this happened. They did say though that there were able to get out for drives and liked going for walks on a nearby beach. Another resident also talked about going for drives to towns in the area and said that they liked living in the designated centre. A third resident spoken with said they had gone to the dentist on the day of inspection and appeared happy while the inspector was present.

The fourth resident living in this centre did not engage directly with the inspector but was observed to be content as they used a tablet device while the inspector was present in communal areas of the centre. It was noted that such rooms were nicely furnished, well-maintained and presented in a very homely manner with plenty of photographs of residents and arts works completed by them on display, particularly in the sitting room. However, despite this it was clear that the external walls of the designated centre required painting.

The need for such painting had been commented on by a resident during one of the weekly resident meetings that took place in this centre. These meetings allowed residents to be provided with information about the centre and to raise any concerns that they had. Topics discussed at such meeting included COVID-19 vaccines, safeguarding and health and safety. Notes of such meeting indicated that residents were encouraged to raise any issues or complaints that they had.

Records reviewed indicated that one resident had made some complaints around Internet access in the centre. Action was taken in response to these complaints with a new Internet system put in place shortly after the resident had raised these complaints. It was indicated that the resident was happy with the outcome of this and no further complaints had been made on this topic since. The nature of these complaints and the actions taken in response indicated that the centre was responsive to resident feedback.

A brief summary of further resident feedback on life with within the designated centre was contained within the 2020 annual review conducted by the provider. This indicated that residents were happy with the services provided within the centre and the activities on offer. The 2019 and 2020 annual reviews also included some family feedback with both indicating that they were very happy with the quality of care given to their relatives and the level of communication they received from staff.

It was indicated to the inspector that life in the designated centre had been hard during the COVID-19 pandemic but that active efforts had been made to support residents to enjoy a good quality of life. The inspector was also informed that all four residents were due to recommence a day service away from this designated centre in the week following this inspection with a view to building up the number of days residents attended there over time if residents wanted. It was indicated that residents were looking forward to returning to their day service.

In summary, the inspector found residents were being supported to remain active and to keep in contact with their family and friends through a variety of means. Residents' feedback on the service provided was being actively sought and any

issues which were raised by residents were being responded to. While some of the internal rooms in the designated centre were well maintained, the external walls needed painting which would add to a homely feel.

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.

## Capacity and capability

The provider's governance systems had helped to ensure that a good level of compliance had been maintained in this designated centre.

This designated centre was last inspected by HIQA in July 2019 where an overall good level of compliance was found. Following that inspection, the centre had its registration renewed until October 2022 with no restrictive conditions. Given the length of time since the previous inspection, the current inspection's purpose was to assess the level of compliance with the regulations in more recent times.

Overall, this inspection found that good compliance had been maintained in the designated centre. There was evidence of oversight in the centre which helped ensure that issues were identified and acted upon. For example, unannounced visits to the designated centre carried out by a representative of the provider were reflected in a written report which included an action plan that assigned responsibility and time frames for addressing any areas for improvement identified. Such visits are required by the regulations to be carried out every 6 months and it was noted that since the July 2019 HIQA inspection, four such visits had been conducted.

A new person in charge had been appointed for this designated centre since the previous inspection by HIQA. This person had the necessary experience and qualifications to perform the role as required by the regulations. At the time of this inspection, the person in charge held the same role for another designated in the same locality. Based on the findings of this inspection, this remit was not negatively impacting the running of the current designated centre. There was evidence that the person in charge was maintaining oversight of this centre and staff members spoken with commented positively on the support the person in charge had provided during COVID-19.

The person in charge oversaw the staff team that was in place to support residents. From rosters reviewed it was noted that there was strong consistency of staff support provided to residents. Staffing consistency is important to ensure a continuity of care and to promote professional relationships. It was also noted that arrangements were in place for staff members working in this designated centre to be undergo formal supervision with a supervision schedule in place for 2021. Written

records of supervision meetings between the person in charge and individual staff were maintained with a sample of these reviewed by the inspector. It was noted that topics discussed during such meetings included administration issues, supports for residents and training.

To ensure that staff members were equipped with the necessary skills and knowledge to support residents' assessed needs, it was noted that training in key areas such as fire safety, infection control, safeguarding and the administration of some rescue medication was provided to staff members. Staff team meetings were held on a monthly basis which were attended by the person in charge. During such meetings issues such as residents and any accidents or incidents occurring in the designated centre were discussed. One staff member commented to the inspector that management of the centre was responsive to issues raised by staff which helped ensure that appropriate solutions were found to such issues.

#### Regulation 14: Persons in charge

A suitable person in charge had been appointed for this designated centre. While they were responsible for a total of two designated centres, this remit was not negatively impacting the current centre.

Judgment: Compliant

#### Regulation 15: Staffing

Staff rosters were maintained in the designated centre which indicated that there was a continuity of staff support. Overall this inspection found that appropriate staffing arrangements were in place to support residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff members received training in various areas while arrangements were in place for staff members to undergo formal supervision.

Judgment: Compliant



## Regulation 23: Governance and management

The provider was monitoring the services provided in this designated centre by carrying out key regulatory requirements such as provider unannounced visits and annual reviews. These helped to ensure that a good level of compliance was maintained in the designated centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were informed about how complaints could be made during residents' meetings. Records of any complaints made were kept which outlined the actions taken in response to such complaints and whether or not the complainant was satisfied with the outcome.

Judgment: Compliant

## Quality and safety

Arrangements were in place to meet residents' assessed needs although some improvement was required for aspects of medicines management and to ensure a consistent approach when encouraging positive behaviour amongst residents.

