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Mountain View, OSV-0005877, 03 August 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Mountain View, OSV-0005877, 03 August 2021', [report], Health Information and Quality Authority, 2021-09-11, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-05-10 11:56:43
Link to Item	https://hdl.handle.net/20.500.14765/106488



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	03 August 2021
Centre ID:	OSV-0005877
Fieldwork ID:	MON-0033637

About the designated centre

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

Mountain View is a centre run by the Health Service Executive. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability and high support needs. The centre comprises of one bungalow dwelling located in a village in Co. Sligo, providing residents with their own bedroom, shared bathrooms, shared communal spaces and large garden area. This is a nurse-led service, with three staff on duty during the day and two staff on duty during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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 3 August 2021	9:00 am to 2:00 pm	Ivan Cormican	Lead
Tuesday 3 August 2021	9:00 am to 2:00 pm	Úna McDermott	Support

What residents told us and what inspectors observed

The care and support provided for the residents at this designated centre was found to be of good quality and of high standard. The staff at the centre were found to be familiar with the communication needs of each individual resident and they were supported to live a good quality of life.

This designated centre was located in a small village close to Sligo town. It was an accessible bungalow with an open plan living area and two reception rooms which provided residents with a choice of spaces to use. It was comfortably furnished and in good repair with homely décor. All residents had their own bedroom. The bedroom viewed by the inspector was decorated with family pictures displayed on the walls. One resident had an ensuite shower room and there was a large communal bathroom. On the day of inspection a home cooked meal was prepared for the residents which they appeared to enjoy. At the rear of the premises, there was a large patio area with a soft tile surface. This promoted the safety of the residents due to history of falls in the centre. There was a very pleasant garden with lavender and mint growing for residents to touch and smell which provided sensory enjoyment for the residents living at the centre.

There was a busy but pleasant atmosphere observed on the day of inspection. All residents had high support needs, were non-verbal but used individual communication styles to express their wishes. On the morning of inspection, there were two staff on duty and another staff member arrived shortly afterwards. They were observed interacting with the residents in a calm and pleasant manner. One resident used hand gestures and vocalisations to request support with getting up and moving to the kitchen. The staff understood this residents wishes and provided support as requested. Another resident was reported to enjoy a sleep in and was resting. A third resident was observed moving freely from one area to the other. This resident choose which chair to sit on and used gestures to request classical music playing on the television and to have the fire turned on. Later, a resident approached an inspector and took her by the arm. Staff explained that this was a request to go for a drive on the bus. The resident was reassured that this would happen later in the day. Overall, the staff present were observed to be familiar with the individual communication styles of each resident and to assist them with their wishes promptly.

The person in charge told the inspectors that although the residents were non-verbal, they gather with the staff on a weekly basis to make plans for the following week. This was an interaction that the residents were reported to enjoy. The person in charge also completed a 6 monthly audit of the centre which included consultation on residents support needs. On the day of inspection, staff outlined plans which included a bus trip and a walk in the park. Other activities were reported including trips to the beach, the coffee shop and the theatre and were dependent on the COVID-19 restrictions in place. An advocacy service was available but not required by the residents at the time of inspection. Residents were reported

to have good contact with their family members with visits welcomed and trips home arranged.

Overall, this centre presented with a calm and comfortable atmosphere with a safe and relaxed environment on the day of inspection. The residents were observed enjoying their living space and were involved community based activities.

Capacity and capability

This centre was well run with effective leadership and governance arrangements in place. A suitable person was appointed to manage the service which ensured that a high quality and safe service was provided. Although good levels of compliance were identified, some improvements were required to aspects of restrictive practice protocols and staff training.

On the day of inspection staff arrangements were appropriate to meet the assessed needs of the residents and the size of the centre. As previously mentioned, the residents required high support and staff told inspectors that they do not attend a day service, however daily activities are planned and provided through the designated centre. If staff are absent the person in charge explained that a plan is in place to replace staff with others that the residents are familiar with. This ensures consistency of the care and support provided. Weekly team meetings take place and supervision for both the staff team and the person in charge was provided. The inspector spoke with a staff member who said that the centre was "happy, well run and with a good team". She said that the person in charge was regularly in attendance at the centre, and available by telephone if needed.

