



Office of the Chief Inspector

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

Name of designated centre:	Hillview House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	18 February 2019
Centre ID:	OSV-0001837
Fieldwork ID:	MON-0021027

About the designated centre

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

Hillview house consists of one house and provides residential services to 6 adults with a primary diagnosis of intellectual disability and who require mild to moderate support needs. The centre can also support residents with mental health needs. Residents in this house are facilitated to attend day services in their local community at their leisure. 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. Residents are also supported at night by a waking night staff.

The following information outlines some additional data on this centre.

Current registration end date:	11/05/2021
Number of residents on the date of inspection:	5

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
18 February 2019	09:10hrs to 15:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector did not meet with any residents during this inspection; however, a review of residents meetings and audits completed showed that residents are regularly consulted with in regards to the running of the centre.

Capacity and capability

Overall, the inspector found that the centre had continued to improve on the governance and leadership arrangements in the centre, this meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and staff who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs. The inspector found that all actions required from the previous inspection had been completed. .

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessed needs. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre.

The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre. As a result residents were

supported to actively participate and direct choices which improved their own quality of life.

Regulation 14: Persons in charge

The person in charge was in a full-time role and met the requirements of this regulation.

Judgment: Compliant

Regulation 15: Staffing

An accurate rota was maintained and reflected sufficient staffing needs to meet the needs of all residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and they also received regular support and supervision from the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

On review of the directory of residents, the inspector found that it contained the information required by regulation.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre ensured that residents received a good level of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the service the centre intended to provide and the services which would be implemented to meet the care needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

On the day of inspection, the inspector reviewed schedule 5 policies and found that three policies were not up-to-date as required.

Judgment: Substantially compliant

Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe and

supported residents (dependent on their abilities), to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated the commitment to improving the residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents.

Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals, which were made available to them in an accessible version.

Systems were in place to ensure the safety of the residents at the centre, with arrangements in place to manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights - including, how to make a complaint and access to advocacy services, was available in an accessible format.

Regulation 12: Personal possessions

Residents were supported to manage their financial affairs and appropriate storage facilities was available for resident's personal belongings.

Judgment: Compliant

Regulation 17: Premises

The designated centre was appeared to be a pleasant place to live and was comfortably furnished and decorated throughout. each resident had their own bedroom which was a good size and large storage for personal possessions was available.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which was reviewed on a regular basis. Residents were supported to enjoy a good level of community participation and individual goals which were identified during the annual review were satisfactorily progressed.

Judgment: Compliant

Regulation 6: Health care

Each resident had appropriate access to healthcare professionals and individualised healthcare plans were in place, where required , to ensure consistency of care was

provided to residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place which ensured that staff would have the opportunity to access up-to-date training in this area when required. In addition, residents had access to support from allied health professionals when required.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to ensure the safety of the residents which included clear reporting protocols and staff had access to regular training so to ensure their knowledge was in-line with current practice developments.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview House OSV-0001837

Inspection ID: MON-0021027

Date of inspection: 18/02/2019

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The three schedule 5 policies identified as out of date during the course of the inspection are in the process of final review. The updated policies will be circulated by 31/05/2019.	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2019