



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

Issued by the Chief Inspector

Name of designated centre:	Hillview House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	11 December 2023 and 12 December 2023
Centre ID:	OSV-0001837
Fieldwork ID:	MON-0032998

About the designated centre

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

Hillview House provides residential services to up to six adults with a primary diagnosis of intellectual disability and who have moderate to severe support needs. The centre can also support residents with mental health needs. There are six en-suite bedrooms and one single bedroom. There is a large, well-equipped kitchen with an adjoining dining area, a comfortable living room, and a large recreation/hobby room among other facilities. Residents participate in individualised day service programmes. The house is located in a rural setting and is provided with transport. A social model of care is provided in this centre, and residents are supported by a combination of social care workers and support workers on a 24-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 December 2023	12:00hrs to 18:30hrs	Karena Butler	Lead
Tuesday 12 December 2023	08:35hrs to 14:20hrs	Karena Butler	Lead

What residents told us and what inspectors observed

The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with regulations and standards and in a manner that promoted person-centred care.

The inspector had the opportunity to meet and speak individually with all five residents that lived in the centre. Residents communicated that they felt safe in their home and that they were involved in decisions about their daily lives. One resident stated that they were "completely happy" and another communicated that staff were doing a good job.

There were three staff members on duty on the evening of each day of the inspection. The person in charge and staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences. They were observed to interact with the residents in a relaxed manner and the residents appeared comfortable in their presence.

The provider had arranged for staff members to have training in human rights. One staff member spoken with said that the training encouraged them to ensure that residents were included in all decisions about their day and their care.

The inspector conducted a walk around of the centre, the house appeared tidy and for the most part very clean. It was observed to be nicely decorated for the Christmas season. There were suitable in-house recreational equipment available for use, for example televisions, a keyboard, art supplies and board games.

Each resident had their own bedroom with an en-suite facility. There were sufficient storage facilities for their personal belongings in each room. Residents' rooms had items of importance displayed, for example personal pictures, medals and certificates.

The residents and the person in charge had plans to develop the back garden into a more welcoming and usable space. This project has been on-going for a number of years but due to a resident's ill health and also the global pandemic this had delayed the project's completion. A new seating area with a pergola had been put in place in 2023. The inspector saw designs by the residents as to how they wanted the back garden space to look. Residents had grown lettuce and herbs in the garden during the summer and there were plans to keep this up.

One resident that had lived in the centre had sadly passed away in 2023. Residents were supported through their grief with guidance provided to staff from a psychologist. Easy-to-read information was provided to the residents and discussed with them at residents' meetings. Residents were involved as per their choice in the

funeral of their house mate. It was evident to the inspector that the resident had been well cared for and was greatly missed.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of residents themselves or staff representatives. The questionnaires indicated that the residents were happy with all aspects of their home and the care and supports they receive in the centre. One resident stated that they love their room, staff were lovely, that they took lots of nice trips and that they were very happy. Another communicated that their house and life were good and that the staff that worked in the centre were the best staff. The inspector observed that there were no complaints received in the centre in 2023.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire. Feedback received suggested that residents and families communicated with were very happy with the service provided. For example, one family member communicated that staff were fantastic and gave their family member space to chat and staff were so supportive. They went on to say that their family member 'always says "I love my life" and that a lot of that comes from the dignity, respect and homeliness at Hillview House.'

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2022 where an infection protection and control (IPC) only inspection was undertaken. At that inspection, it was observed that the provider had governance and management arrangements in place to prevent or minimise the occurrence of a healthcare associated infection.

Overall, the governance and management arrangements ensured that a safe and quality service was delivered to residents.

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. Additionally, the provider had taken out a contract of insurance against injury to residents.

There was a defined management structure in place which included the person in charge who had worked in the centre for many years before being appointed the person in charge.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas, such as information and records, incidents and medication.

There was a planned and actual roster in place maintained by the person in charge. The provider ensured that there were sufficient staff with the training and skills to meet the needs of the residents.

There were supervision arrangements in place for staff. The provider ensured that staff had the required training to carry out their roles. For example, staff had training in fire safety and epilepsy.

Records were maintained and available for inspection, and were found to be accurate and up to date. For example, a contract of service was provided to each resident and it included any fees to be charged.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

There was a suitably qualified person in charge in place managing the centre. The person in charge worked in a full-time role and had worked with the residents for many years and demonstrated that they knew the residents' support needs and preferences well.

Staff spoken with communicated that they felt supported by the person in charge and would feel comfortable raising concerns to them if they had any.

Judgment: Compliant

Regulation 15: Staffing

Staff spoken with demonstrated that they were very knowledgeable with regard to the residents' assessed needs and supports required and had the necessary skills to

meet those assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre.

