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Hillview, OSV-0003392, 22 January 2021

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

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	22 January 2021
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0031210

About the designated centre

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

Hillview designated centre is located in a rural area of County Kildare and provides 24 hour residential supports to individuals with intellectual disabilities and autism. The centre is comprised of one large detached bungalow building and contains a large entrance hallway, four double bedrooms for residents (three of which have en-suite facilities), a main bathroom, a staff bathroom, a large kitchen and dining area, two living rooms, a utility room, and a staff office. There is a large enclosed garden space to the rear of the centre and a garden and driveway to the front. At the time of this inspection there were four residents availing of the services of the centre. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Residents had access to vehicles to support them to access their local community.

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
Friday 22 January 2021	10:05hrs to 14:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From listening to residents and what the inspector observed, it was clear that residents were enjoying a good quality of life and were supported to be active participants in the operation of the centre and were involved in their local communities. The inspector met with three of the four residents who were availing of the services of the centre during the period of the inspection. In addition, the inspector spoke by telephone with two family members of residents and met with staff members and the person in charge. Three resident questionnaires were also completed and returned to the inspector. Overall, the inspector found that there was very positive feedback from those met with or spoken with by telephone about the care and support being delivered in the centre and through the completed questionnaires. Residents informed the inspector that they enjoyed living in the centre and felt safe and comfortable.

The centre was homely and tastefully decorated throughout and residents were supported to chose finishings and aesthetics such as wallpaper, curtains, furniture, paint colours and pictures. All residents had their own spacious bedrooms which contained personal belonging and equipment such as televisions, music systems and relaxation areas. The inspector found that residents were supported by the staff team to manage personal bank accounts and build skills around financial management and the operation of bank cards.

Prior to COVID-19 related restrictions, residents lived active and engaged lives. Some attended a variety of day services and partook in work placements while others were supported through integrated day programmes based in the centre. These involved activities such as fishing, walking, attending a men's shed programme, and attending an art and woodwork club on occasions. While a number of these activities had temporarily ceased due to the current pandemic related restrictions, residents remained involved in activities such as grocery shopping, movie nights and hill walking. One resident told the inspector that they were having a birthday party at the weekend to celebrate a substantial birthday and were going to include family members by hosting the party online. The resident and the staff team had arranged for a cake and for party refreshments to be purchased ahead of the celebration.

Residents spoke with the inspector about what it was like living in the centre and described how they experienced a good quality of life. There were a number of examples provided for how the rights of residents were respected and upheld and these included staff supporting residents to vote in elections and to have the most relevant and up-to-date information available about COVID-19 vaccinations so that residents could make informed decisions on consenting to the vaccination programme. While there were opportunities available for residents to engage in local self-advocacy groups and with independent advocates, the residents declined to engage with these. Family members confirmed that there was a culture of promotion of the rights of residents and provided some examples including

awareness of the complaints policy and key-worker systems which were in place.

It was clear that residents were supported to understand and make decisions and choices about the lives and the care they received. A weekly house meeting for residents was taking place which focused on key issues for residents such as menu planning, activity planning, and other issues as they arose. A key-worker system was in place which ensured that each resident had a dedicated staff member who acted as a point of contact and facilitated the development and achievement of long-term goals and ambitions which residents have. The inspector observed that staff members were kind, respectful and patient in their interactions with residents and had a positive attitude towards some challenges that presented. The staff team were observed laughing and joking with residents who were enjoying the humour and fun. While it was clear that residents were encouraged to express their needs, the inspector found that the staff team had detailed knowledge of the residents, their individual communication styles, their likes and dislikes, and how to manage behavioural incidents should they occur.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre with a clear focus on providing services in a person-centred manner. The findings of the inspection were very positive and there was clear evidence available to demonstrate that good quality care and support was being provided to residents.

The registered provider and person in charge had ensured that the centre was appropriately resourced to ensure that there was effective delivery of care and support as outlined in the statement of purpose. There was a clearly defined management structure in place and there were developed and effective management systems in place. This allowed for the appropriate oversight of the services being delivered in the centre and an awareness on the part of the provider and person in charge of areas which required improvement. The inspector found that annual reviews of quality and safety of care and support being provided and six-monthly unannounced visits to the centre by the registered provider had been completed as required by the regulations.

The inspector found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of residents who were availing of its services. When required, additional nursing supports were available through a shared resource. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. There was a core staff team employed with little use of relief staff. This had a significant positive impact on the

care and support being delivered with residents indicating that they were happy with familiar staff who knew their needs and unique communication styles.

There were significant levels of training and development in place for staff members. A review of training records found that all staff had completed the training outlined as required by the registered provider. The person in charge and staff team had undertaken additional training in areas such as infection prevention and control, person-centredness, health and safety, and health monitoring. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

A review of the arrangements in place in the centre for the management of complaints was completed by the inspector who found that there was a culture of welcoming feedback from residents and their families with a view to the ongoing development and improvement of services. The registered provider had established and implemented an effective complaints management system and had a complaints policy in place in the centre. One complaint had been made in the time since the last inspection and when reviewed by the inspector was found to have been appropriately followed up on by the registered provider and promptly addressed to the satisfaction of the complainant.

Regulation 15: Staffing

The inspector found from a review of a sample of staff files that there were a number of documents not maintained which were required by Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe and high standards of social care practices.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated January 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had established and implemented effective systems to address or resolve issues raised by residents, their representatives and other stakeholders.

Judgment: Compliant

Quality and safety

The inspector found that the residents availing of the services of the centre appeared to receive care and support which was of a high standard and promoted a

human rights and person-centred approach.

The premises of the centre were found to be designed and laid out to meet the need of residents and in line with the centre's statement of purpose. There was adequate private and communal accommodation and the centre was fully accessible for residents with reduced mobility. The environment was homely, clean and well maintained throughout.

The inspector reviewed the arrangements in place for the management of risk in the centre and found there were developed systems to ensure that risk was identified, assessed, controlled and escalated where necessary. The person in charge had clear oversight of risk in the centre and identified risks were regularly reviewed. A comprehensive risk register was maintained in the centre and incidents, accidents and near misses which occurred were trended on a weekly basis.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) in the centre and there were systems in place for stock control and ordering. The provider had installed an external donning and doffing station along the staff entrance way to the centre with hand washing and waste facilities along with a supply of PPE. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur in the centre. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Fire precaution measures were reviewed by the inspector who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. Regular fire drills were taking place in the centre and records demonstrated that residents and staff could evacuate the centre without difficulty in a reasonable time frame.

A review of the arrangements in place to support residents with behaviours of concern were reviewed by the inspector. All residents who required them had appropriate support plans developed and the implementation of the supports were supervised by a behaviour specialist who regularly met with the person in charge and staff team and provided oversight and a supportive role. While there were some restrictive practices used in the centre, these had clearly been identified as restrictions and logged on the centre's restrictive practice register. The register was reviewed by the person in charge and behaviour specialist on a regular basis with a view to reducing their use and ensuring their rationale for use was clear and in line

with best practice guidance.

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. A review of incident and accident data found that while some minor incidents of a safeguarding nature had occurred in the centre, these were managed in accordance with local and national policy.

The arrangements to support residents with their rights were reviewed by the inspector. It was found that they were appropriately supported to make decisions about their care and support and in relation to the day-to-day operation of the centre. There was access to advocacy services if they were required and information relating to the complaints procedure, advocacy services, residents' rights and COVID-19 were available in the centre.

Regulation 17: Premises

The inspector found that the design and layout of the centre ensured that residents could enjoy living in an accessible, safe, comfortable and homely environment.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider and person in charge had a good understanding of the different levels of risk, the type of service being provided, the individual needs of residents, and the needs of the staff team and visitors and had taken appropriate action to manage presenting risks.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had developed policies, procedures and guidelines for use during the COVID-19 pandemic to prevent or minimise the occurrence of the virus in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate actions had been taken by the registered provider to ensure that residents, staff and visitors were protected in the event of a fire in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to support residents with behaviours that challenge and restrictive practices were found to have been used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of the resident availing of the services of the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise choice and control in their daily lives while availing of the services of the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview OSV-0003392

Inspection ID: MON-0031210

Date of inspection: 22/01/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Outstanding documents which are required by Schedule 2 of the regulations have been obtained and added to the relevant Staff files.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	10/02/2021