



## Office of the Chief Inspector

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

Name of designated centre:	Hillview A
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0001515
Fieldwork ID:	MON-0024741

## About the designated centre

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

Hillview A is a service run by Peter Bradley Foundation Company Limited by Guarantee. The centre is located on the outskirts of a town in Co. Clare and provides residential care for up to four male and female residents, who are over the age of 18 years and who have an acquired brain injury. The centre comprises of one premise which provides residents with their own en-suite bedroom, shared communal areas, garden space and is close to local shops, transport and amenities. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	4
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## 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 - 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
23 July 2019	09:10hrs to 14:05hrs	Anne Marie Byrne	Lead

## Views of people who use the service

The inspector met with two residents who live at this centre and both residents spoke directly with the inspector about aspects of the care and support they receive.

One resident spoke positively of the service saying that he was very happy there and that he got on well with all staff. He spoke of the social opportunities available to him, including regular access to the local town, going out for lunch and attending various activities of his choice. He invited the inspector to see his bedroom and told the inspector that although he was a wheelchair user, the design and layout of his bedroom meant he was able to comfortably transfer from his bed to his wheelchair and manoeuvre around his bedroom, as he wished.

Another resident who met with the inspector was in the process of carrying out household duties that he regularly assisted with. This resident told of his involvement in computer courses at a day service that he attends.

Both residents appeared to be very comfortable in the company of staff on duty and were observed to freely access all areas of the centre, as they wished. Staff were observed to interact well with these residents and spoke respectfully of the care needs of the other two residents who were unable to meet with the inspector on the day of inspection.

## Capacity and capability

This centre was found to be well-resourced and well-managed, where residents received a safe and good quality service. Since the last inspection in April 2018, the provider had made improvements to the annual review, ensuring it was more specific to the services provided at the centre. However, this inspection identified some improvements required to the arrangements in place for behavioural support, restrictive practices and risk management.

There was a defined management structure in place which identified clear lines of accountability and authority within the centre. The person in charge held the overall responsibility for the service and she was supported by her line manager, a team leader and staff team in the running and management of the centre. She was frequently present at the centre, which had a positive impact on her interactions with residents and on ensuring regular oversight of the care delivered to them. She also held responsibility for one other service run by the provider and through the support of adequate governance arrangements, she told the inspector she had the capacity to also manage this centre. Management systems were in place to ensure

that the service provided was safe, consistent and effectively monitored. The annual review and six monthly provider-led audits were completed in line with the requirements of the regulations and where improvements were identified, time-bound action plans were put in place to address these.

Adequate staffing arrangements were in place and these were subject to regular review by the person in charge. In response to the recent changing needs of one resident, additional staffing resources were put in place by the provider, ensuring this resident was adequately supported each day. Effective training and supervision arrangements were in place which ensured staff received regular mandatory training and were appropriately supervised to their role, as and when required.

The person in charge had a system in place which ensured incidents were reported to the Chief Inspector of Social Services, as and when required. The statement of purpose was available at the centre and it was subject to review by the person in charge at the time of this inspection.

#### Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required for the role. She was regularly present at the centre to meet with staff and residents and the provider had ensured she was adequately supported to have the capacity to fulfill the duties associated with her role.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to meet residents' needs. Residents received continuity of care and support and a well-maintained planned and actual staff roster showed staff on duty during the day and night.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had ensured adequate training arrangements were in place for staff. Staff were also subject to regular supervision from their line manager. A copy of the 2007 Health Act and any regulations made under it was available for staff to

reference.

Judgment: Compliant

### Regulation 23: Governance and management

Since the last inspection, the provider made improvements to the annual review, ensuring it was specific to the service provided to residents. Adequate persons were appointed to manage the centre, the centre was found to be adequately resourced and systems were in place to ensure that the service delivered to residents was regularly monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place and the person in charge was in the process of reviewing this document at the time of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider operated the centre in a manner that respected residents' personal preferences, supported them to have links with the wider community and promoted a good quality of life for them.

The centre comprised of one bungalow dwelling located on the outskirts of a town in Co. Clare. Residents had access to their own en-suite bedroom, a shared bathroom, a kitchen and dining area, a sitting room and office spaces. The centre had level

access entry points, which facilitated all residents to access the garden area, as they wished, which contained raised flower beds and green house for those who liked to garden. An external smoking shelter was also available to residents who wished to smoke. Most communal rooms provided residents with a voice activation aid, which promoted residents to spend time in these rooms independent of staff. Overall, the centre was found to be clean, tastefully decorated and well-maintained.