Staff files were reviewed centrally and the inspector found that the all information and documents specified in Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as epilepsy training.

Staff received training in a variety of areas in order to effectively support the residents and refresher training was available as required. For example, medication management and training in human rights. Further details on the human rights training have been included in what residents told us and what inspectors observed section of the report. Some refresher training in adult safeguarding had been identified by the provider's own audits November 2023 as having expired in October 2023. At the time of this inspection all staff had received the training and the provider was reviewing their oversight document and processes to ensure the person in charge would be alerted to training prior to it coming up to the expiry date.

Supervision was not always consistently happening as per the organisation's policy; however, the provider's own audits had picked up on this and there was a planned schedule in place for the first half of the year of 2024 and staff members had received supervision prior to the inspection. The person in charge communicated to the inspector further proposed plans to ensure supervision will occur as required.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre and it was made available to the inspector. It included the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All required records were maintained and available for inspection. The person in charge had ensured that local records were maintained, including records of staff meetings. There was a residents guide available for residents, as well as a statement of purpose and copies of previous inspection reports.

Judgment: Compliant

Regulation 22: Insurance

The provider had taken out a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the residential and respite manager.

The provider had ensured that an annual review of the quality and safety of the service was completed and had carried out unannounced visits twice per year. The annual review and unannounced visits provided for consultation with residents and their family representatives. The person in charge arranged for periodic team meetings to occur and shared learning was promoted.

There were other local audits and reviews conducted in areas, such as information and records, medication management, and food and nutrition.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract of care that laid out the services and conditions of their service, fees to be charged to the resident and they were signed.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. It was identified in the provider's own audits that the statement of purpose did not have cover arrangements for when the person in charge was absent; however, this action was not addressed by the time of this inspection. The person in charge confirmed it was an oversight and arranged to have the statement of purpose amended and submitted to the Chief Inspector shortly after the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the person in charge and staff were striving to ensure that residents lived in a supportive environment and were in receipt of a service that was person-centred and offered them a pleasant place to live.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under periodic review and demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs and any emerging needs.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and there was an identified designated officer in place.

The centre was being operated in a manner that promoted and respected the rights of residents. In addition, the provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

The premises was very spacious and for the most part found to be very clean. Some areas in an en-suite required a more thorough clean and the seals in one washing machine required cleaning. Any identified areas were dealt with on the day or shortly after the inspection with evidence shown to the inspector.

There were arrangements in place to help control and mitigate risk within the centre. For example, there was an organisational risk management policy available and risk assessments were conducted as required.

The inspector reviewed matters in relation to infection and control (IPC) management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, staff had received a suite of training related to IPC.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were up-to-date personal emergency evacuation plans (PEEPS) in place for residents which outlined how to support they required.

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. In addition, residents had post office accounts in their own name and could save or spend their money as they saw fit.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs and the premises was found to be in a state of good repair. Some minor cleaning was required, for example the washing machine had residue on the seals, a toothbrush holder had residue on it and some slight mildew was observed on an en-suite window frame. The person in charge arranged for any identified issues to be cleaned and evidence shown to the inspector. In addition, the person in charge

assured the inspector that going forward the cleaning of the washing machine and observation for mildew will be included in the centre's cleaning checklist.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing, for example falls risk assessments were completed when deemed relevant.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to Covid 19. The centre was maintained in a clean condition throughout, hand washing and sanitising facilities were available for use, infection control protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. There was evidence of regular fire evacuation drills taking place which included drills that took place during the hours of darkness. In addition, drills had taken place with maximum numbers of residents participating and minimum staffing levels and each resident had an up-to-date PEEPs in place which outlined supports they required.

There were fire containment measures in place. However, the inspector observed that some fire containment doors appeared to have larger than recommended gaps either at the threshold or the door frame and one fire containment door would not close fully by itself. The door that would not close fully by itself was rectified on the day of the inspection and the provider gave written assurances shortly after the inspection that the door gaps had been reviewed and any that required alterations had been rectified. In addition, the inspector raised a query with the provider as to the fire alarm type that was in the centre to ensure it was adequate for the premises. The provider submitted written assurances to the inspector from their competent fire person which provided adequate assurances that the coverage of the alarm system was appropriate for the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their healthcare, personal and social care needs completed and there were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. For example, there were plans in place for specific healthcare needs.

In addition, residents were supported to develop goals for themselves to work towards. For example, one resident's goal was to take part in a wood work exhibition. Other goals included, organising a party for a milestone birthday.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained in adult safeguarding, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was being operated in a manner that promoted and respected the rights of residents. Staff and residents confirmed that residents were being offered the opportunity to engage in activities of their choice and decisions about their day. In addition, residents were supported through the process of their house mate's illness and when they unfortunately passed away.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant