



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	14 January 2020
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0022548

About the designated centre

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

Mountain View Respite and Residential Services comprises of two houses in two neighbouring housing developments in Co Mayo. One house is a four bedroom bungalow and the second house is a two-storey, seven bedroom house. The centre is registered to provide residential and respite services for up to eight people. The centre provides services for male and female residents with an age range of 18 years to end of life. Residents require varying levels of support ranging from high support to those who have low support needs. One house provides a residential service for one full-time resident and two regular respite users and the second house provides respite service for up to 22 residents on a rotational basis, based on their assessed needs. The staffing complement consists of social care workers and social care assistants, and there is always one staff on duty across both services, including overnight with additional hours available if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
Tuesday 14 January 2020	09:00hrs to 17:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector spent time with four residents who were availing of respite at the centre and one resident who lived at the centre on a full-time basis. All the residents that the inspector spoke with said they liked the centre, that they enjoyed coming in for respite and enjoyed living there. Residents were observed to be relaxed in their environment, moving freely about the centre and appeared to be comfortable with each other. Residents spoke to the inspector about the activities that they enjoyed; including doing chores in the house, baking, using the computer, meeting friends, shopping and going out for meals. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect. Residents who the inspector spoke with said that they had no concerns about their home or who they shared their home with, with one resident stating that they enjoyed getting respite with their friends. In addition to spending time with residents, the inspector reviewed 10 questionnaires completed by families and residents as part of the inspection. In general, residents and families expressed satisfaction with the service provided. However, some feedback from families reported dissatisfaction with the amount of respite offered, communication, medication management requirements and dissatisfaction about a response to a complaint made in the past. The management of these issues highlighted were reviewed as part of the inspection process.

Capacity and capability

The inspector found that the provider had strengthened the governance and oversight arrangements in the centre since the last inspection in April 2019, which led to an improvement in the overall quality of service provided. There were robust governance arrangements in place which enhanced the quality of care of residents and the promotion of a safe service. The person in charge worked full-time and was responsible for another designated centre which was located nearby. A new position of assistant manager had recently been appointed to support the person in charge with the operational management of the centre.

There were systems in place for regular internal audits in the centre in areas such as medication management, health and safety, finance and accident and incident audits. A new system had been put in place for the review of accidents and incidents which was maintained by the person in charge, and trends were reviewed quarterly and discussed at team meetings. This auditing tool also ensured that incidents that needed to be notified to the Chief Inspector were kept under review and submitted as required. Where trends emerged in relation to incidents, the person in charge had responded to these by implementing measures to minimise the risks. For example; with regard to medication errors that occurred in one location of the

centre the person in charge and day service manager had implemented monthly meetings to review any medication incidents that occurred with regard to respite residents and had put measures in place to try to ensure safe medication practices. This included written communication with families about requirements for safe medication management, and additional bespoke training scheduled for staff. Findings from audits and incidents that occurred were discussed with the staff team at the regular governance meetings. The person participating in management also attended some of these meetings, which ensured good oversight arrangements of the operational management of the centre by senior management.

Staff received regular training as part of their continuous professional development and a review of training records demonstrated that staff were provided with mandatory and refresher training. New staff who recently commenced in the centre were scheduled for training in a timely manner. In addition, measures were put in place by the person in charge to ensure that the new staff had the necessary information required to support a safe service until the identified training was fully completed. Staff who the inspector spoke with said they felt well supported by management, and a review of team minutes indicated good participation by the staff team in the running of the service. A schedule of supervision meetings for staff who worked in the centre was in place and maintained by the person in charge.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature and action plans had been devised as a result of these audits, which were under ongoing review. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents and families. The feedback received from residents and their representatives were taken on board to inform an improvement plan. The provider had systems in place to review the allocation of respite provision and resources for the centre which was based on the assessed needs of residents. A specific tool was used to identify individual priorities and respite needs, which was reviewed twice per year by members of management and the multidisciplinary team. The inspector found that the centre was adequately resourced on the day of inspection to meet the needs of residents who were availing of the service.

There was a good local complaints management procedure implemented in the centre to ensure that complaints were responded to in line with the organisation's procedure. There were no open complaints at the time of inspection. The person in charge provided evidence of responses to complaints made and meeting records with the complainants to address issues raised. There was an easy-to-read version of the complaints procedure which was accessible in the centre, and contained details of who the nominated complaints person was and details of the appeals process. However, there was no evidence that the complaints procedure was discussed with residents in order to ensure that they were aware of their right to complain and have any complaints addressed in a timely manner.

The provider ensured that all the prescribed documentation as outlined in the regulations for the renewal of registration were submitted to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was in post in the designated centre since August 2019, and had the qualifications and experience to manage the centre. He worked full-time and was responsible for one other designated centre which was located nearby. The inspector found that the person in charge was knowledgeable about residents' needs and it was evident during the inspection that residents were familiar with him.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training as part of their continuous professional development. The person in charge maintained a training matrix which provided oversight on training needs and dates required for refresher training. There was a supervision schedule in place for staff, and staff who the inspector spoke with said they felt well supported by the management team. A copy of the regulations made under the Health Act were available for staff in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was up-to-date insurance in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were robust governance and management

arrangements in place in the centre. The provider ensured that unannounced audits and an annual review of the service was completed, with actions identified to improve the quality of the service. These actions were kept under ongoing review. A new template for the structure of team meetings had been developed, which demonstrated improved oversight arrangements by the person in charge and senior management about the operational management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been reviewed and was found to contain all the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications were submitted to the Chief Inspector as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the centre. The person in charge maintained a log of complaints and demonstrated that systems were in place to respond to complaints promptly. However, while residents stated that they would go to staff if they were unhappy about something, there was no evidence that the complaints procedure had been explained and discussed with them.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service

and that there were suitable arrangements in place which ensured a safe and person-centred service.

A sample of residents' files were reviewed and the inspector found that the health, personal and social care needs of residents were assessed and plans were developed to support residents where required. The provider ensured the maximum participation of residents and their families in the annual meetings. Personal plans were developed with residents with areas of priority identified for the coming year. Residents were also supported to identify personal goals, and progress on goals was reviewed regularly. The management team had implemented a new system whereby residents' activities during the month and status on personal goals were reviewed on a monthly basis.

The inspector found that residents' general welfare and development was promoted and residents told the inspector about the range of activities that they enjoyed both in the centre and out in the community. These included; baking, using the computer, cinema, bowling, bus drives, going out for meals, going to clubs and attending Mass. All residents who the inspector met attended a day service during the day and residents who the inspector spoke with said they enjoyed going to their day service every day.

The provider ensured residents' safety while staying in the centre. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. Residents were supported to develop the awareness and skills to self-protect by use of a positive relationships document and discussion at residents' meetings. There were plans in place for intimate care practices which guided staff in how to support residents and to promote residents' independence in this area.

The inspector found that residents who required support with behaviours of concern had comprehensive plans in place detailing proactive and reactive strategies to support them. Staff who the inspector spoke with were knowledgeable about the possible triggers to behaviours and how to support residents. The person in charge maintained a log of restrictive practices for the centre and ensured that any restrictive practices were reviewed to be the least restrictive for the shortest duration. Since the last inspection, a restrictive practice that had been in place for a resident had been replaced with a less restrictive practice and was under ongoing review to safely reduce the restriction.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained and regularly reviewed by the person in charge. The person in charge demonstrated a good understanding of risks within the centre, and specific risks which may impact on residents had risk management plans in place. Adverse events were assessed and plans were in place to respond to emergency situations.

The centre had systems in place for the detection, containment and prevention of fire. Residents had personal emergency evacuation plans in place which were reviewed as required. Staff received training in fire safety and regular fire drills were carried out. The person in charge maintained a schedule for staff and residents to

be involved in two fire drills per year. However, the inspector found that one resident had not taken part in a fire drill in the past year. Residents who the inspector spoke with talked about what they would do in the event of the fire alarm sounding; including going outside to the designated assembly point.

Regulation 10: Communication

The inspector found that residents were assessed and supported to communicate in accordance to their preferences. Residents had communication profiles in place which detailed how best to communicate with them. Residents had access to televisions, computers, personal tablets, portable music devices and residents had access to their own mobile phones to maintain contact with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that the centre provided facilities and opportunities for recreation and occupation, both in house and in the wider community. Residents informed the inspector of activities that they enjoyed in the centre including going to the cinema, bowling, having meals out, visiting friends, going on the computer and going to town. Where residents chose not to participate in activities offered, this was respected.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that information about the centre was provided for residents in an easy-to-read document, and included all the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management system in place for the identification, assessment and reviews of risks in the centre. The person in charge demonstrated clear

understanding of specific risks in the centre, and these risks were kept under ongoing review. Incidents that occurred at the centre were discussed regularly with the staff team. There was a system in place to respond to adverse events and to escalate risks to senior management level for review and action, where appropriate.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the centre had systems in place for the detection, containment and prevention of fire. Fire drills were carried out regularly and the person in charge maintained a schedule to ensure that all residents and staff took part in at least two fire drills per year. However, the inspector found that one resident who was availing of respite did not partake in a fire drill in the past year. In addition, the inspector found that improvements were needed in the recording of fire drills to ensure that they were reflective of the actual fire drill. For example, one fire drill reviewed was not accurate about the time taken to evacuate all residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of files was reviewed by the inspector and found that assessments were completed for residents with regards to their health, personal and social care needs. Review meetings took place with the maximum participation of residents and their families where relevant. An assessment of needs had been completed for a resident who was due to commence availing of overnight respite, and the personal plan was in progress as the service was getting to know the resident and included input from family and multidisciplinary team members.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that staff were provided with training in the management of behaviours. Residents who required support with behaviours had detailed behaviour support plans in place which had a multidisciplinary input. Restrictive practices in the centre were kept under review to ensure that they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with training in safeguarding residents. Staff who the inspector spoke with were aware of what to do in the event of a concern of abuse. Where concerns of a safeguarding nature arose, the person in charge ensured that these were responded to in line with safeguarding procedures. There were preventative and proactive measures put in place to minimise the risk of any peer-to-peer incidents of a safeguarding nature.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mountain View Residential & Respite Services OSV-0003702

Inspection ID: MON-0022548

Date of inspection: 14/01/2020

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge will ensure that the accessible complaints procedure is shared, and explained to residents at house meeting. This will be evidenced in the minutes of the meeting.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge will ensure that all staff and residents partake in two fire drills per year.</p> <p>The Person in Charge will ensure that the resident who had not partaken in a fire drill will do so during the next visit to the respite service.</p> <p>At the next team meeting the Person in Charge will brief the team on best practice when recording fire drills, ensuring that staff understands the importance of recording specific detail of the event.</p>	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/02/2020
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints	Substantially Compliant	Yellow	12/03/2020

	procedure as soon as is practicable after admission.			
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