As required by the regulations, all residents had individual personal plans in place which are important in setting out the needs of residents and providing guidance for staff in meeting these needs. The inspector reviewed a sample of these plans and noted that any assessed needs were accompanied by a specific care plan outlining how residents were to be supported. For example, residents had plans in place relating to their nutrition and supporting them with intimate personal care. The personal plans reviewed were noted to have been recently reviewed and had the input of residents and their families through a person-centred approach that was being followed in the designated centre. Such an approach, the contents of residents' personal plans and staff's knowledge around residents suggested that residents' health, personal and social needs were being met in this centre.

For example, residents were being supported in the medicines they took to help maintain their health. It was seen that medicine storage facilities were provided for in the centre including any medicine that required refrigeration. The inspector reviewed the medicines storage which was observed to be neatly organised with a separate space available for any medicines that needed to be returned. The

inspector reviewed a sample of medicines records which were generally of a good standard although it was noted that some medicine records did not indicate whether or not residents had any allergies or sensitivities. Some improvement was also needed in other areas related to medicines. For example, it was also noted that the location of key of the medicines press require review to ensure security.

Such errors were being recorded in an electronic incident logging system that was being used in the designated centre. The inspector reviewed incidents occurring in the centre for 2021 and noted that incidents were being reviewed and were taken into account for the risk management process that was being followed in this centre. As part of this process, risk assessments were in place relating to identified risks which could potentially impact residents. Such risk assessments outlined various control measures which were intended to reduce the likelihood of a particular risk impacting residents and relevant risk assessments were reviewed after certain incidents happened in the centre. Risks related to COVID-19 had been assessed with measures taken to protect residents from catching COVID-19. Since the onset of the pandemic it was noted that there had been no confirmed case of COVID-19 associated with this centre.

Risks related to safeguarding had also been assessed for this designated centre and it was also seen that efforts were being made to reduce the potential for residents to be negatively impacted in this area. It had been noted that there had been an increase of safeguarding incidents in 2020 but these reduced into 2021 with safeguarding plans in place outlining how residents were to be protected with staff members spoken with demonstrating a good knowledge any safeguarding risks present in the centre. Given the assessed needs of some residents it was noted that they needed support to engage in positive behaviour with relevant behaviour support plans in place which had been informed by psychology input. While staff members had received relevant training in de-escalation and intervention, it was noted that recent staff meetings had referenced that not all staff were following a consistent approach when supporting residents to engage in positive behaviour.

### Regulation 13: General welfare and development

Residents were supported to maintain contact with families and friends during the COVID-19 pandemic. Activities such as gardening, arts and crafts, drama and music were provided for.

Judgment: Compliant

### Regulation 17: Premises

The external walls of the designated centre required painting.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Various risk assessments were in place for the residents living in this centre. It was seen that such assessments were recently reviewed and had been updated to take account of new developments. For example, control measures outlined for risks related to COVID-19 had been updated to take account of the vaccination status of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection and prevention control measures being taken in this centre in response to COVID-19 included regular cleaning, the use of PPE and frequent temperature checks for staff and residents.

Judgment: Compliant

### Regulation 28: Fire precautions

This regulation was not reviewed in full but it was observed during this inspection that some fire doors were not being used as intended which could limit their effectiveness in the event of a fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate storage facilities were in place for the centre, medicines records were generally of a good standard and residents had been assessed to determine if they could administer their own medicines. However, improvement was required in some areas. For example, the location of key for the medicines press required review to ensure its security and some medicine records did not indicate whether or not residents had any allergies or sensitivities.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were informed by relevant assessments and a process of person-centred planning that involved residents and their families.

Judgment: Compliant

### Regulation 6: Health care

Residents' health was supported with specific plans in place for identified health needs such as epilepsy. Hospital passports were also provided for residents which contained key information relating to their health in the event that they had to go to hospital. Access to health and social care professionals such as dentists, neurologist and psychology was supported.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where necessary residents had positive behaviour support plans in place with training in de-escalation and intervention provided for. However, recent staff meetings had referenced that not all staff were following a consistent approach when supporting residents to engage in positive behaviour.

Judgment: Substantially compliant

### Regulation 8: Protection

Where any safeguarding concerns arose the appropriate bodies were notified and safeguarding plans were put in place. Staff had undergone relevant training and safeguarding was discussed with residents during residents' meetings. Guidance on supporting residents with intimate personal care was contained within their personal plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection. Residents' meetings took place on a weekly basis where resident were given information. Easy-to-read information on topics like COVID-19 vaccines was available in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillview OSV-0005496

Inspection ID: MON-0033329

Date of inspection: 06/07/2021

## 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: The Organisation will aim to paint the designated centre by 30/11/2021.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Organisation is awaiting a quote and funding for swing free door closures and will aim to have these fitted by 31/12/2021.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Since the visit on 6/07/2021, a lock box has been fitted to the wall in the staff room for storage of keys for medication cupboard to increase security. The resident's prescription sheets will be reviewed and re-written on the new prescription sheet format. This will be complete by 31/08/2021.	



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>An additional support plan will be implemented to compliment the existing behavior support plan. This plan will be developed by the organisation's MAPA coordinator in consultation with the team at the designated Centre. The aim of the plan is to enhance a more structured and consistent approach to the delivery of care when promoting positive behavior. This will be complete by 31/08/2021.</p>	

## 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	30/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	31/08/2021

	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.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/08/2021