



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	26 January 2024
Centre ID:	OSV-0008598
Fieldwork ID:	MON-0041079

## About the designated centre

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

This centre comprises a large detached two storey house set in a rural location with a large garden. It is registered to provide a home for four children over the age of six years and under the age of 18 years both male and female. The centre can provide either a full time residential service or shared care both on a planned or emergency basis. The premises comprises a large kitchen-dining room, and sunroom with communal living room. In addition each child has their own bedroom, all of which are en-suite with a staff bedroom and office area. The Hillview staff team comprises of a Person in Charge (PIC), Service Manager, a team lead, support Workers and assistant support workers. The staff team also have the support of the MDT team, where required.

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

Number of residents on the date of inspection:	4
--	---

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
Friday 26 January 2024	10:00hrs to 15:45hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was the first inspection completed in the designated centre since it was registered in July 2023. The centre is registered for a maximum of four young people under the age of 18 years at any one time. Currently four young people live in the centre on a part time or shared care basis. Overall the findings of this inspection were that the young people appeared content in the centre and to be engaging in activities they enjoyed in the house, at school, and in their local community. The majority of Regulations reviewed on this inspection were found to be compliant with the exception of Regulation 7: Positive Behaviour Support.

On arrival to the centre the inspector was welcomed by the person in charge and the service manager. The two young people who were in the centre were already in school. Staff on duty returned to the centre later in the morning following the journey to school and completed tasks such as administration, food preparation and premises cleaning. They explained this ensured that when the young people returned from school, staff could fully focus on provision of their care and support needs.

The four young people who lived in the centre were here part time as part of a shared care arrangement. The provider currently supports only two young people present in the centre at any one time. While this arrangement is flexible it was the one in operation on the day of inspection. The inspector had the opportunity to meet with one of the two young people currently in the centre over this three day period. They returned from school in the afternoon and were supported to follow a routine that was important to them. Staff supported one young person to come into their home and to access their electronic tablet while relaxing in their room for a short time. The young person briefly greeted the inspector with eye contact and vocalisation. They were observed to later move freely throughout their home supported by staff to go from upstairs to downstairs. Snacks and drinks were also available as requested. The inspector used observations, discussions with staff, and a review of documentation to find out what supports were in place for young people.

The centre was located in a rural area but was within a five minute drive of Waterford city. There were a number of vehicles in the centre to support young people to attend school and to access their preferred activities in their local community. There was a large garden to the rear of the property which contained an area for play equipment such as swings, climbing equipment and trampoline. The inspector saw that work was being carried out in the garden on the day of inspection to erect a fence around the septic tank in the garden. The garden was surrounded by fencing and provided a secure and safe area for the young people to play.

The centre was a large two storey house which was airy and spacious. There were a number of large communal areas available for the young people with one young

person also having an individualised living room as part of their accommodation. All bedrooms had en-suite bathrooms and space in them for the young people to relax or play.

The inspector observed that the young people were relaxed and comfortable in the presence of the staff team. Kind and warm interactions were observed between young people and staff. The staff team spoke with the inspector over the course of the day and they were aware of young peoples likes, dislikes and preferences, and to be motivated to ensure that they were happy, safe, and engaging in school and activities they enjoyed. Staff had completed human rights training and gave the inspector examples of how they used this training as part of their support. This included for example ensuring multiple options for activities were offered for one resident who liked to respond 'no' initially before deciding as part of a plan to engage more actively in their community.

The inspector observed young people being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer young people choices in relation to how and where they spent their time. There was information available on the availability of advocacy services.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection were that young people were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support them to gain independence and make choices in their day-to-day lives. The centre was well run, as the provider's systems were proving effective at capturing areas where improvements were required, and bringing about these improvements.

The person in charge was supported by a service manager and a team leader. They reported to a regional operations manager who was also present in the centre regularly and available to the person in charge and staff team as required. The provider's systems to monitor care and support included audits, six-monthly and annual reviews which had not been completed but were planned for, and resident and family surveys which had already been sent out.

The centre was well resourced and there were systems in place to ensure the workforce were aware of their roles and responsibilities, and carrying out their duties to the best of their abilities.

## Regulation 14: Persons in charge

The person in charge had the required qualifications, skills and experience. They had responsibility for two other centres operated by the provider and divided their time between the three locations. They were available in the centre a couple of days a week and formed part of the provider's on-call team on a rotational basis. They were knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, felt safe, and were engaging in activities they enjoyed on a regular basis.

The service manager was identified by the provider to take on the role of person in charge immediately following the inspection and as such their knowledge of the role and skills and experience were also reviewed as part of this inspection.

Judgment: Compliant

## Regulation 15: Staffing

The staff team had a small number of vacancies at the time of inspection however, these were not impacting the continuity of care and support for the young people. The inspector was informed that there two 'lines' on the roster currently vacant, one of 24 hours and one less than this. These vacant slots were filled by regular relief staff. Where required familiar agency staff could be used to fill in for a planned absence however, from a review of the rosters this was seen to be minimally used.

The two young people present at any time were supported by four staff over the course of the day with two staff working at night. These staffing support levels remained the same irrespective of which group of young people was present. Staffing protocols and plans were in place related to situations such as using on-call support or having to swap a shift. These were easily accessible to all staff and on each shift also recorded on the roster was an identified shift coordinator.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies, the centre's statement of purpose, and young peoples' assessed needs. The person in charge and service manager maintained an action plan arising from audits based on the training records which ensured training was scheduled and current.

Staff were also in receipt of regular formal supervision in line with the organisation's

policy. As this centre was newly registered a number of staff had recently been through the provider's induction and probation process and these records were well maintained. Areas where staff were performing well and areas for further development were discussed during supervision sessions.

Judgment: Compliant

### Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of the young people was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities.

The provider had robust systems to monitor care and support which included a range of audits. The six-monthly and annual reviews had not yet been completed but were planned for, and young person and family surveys had been sent out. Staff meetings were occurring regularly and there were handovers at the beginning of each shift.

The provider had responded comprehensively to a serious incident in the centre that had been notified to the Chief Inspector of Social Services via the notifications process. This incident involved a young person who had been missing from the centre without staff support for a period of time. The provider's response and action plan had been sent to the Chief Inspector in writing and review on the day of inspection found that all actions were completed and no further incidents had occurred. This is discussed further under Regulation 26.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

As this was a newly registered centre all of the young people had been admitted since the centre opened in July 2023. The most recent admission was found to have taken place on 11 December 2023. All four of the young people had had a detailed assessment of their needs completed in advance of moving and their compatibility with others already living in the centre was also considered.

A clear transition plan for each of the young people had been developed and followed which took the individual young person and their family or representative wishes into account. This transition plan also ensured that visits to the centre in advance of moving had been carried out.

A contract of shared care was in place for each young person and it outlined the service that was to be provided and included an outline of the time that a young person would be living in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. The inspector found that a log of all accidents and incidents were maintained in the centre. A small number of restrictive practices were not notified to the Chief Inspector of Social Services in line with the quarterly time period identified in the Regulations however, this was due to a deficit in identification of the restrictions in place and as such is noted under Regulation 7.

Judgment: Compliant

### Quality and safety

The inspector found that young people were supported to have fun, increase their independence skills and to attend education and that the service provided promoted their welfare and well-being. The young people from observation and report appeared happy living in this centre and the provider had employed a staff team who had a kind approach in regards to the provision of care. The inspector observed that the person in charge and staff team responded respectfully to the young people at all times and were caring and familiar with their individual needs.

Overall, the premises was clean, accessible, comfortable and homely. Young people appeared relaxed and content in the house, and with the levels of support offered by staff. There were systems in place to ensure that each young person was safe in the centre. For example, each young person had an assessment of need, care plan and individual risk management plan, all of which were found to be detailed in nature and guiding staff practice.

### Regulation 13: General welfare and development

Young people living in this centre were there on a part time basis and they were supported to benefit from the network of relationships available to them across a number of environments. The inspector found from speaking with staff, reading documentation and engaging with a young person that there was a focus on young people and their right to participate in and be included in their wider community.

All young people were supported to attend school and to engage in education with goals set within the centre that focused on skill development such as, putting things away or learning personal care routines such as brushing teeth as part of oral hygiene.

The young people were provided with areas for play and exercise and had multiple areas within their home where they could spend time alone or with others. Young people were provided with opportunities to participate in activities such as swimming or going to the cinema in line with their individual preferences.

Judgment: Compliant

### Regulation 17: Premises

This centre comprises a large two storey detached house in a rural setting but in close proximity to Waterford city. The design and layout of the premises was in line with the centre's statement of purpose. There was plenty of private and communal spaces available for young people. The house was found to be warm, comfortable, homely, spacious, and well maintained. Young people had access to a number of outdoor spaces, and there were age appropriate play and recreational facilities available.

Each young person had access to their own room when they were in the centre. Each of the bedrooms had an en-suite bathroom and there was plenty of storage available. Each of the rooms was colourful and well decorated and the young people had personal items throughout their personal spaces.

There were regular health and safety audits and environmental audits completed and action plans were maintained to ensure the premises was well maintained. There was evidence that minor works were completed on an ongoing basis and external agencies were present on the day of inspection completing identified works both internally and externally.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider's risk management policy contained information as required by

Regulation. The provider and local management team were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. Adverse incidents were responded to appropriately. A critical incident review had been completed following a serious incident notified to the Chief Inspector via the notifications process. The response to this provided assurance that the oversight and review of risk was comprehensive with changes made to staffing support and the identification of additional risk assessments with clear control measures now in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each young person following admission to the centre had an assessment of need and personal plan developed. From the sample reviewed young people's needs and abilities were clear. The person in charge and staff team had identified that initial goals set were generic and now required refining and this was being reviewed. Staff explained how they with the young people set monthly smaller targets and the process for reviewing these was clear. A photographic record of activities and outings was kept for the young person and was used as part of the communicative supports available.

All plans were to be reviewed on an annual basis and areas that were important to the young people would form the central part of these reviews. Each young person had an individualised support document in place. This clearly identified not just goals and strengths but also the supports that may be required to achieve these and asked questions such as 'why I need support' and prompted staff to remember what young people can do themselves.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge had ensured that there were robust behavioural support arrangements in place. Behavioural support assessments and plans were reviewed by the inspector and found these gave a clear account of the arrangements to support a child or young person in regards to their current needs with behaviour that challenges. They were found to have been reviewed and

amended following adverse incidents for example and were reflective of the young person current presentation. Plans contained guidance as indicated from other health and social care professionals such as occupational therapy or psychology or medical professionals such as psychiatry.

Overall the inspector found that the provider was recognising that behaviour is a form of communication and that they were making every effort to understand and respond appropriately to young people. In addition consideration was given to the use of easy to read documentation and symbol supported information to aid understanding for young people. Young people were supported to access health and social care professionals such as speech and language therapists. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre.

There were a number of restrictive practices in place in the centre which were assessed for and implemented in line with national policy and best practice. However, there were a number of restrictive practices also in place that had not been identified or recorded as such, including for example the locking away of sharp items and the side gates which could not be opened from within the garden. The provider had not ensured that all restrictive practices were recorded as reviewed in their restrictive practice committee. As this is a newly registered centre the provider's restrictive practice committee had met with regard to this centre once and most restrictions in the centre were reviewed. The inspector reviewed the minutes of this meeting found that only two restrictions were reviewed under the general category which were the locking of the front door and the use of window opening restrictions.

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
<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 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Hillview Lodge OSV-0008598

Inspection ID: MON-0041079

Date of inspection: 26/01/2024

## 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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Restrictive Practice Committee meeting requested to review all RP's and to re-document all RP's as been discussed and signed off. This meeting will take place on 27.03.2024. All RP's for both house and residents will be reviewed, commented on and signed off where appropriate. This meeting will act as the first RP committee meeting for Hillview Lodge since opening. Compliance expected by 29.03.2024.	

**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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	29/03/2024