Adequate staffing and transport arrangements were in place to support residents to have regular community engagement and to take part in activities of their choice. One resident who spoke with the inspector said they regularly went into the local town, had lunch out and regularly attended nearby and national events. Another resident spoke of his involvement in computer courses and of how he attends a day service which supports his educational wishes. Residents were regularly consulted on the running of the service through regular meetings and day-to-day interaction with staff on duty.

Where residents required behavioural support, the provider had ensured that these residents received the care and support they required. Staff who spoke with the inspector were very aware of the specific behaviours that some residents presented with and of their role in supporting these residents. However, some improvement was required to ensure appropriate risk assessments and plans were in place to adequately guide on the specific measures put in place to support residents requiring specific behavioural supports. Furthermore, one restrictive practice was in use and although staff were aware of its appropriate use in practice, no clear risk assessments or protocols were in place to guide staff on ensuring the least restrictive practice was at all times being used.

The provider had a risk management system in place and staff demonstrated competence in the application of this system in their response to recently identified risks at the centre. For example, following the identification of a trend in incidents, effective measures were put in place by staff which resulted in similar incidents not re-occurring. However, although risk assessments were put in place in response to the risks identified, these risk assessments did not adequately describe the specific measures put in place by the provider, impacting the provider's ability to ensure the effective on-going monitoring of all measures. Furthermore, improvements were also required to ensure the assessed level of risk of some risks accurately reflected the effectiveness of measures implemented by the provider in response to the risk.

The provider had precautions in place for the detection, containment and response to fire at the centre. All staff had received up-to-date training in fire safety, had access to a prominently displayed fire procedure and residents who met with the inspector were aware of the procedure to follow in the event of an evacuation. Regular fire drills were occurring and the provider had plans in place to conduct further fire drills with minimum staffing levels subsequent to this inspection.

## Regulation 13: General welfare and development

The provider had arrangements in place to support resident to have opportunities for education and to engage with their local community. Adequate transport and staffing arrangements ensured all residents were supported to take part in activities of their choice.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of one bungalow which was found to be clean, nicely decorated and well-maintained. Residents had access to their own en-suite bedroom, sitting room, kitchen and dining area and office spaces. A well-maintained garden area was also accessible to residents for them to enjoy.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place to ensure risks at the centre were identified, assessed, responded to and regularly monitored. However, improvements were required to some risk assessments to ensure these adequately described the controls that the provider had implemented in response to risk. Furthermore, improvements were also required to ensure the assessed level of risk accurately reflected the effectiveness of measures implemented by the provider in response to risk, for example, residents identified at risk of absconding.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had precautions in place for the detection, containment and response to fire at the centre. All staff had received up-to-date training in fire safety and residents who met with the inspector were aware of the procedure to follow in the event of an evacuation. Regular fire drills were occurring and the provider had plans in place to conduct further fire drills with minimum staffing levels subsequent to this inspection.

Judgment: Compliant

## Regulation 6: Health care

Where residents presented with health care needs, these residents received the care and support they required. Clear plans were in place to guide staff on how to support these residents and all residents had access to a variety of health care professionals, as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured adequate arrangements were in place to support them. However, some improvements were required to ensure adequate plans and risk assessments were in place to guide staff on how to support residents presenting with specific behaviours. One restrictive practice was in use, however; improvements were required to ensure this practice was supported by a risk assessment and protocol to guide on its appropriate application in practice. Furthermore, the provider had not considered the use of a locked door in the centre in line with the centre's restrictive practice procedure.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had adequate arrangements in place ensuring residents were at all times protected from the risk of harm. All staff had received up-to-date training in safeguarding and procedures were in place to guide staff on the identification, response and management of any concerns regarding the safety and welfare of residents.

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>Views of people who use the service</b>	
<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 3: Statement of purpose	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	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Hillview A OSV-0001515

Inspection ID: MON-0024741

Date of inspection: 23/07/2019

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Risk Assessment to include Person specific controls.</li> <li>• Local Risk Register to include risk assessment for restraint (sharp objects) which may have an impact on other Person Served.</li> <li>• Restraint specific risk assessment to be completed.</li> <li>• Person Served risk assessments and local risk register must correlate.</li> <li>• Fire drill to be conducted with Person Served when in house on their own and to have risk assessment.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Behaviour Support Plan to be more specific to guide staff in how to support Person Served.</li> <li>• The restrictive practice that was in place will be supported by risk assessments and protocols in which to support staff and to look at impact of this on other residents.</li> <li>• Protocol to be completed to guide Staff when Person Served absconds during an outing.</li> </ul>	



## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/08/2019
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	01/08/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	25/07/2019

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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