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## Lee View, OSV-0005517, 17 January 2019

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

Name of designated centre:	Lee View
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	17 January 2019
Centre ID:	OSV-0005517
Fieldwork ID:	MON-0025485

## About the designated centre

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

Lee View Services is a semi-detached two-storey house and can facilitate up to three adult male or female residents, over the age of 18, with a mild/moderate disability. Residents are accommodated on a full-time residential basis. Staff support is provided as required during the day and there is a sleepover staff rostered at night to support the residents. On this inspection, there were two female residents using the service on a full-time basis and there was one vacancy.

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

Current registration end date:	04/06/2020
Number of residents on the date of inspection:	2

## How we inspect

To prepare for this inspection the inspector or 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
17 January 2019	09:30hrs to 16:30hrs	Thelma O'Neill	Lead

## Views of people who use the service

The inspector met with the two residents residing in this house and they both expressed satisfaction about the care and support they received at the centre. They said staff were good to them and that they were happy living in this centre. During the inspection, the inspector observed one resident receiving 1:1 staff support which was assessed as required to meet the individual resident's care and support needs.

## Capacity and capability

On this inspection, the inspector found the provider had effective operational management arrangements in this centre. This residential service had good leadership, governance and management arrangements in place and clear lines of accountability. The provider and the person in charge operated the centre in a person-centred manner and the inspector observed some good practices over the course of this inspection.

As part of the governance and management arrangements of this centre, the provider had appointed a person in charge. This person was on long term leave at the time of this inspection and the person participating in the management was appointed by the provider to be person in charge in the interim until a new person in charge was appointed. During the course of the inspection, the inspector met with the proposed person in charge who was taking up post on the 21 January 2019. This person had the qualifications, experience and knowledge to take up the role of person in charge for this centre.

The inspector found residents' care and support needs were well-monitored and reviewed. Safeguarding and risk management procedures were in place and all staff had a clear understanding of the process and procedures in place to protect residents in the centre. The provider completed annual reviews and six-monthly unannounced audits of this centre, to ensure key practice areas such as health and social care, resident finances, medicines management, health and safety, risk and safeguarding were adhered to, in line their policies and procedures and to the regulations. Areas where improvements were required were actioned and were addressed by the person in charge.

Residents' quality of life was found to be to a high standard, and residents confirmed this to the inspector.

## Regulation 14: Persons in charge

The inspector found the person in charge of the centre had the required

qualifications, skills and experience necessary to manage the designated centre. She was very knowledgeable regarding the individual needs of each residents.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff working at this centre was appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received the required training to ensure they had the skills and capacity to attend to the residents' care and support needs.

Judgment: Compliant

### Regulation 23: Governance and management

There was effective governance, leadership and management arrangements in place to govern this centre. The person in charge had implemented good governance arrangements, including managing the staff team and their daily work routines and ensured there were robust systems in place, such as audits, staff supervision and management meetings. This ensured that the service was provided in line with residents' needs and as described in the statement of purpose. The person in charge was supported by the senior management team who had regular operational governance meetings to monitor service delivery in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule 1 of the Regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider had an effective complaints procedure for the residents, which was in an accessible and age appropriate format.

Judgment: Compliant

### Quality and safety

The inspector found this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre.

The inspector found that there was good management of risks in this centre. The risk management practices were in line with the organisational policies and procedures and staff were able to demonstrate to the inspector that there were effective risk management procedures in operation. These measures assured the provider that the safety of the residents was promoted in the centre and consistency of care was maintained to a good standard.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

The management team had taken measures to safeguard residents from being harmed or experiencing abuse. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. There were no concerns reported at the time of inspection.

Weekly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was

evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals including their general practitioner, who completed annual healthcare checks for each resident. Plans of care for good health were developed for residents, which identified their specific care needs and these needs were addressed as required.

### Regulation 12: Personal possessions

Residents were supported to access and manage their own personal possessions; such as, their clothes and money. The inspector saw evidence that the residents were supported to manage their finances in line with their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

This is a large spacious two storey house, located in an estate on the suburbs of a small town in Co. Clare. The premises was of sound construction and well maintained and suitable for the residents living in the centre. All residents had their own ensuite bedrooms and shared communal rooms.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that risk management procedures were robust and were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of health care associated infections.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had appropriate systems in place to ensure that effective fire safety measures were in place in the centre. This included staff training and appropriate fire safety equipment as well as fire evacuation procedures. The person in charge had arrangements in place for a fire drill to be completed on the evening of the inspection and confirmation that a successful drill had taken place was submitted to HIQA post the inspection.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre, and staff who administered medication had received training in safe administration of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the involvement of each resident or their representatives, had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at regular monthly intervals.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

## Regulation 8: Protection

Residents told the inspector that they felt safe living in this centre and that staff working in the centre were good to them. All staff had attended training on protecting vulnerable adults and were aware of the procedures to follow in the event of any concern being raised.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant