



Office of the Chief Inspector

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

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	11 June 2019
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0024976

About the designated centre

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

Hillview B is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides residential care for up to four male and female residents, over the age of 18 years who have an acquired brain injury. The service is located near many social and recreational amenities including local shops, services and transport links and provides residents with their own bedroom, en-suite facilities, shared bathrooms and communal areas and access to a garden. Staff are on duty both night and day 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
11 June 2019	09:00hrs to 16:10hrs	Anne Marie Byrne	Lead

Views of people who use the service

On the day of inspection, the inspector met with two residents who live at this centre. One resident engaged with the inspector, but was unable to talk directly with her regarding the care and support they receive. This resident was observed to interact well with staff and staff told the inspector of the various communication aids that were being used to further support this resident's communication needs. Staff also spoke confidently with the inspector about how they communicate effectively with this resident each day.

The other resident did speak directly to the inspector about the care and support they receive. This resident spoke of his involvement in day services, participation in fire drills and of the social support he receives at the centre. He told the inspector that he and some of his peers that also lived at the centre, were preparing to go on a fishing trip that day and were being supported by staff to do so. This resident was observed to freely use his mobility aid to access all areas of the centre and he appeared very comfortable in the company of staff who were working that day.

Capacity and capability

The inspector found this was a well-managed and well-run centre that ensured residents received a safe and good quality service. Since the last inspection in March 2018, the provider had made improvements to the arrangements in place for fire safety, medication management and notification of incidents to the Chief Inspector. However, improvements were still required to the arrangements in place for risk management, governance and management and health care.

The person in charge held the overall responsibility for the centre and she was supported by her line manager and a team leader in the running and management of the service. She was frequently present at the centre to meet with staff and residents and her regular presence had a positive impact on ensuring residents and staff were facilitated to raise any concerns they had directly with her. She was found to have strong knowledge of residents' needs and also of the operational needs of the service delivered to them. She held regular meetings with staff and attended various management meetings, which both addressed a wide variety of operational issues and ensured that all staff were regularly updated on any changes occurring within the organisation.

The provider had arrangements in place to ensure the centre was resourced to meet the assessed needs of residents. Suitable persons were appointed to manage this service, which had a positive impact on ensuring clear lines of authority and

accountability. Although extensive six monthly provider-led audits were occurring in line with the requirements of regulations, this monitoring system proved ineffective as it had not identified specific areas of improvement required within the service, to areas such as risk management and health care. Furthermore, although areas of improvement were identified in the most recent annual review of the service, the provider had failed to put a plan in place to ensure the completion of these improvements were time-bound.

The number and skill-mix of staff working at the centre was subject to regular review by the person in charge. A well-maintained roster identified the names and the times worked by staff at the centre. In addition, effective training arrangements were in place which ensured staff received regular mandatory and refresher training, as and when required. Each staff member also participated in regular supervision meetings with their line manager, which had a positive impact on ensuring that they received appropriate support to carry out the duties associated with their role.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications as required by the regulations. She was regularly present at the centre and was found to have good knowledge of residents' needs and of the needs of the service. She told the inspector that the current governance and management arrangements supported her to have the capacity to manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that adequate staffing arrangements were in place to meet the needs of residents. Residents received continuity of care and a well-maintained roster clearly identified the names, start and finish times worked by staff at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training and refresher training, as required. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced and that a clearly defined management structure was in place. Although the annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations, improvements were required to these monitoring systems to ensure adequate and effective identification of, and response to specific areas of improvement required within the service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available at the centre and was subject to review by the person in charge at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place which ensured all incidents were notified to the Chief Inspector as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found residents' quality of life was very much promoted at this centre, with residents receiving regular support to access the community and to take part in activities of interest to them.

The centre comprised of one bungalow dwelling located in a town in Co. Clare. Residents had access to their own bedroom, en-suite facilities, shared bathrooms, a kitchen and dining area, a sitting room, a relaxation room and to a well-maintained garden area. The centre was found to be clean, nicely decorated and

provided residents with a homely environment to live in. A recent audit of the service identified that some maintenance works were required and the provider had put a time-bound action plan in place to address these.

The provider had ensured that 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. Residents were regularly consulted as to how they wished to spend their time and enjoyed regular access to local amenities, had regular home visits, went to day services and took part in various other activities of interest to them. On the day of inspection, some residents were being supported by staff to go on a fishing trip and others were supported to attend their day service. One resident had a particular interest in gardening and staff had ensured this resident had access to raised beds in the back garden to sow their vegetables and herbs. Other residents were supported to go on holiday with family and to access educational programmes, as they wished.

Staff who spoke with the inspector were very aware of their responsibility in supporting residents with their assessed health care needs. Residents also had access to a variety of allied health care professionals, as required. However, the inspector found some residents assessed health care needs, were not always supported by a personal plan to guide staff on the specific support these residents required, for example; pain management.

Some residents at the centre presented with assessed communication needs and the provider had ensured that these residents were supported to interact with staff and communicate their wishes in accordance with their capabilities. Staff spoke with the inspector about various assistive technology aids used to support these residents, such as, hand-held touch screen devices and voice activation. Clear plans were in place to guide staff on how to communicate with these residents and during the course of the inspection, the inspector observed staff to effectively interact and communicate with these residents. Similarly, where residents required behavioural support, the provider had ensure that these residents received the care and support they required. Staff spoke confidently with the inspector regarding specific measures implemented to support residents requiring behavioural support. However, some behaviour support plans required review as they failed to adequately guide on these specific measures that were being effectively implemented. No restrictive practices were in use at the time of this inspection.

The provider had a risk management system in place; however, improvement was required the processes in place for the assessment and on-going monitoring and evaluation of risk at the centre. For example, although for the most part, risk assessments were in place to support the management of risk at the centre, in some cases, the provider failed to ensure these risk assessments supported the accurate identification of risk, the specific measures put in place in response to that risk, the additional controls required to mitigate against that risk and accuracy in the assessed level of risk posed, following the implementation of effective measures by the provider in response to the risk identified. Furthermore, although the provider had identified and responded effectively to a recent increase in falls at the centre, it was unclear what plans were in place for the monitoring and on-going review of

these measures to ensure their continued effectiveness in preventing a further rise in falls at the centre. In addition, although risks relating to fire safety and staffing arrangements were subject to on-going review by the person in charge, the on-going monitoring of these risks was not supported by a risk assessment.

Since the last inspection, the provider had made improvements to the fire safety systems in place at this centre, ensuring emergency lighting and the fire alarm were regularly serviced. Effective fire safety precautions were in place, including, fire detection and containment systems, multiple fire exits, up-to-date training in fire safety and regular fire safety checks. Regular fire drills demonstrated that staff were able to evacuate residents from the centre in a timely manner. However, the fire procedure did not adequately describe the procedure to be followed by staff in the event of a fire. This was rectified by the person in charge prior to the close of this inspection.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their choice, capacity and wishes. The person in charge had ensured that staff were aware of individual communication supports required by residents and that the availability of assistive communication aids were made available to residents, as required.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that each resident had regular opportunity to access facilities for education and recreation. Adequate staffing and transport arrangements ensured that residents could avail of activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out in manner that met the needs of the residents who lived there. The centre was found to be clean, well-maintained and provided residents with a comfortable environment to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

Although the provider had a risk management system in place, improvements were required to some risk assessments to ensure clear hazard identification, current and additional control measures and accuracy in the assessed level of risk. In addition, improvements were required to the provider's monitoring of risk to ensure plans were in place for the monitoring and review of risk at the centre, for example, falls prevention, fire safety and staffing arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had made improvements to the fire safety systems in place at this centre, ensuring emergency lighting and the fire alarm were regularly serviced. Effective fire safety precautions were in place, including, fire detection and containment systems, multiple fire exits, up-to-date training in fire safety, regular fire checks and emergency lighting. Regular fire drills demonstrated that staff were able to evacuate residents from the centre in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensure that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Where residents wished to take responsibility for their own medicines, they were supported by staff to safely do so.

Judgment: Compliant

Regulation 6: Health care

Where residents' presented with specific health care needs, staff were found to have strong knowledge of their role in supporting these residents. Residents also had access to a wide variety of allied health care professionals. However, improvements

required to ensure personal plans were in place to guide staff on the specific health care support that some residents required, for example, pain management.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that adequate supports were in place for residents requiring behavioural support. All staff had also received up-to-date training in the management of behaviours that challenge. However, some improvements were required to ensure that behaviour support plans adequately guided staff on the specific measures in place to support residents requiring behavioural support.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding and clear procedures were in place to support staff in the identification, response, management of any concern regarding the safety and welfare of residents. Safeguarding plans were found to be clearly documented to give clear guidance on the specific safeguarding measures to be implemented.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0024976

Date of inspection: 11/06/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Action Plan outlined in the Annual Review will detail who is carrying out the task and have a completion date. • The Regulation 23 Audit monitoring system will be reviewed and improvements made to identify specific areas for improvement. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • All Person Served Risk Assessments will have a description of the hazard. • The risk score will be applicable to the risk identified. • Additional controls will be included in risk assessments if required. • Where Falls has been identified as a risk a falls prevention plan will be completed, an ongoing review of trends of falls will be completed to look at effectiveness of prevention plan to reduce risk of further falls. • Fire Procedure clearly states how an evacuation is to take place in order of person served needs. This is displayed on the wall. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A Pain Management Health Care Plan has been put in place for Person Served and all health care needs for all person served has been reviewed. 	
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"> • A Team Meeting was held on 27th June with Psychology and Person Served behavioral Support Plans were discussed in depth and amendments were made to adequately guide staff to support Person Served. 	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/09/2019
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	01/08/2019
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	18/06/2019

	appropriate health care for each resident, having regard to that resident's personal plan.			
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	18/06/2019