Staff have access to training as part of a professional development programme. A training matrix was in place which included all mandatory training requirements and refresher options. Some training events were delayed due to the impact of COVID-19 but there were short term plans in place. In the case of one training event, this was scheduled to take place the following week. Although there was overall evidence of an effective staff training programme, some training programmes required updates and there was a need for training to be provided on specific health care needs such as epilepsy and the administration of rescue medication.

This centre was found to be well resourced in order to deliver effective care and support. As mentioned, the residents have a large house with a choice of reception rooms available. The sensory garden provided an alternative outdoor option and was a very pleasant space with mint and lavender growing for residents to smell and touch. The large soft tile surface closer to the house was considered very accessible and suitable to the needs of the residents. Another seating area was provided here which was closer to the kitchen and ideal for outdoor dining.

This service itself had a clearly defined management structure and good care and support systems in place. Their person in charge had oversight of two other houses

and reported that she had the capacity to do this effectively. There was evidence of good communication processes with regular staff meetings taking place. Staff had a good shared knowledge of the residents assessed needs, were aware of how to deal with safeguarding needs if required and reported that they felt supported in their role. Staff told the inspector that although residents did not communicate verbally, they sat together regularly to discuss plans for the following week and this was an interaction that they enjoyed. The provided had completed and up-to-date annual review and a six monthly audit was also carried out. There was a range of internal audits completed by the person in charge to ensure a safe and high quality service was provided with systems in place to make improvements if required.

The provider had also produced a preparedness plan in response to COVID-19 which clearly outlined the additional measures which were implemented to protect residents from the disease. Staff had undertaken additional training in regards to infection prevention and control, hand hygiene and also donning and doffing of personal protective equipment (PPE). The planning also clearly outlined how staffing ratios would be maintained and the person in charge had identified staff members who were willing to cover additional hours, should it be required. Although the COVID-19 preparedness planning was robust in many aspects, some improvements were required in regards. For example, the plan stated that detailed isolation plans should be prepared for each resident; however, these were not in place. Furthermore, planning did not clearly identify where donning and doffing areas would be located. Although, the person in charge stated that a reception room was identified the donning and doffing area, this was not clearly evident on planning documents.

Although, some areas for improvement were identified, overall inspectors found that the centre was a pleasant place in which to live and that oversight of this centre was robust and promoted residents' welfare and wellbeing.

Regulation 15: Staffing

The person in charge had ensured that there were an appropriate number of skilled staff in place to meet the needs of the residents. If the centre required additional staff, there were arrangements in place to provide this.

Judgment: Compliant

Regulation 16: Training and staff development

Staff at the centre had access to supervision meetings with their line manager and to training as part of a professional development programme. However, updates

were required for some training sessions and specific training in epilepsy was required to support the healthcare needs of some residents living at the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although the governance arrangements were robust, the provider failed to ensure that isolation plans were in place for each resident and that planning documents clearly identified the donning and doffing areas which would be used in the event of an outbreak of COVID-19.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had failed to notify the chief inspector of all restrictive practices in use at the centre such as a press which had been locked in response to identified safety concerns.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Although there were no active complaints in the centre, information on how residents and their representatives could make a complaint was readily available.

Judgment: Compliant

Quality and safety

This centre provide a good quality, safe and reliable service where the needs of the residents were at the centre of the care provided.

The health and welfare of residents was promoted and each resident had an up to date annual health check. The general practitioners' name was clearly documented on the files and evidence of speech and language therapy and physiotherapy

involvement was provided in the form of assessments and reports. Staff were shown to follow up promptly on medical advice. In the case of one resident the GP recommended that bloods be taken during a specific time frame. There was evidence that this had taken place as directed and was documented correctly. Access to allied health professionals e.g. psychology, occupational therapy, physiotherapy, and speech and language therapy was evident by the range of assessments and reports in residents files. During COVID-19 restrictions a dietetics appointment for a resident was offered and this was promptly accepted and took place by telephone. If a resident became suddenly unwell there was an individual pain assessment tool available. Also, there was evidence on file that showed the staff's ability to notice, understand and to act as required.

Each resident had a key-worker identified and an up-to-date personal plan which recorded plans, wishes and goals. These included getting sensory equipment, doing some baking and going on a bus trip. On the day of inspection residents had an outing to the park planned which took place during the inspection. On return, staff told the inspectors that the morning activity went well and was enjoyed by the residents. Staff told inspectors that a variety of trips would usually take place including to the coffee shop, to the beach and to the theatre. The inspector viewed photographs of these trips in the residents files and although goals were being identified and reached, there was a requirement for them to be up to date and specific in their description in order to demonstrate the variety of activities taking place.

Where there was a need for behaviour support, access to a behaviour support specialist and a psychologist was provided and a behaviour support plan was in place. Staff were aware of how to support residents if they became upset and this knowledge was consistent and shared with the staff members that spoke with the inspector. Restrictive practices were used in the centre and there was a local protocol in place and a provider policy available. On review of the files, the inspector noted that there was a discrepancy in the information provided and the restrictive practice protocol in relation to storage of sharp items and chemicals requires updating.

Regulation 26: Risk management procedures

There were no recent incidents of concern and the person in charge was monitoring all adverse events for trends which may impact on the safety of care provided. The person in charge regularly reviewed risk assessments in response to fire safety, COVID-19 and issues which impacted on residents such as falls and epilepsy. Some minor improvements were required as the locking of presses, due to safety concerns, had not been supported by a risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was an increased hygiene regime in place and staff were completing regular sign and symptom checks for COVID-19. Information on social distancing, cough etiquette and hand hygiene were also evident throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken the threat of fire seriously and fire safety equipment such as fire doors, emergency lighting and a fire alarm system were in place. All this equipment was serviced as required and staff were completing regular checks to ensure it was in good working order. A review of fire drills also demonstrated that residents could be evacuated in a prompt manner both during the day and at night-time.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were appropriately stored and a review of medication prescriptions indicated that medications were administered as prescribed. Some minor improvements were required to ensure that rescue medication plans sufficiently guided staff in regards to the time line for the administration of a second dose, should it be required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure that residents' needs were assessed by a multidisciplinary team on a regular basis. Personal plans were developed to guide staff on how to support residents wishes and needs.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre had high support needs and the provider had a nurse-led service in place to ensure good quality care and support. Access to a wide range of allied healthcare professionals and tertiary healthcare professionals was available as needed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Effective systems were in place to support residents requiring behavioural support and access to a behaviour support specialist was available. Behaviour support plans were regularly updated and provided guidance to staff on how to provide individual support. Restrictive practices were in use and these were also subject to regular review. However, some improvements were required to the behaviour support plan and to the protocol to ensure that practices such as access to knives were correctly identified as restrictive and reported accordingly.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of inspection. Staff had received training in safeguarding and were aware of the procedure to follow if safeguarding concerns should arise.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that residents appeared happy and content in their home. They attended regular house meetings and advocacy services were available should they be required.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountain View OSV-0005877

Inspection ID: MON-0033637

Date of inspection: 03/08/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Provider has ensured that mandatory training needs have been identified and scheduled for and this is now reflected on the designated centre's training matrix. • Training has been scheduled for all staff in the Centre to complete training in the management of epilepsy. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has ensured that all individual isolation plans are now in place for each resident residing in the centre and a definite room for donning and doffing has been identified. 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The Provider has ensured all restrictive practices are logged and notified in line with the regulations and restrictive practice policy. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Provider has ensured that risk assessments within the Centre have been reviewed, amended and recorded to accurately reflect all restrictive practices in the Centre. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Provider has ensured that epilepsy protocols have been reviewed and amended by the relevant residents GP within the Centre. 	
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"> • The Provider has ensured that all behavior support plans have been reviewed and updated to reflect all restrictive practice in place in the Centre. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/09/2021
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	06/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	06/08/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	10/08/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or	Substantially Compliant	Yellow	06/08/2021

	environmental restraint was used.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	10/08/2021