



Office of the Chief Inspector

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

Name of designated centre:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	20 June 2019
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0024414

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 three residents availing of the services of the centre and there was one vacancy. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 June 2019	10:00hrs to 17:25hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with three residents and spent time observing care and support being delivered by staff members. Overall, residents appeared very satisfied with the care and support they were in receipt of and experienced a good quality of life while availing of the services of the centre. Staff members spoke of residents in a very person centred manner and were observed to treat residents with kindness and respect in their interactions.

Capacity and capability

Overall, the inspector found that the services provided by this centre were of a high standard. There were effective governance arrangements in place and clear lines of accountability. The inspector met with a flexible and responsive staff team who were committed to providing care and support to residents which was safe and effective. There were very high levels of compliance identified through this inspection and the inspector found that as a result of the strong governance and oversight arrangements, the registered provider had a clear direction on how to continue to improve the service being provided and to sustain future achievements in this area.

The inspector reviewed the centre's staffing arrangements and found that there were sufficient numbers of staff with the necessary experience deployed in the centre to ensure residents' needs were met. A community nurse was found to support the social care model in place in the centre by providing inputs on a regular basis. A review of staff duty rosters found that 'actual' and 'planned' rosters were not maintained as required by the regulations. The inspector reviewed a sample of four staff files and found that there were a number of gaps in the documentation required.

Staff training records were reviewed by the inspector and it was found that all staff had completed all 17 areas of mandatory and refresher training as outlined by the person in charge and director of operations. A review of supervision arrangements found that there were appropriate systems in place for both the formal and informal supervision of staff members. In addition, a recently revised supervision policy was reviewed by the inspector and it was found to be operational in the centre as staff were in receipt of regular one-to-one meetings by either the person in charge or a deputy manager.

The inspector reviewed the governance and management arrangements of the centre and found that it was well managed with a range of systems in place to

ensure positive outcomes for residents. There was a person in charge managing the centre and they were supported by two deputy managers. Annual reviews and six monthly unannounced visits to the centre had been completed as required. There were a suite of systems and mechanisms employed to review and continually develop the services provided in the centre.

A review of a sample of incident and accident records was completed by the inspector and it was found that notifications had appropriately been made to the Office of the Chief Inspector (OCI) as required by the regulations. In addition, the inspector found that the management team in place in the centre were very aware of their responsibilities regarding notifications as outlined in legislation, regulations and national policies.

The inspector found that there were effective arrangements in place for addressing and resolving issues and complaints raised by residents and their representatives. A complaints log was maintained in the centre and was reviewed by the inspector. All complaints had been responded to in an appropriate time frame and had been investigated by the person in charge and director of operations. There was information regarding independent advocacy services displayed on notice boards along with easy read complaints procedures and pictures of complaints officers. The inspector observed that residents and their families were supported and encouraged to raise concerns through the complaints process by the staff team.

Regulation 15: Staffing

'Actual' and 'planned' staff duty rosters were not maintained in the centre as required by the regulation. Of a sample of four staff files which were reviewed by the inspector, it was found that in all four cases that there were gaps in the documentation which is required to be maintained. In three cases there was an absence of a full employment history of the staff members, while in the case of one file there was only one reference which was signed by the referee.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that there were appropriate arrangements and systems in place in the centre for the formal and informal supervision of staff members.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management structures in place in the centre which ensured that the services being provided were safe, appropriate to residents' needs, consistent, and appropriately monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident and accident records for 2019 and found that notification had appropriately been made to the OCI in all cases.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that complaints were well managed in the centre led to changes where required.

Judgment: Compliant

Quality and safety

The general welfare and development of residents was reviewed by the inspector and, overall, it was found that residents were being supported to live good quality lives. There were opportunities to participate in activities and to engage in some meaningful roles in accordance with the wishes, needs and levels of disability of residents.

A full walk through of the premises of the centre was completed by the inspector in the company of the deputy manager. Overall, the centre was clean and well maintained throughout. There was a plan recently approved for further enhancement of certain areas of the centre which included bathrooms and the garden space. Residents had their own bedrooms and there was adequate social and private space in the centre which promoted dignity and privacy.

The inspector reviewed the arrangements in place for the management of risk in the

centre. There was a risk register in place and it was found to have assessed all presenting risks in the centre. There was appropriate oversight of all incidents and accidents which had occurred and satisfactory responses and follow up actions were recorded in all documentation which was sampled.

Appropriate measures were found to have been taken by the registered provider regarding fire precautions in the centre. There was a fire alarm and detection system in place and emergency lighting had been fitted to required areas. All staff had completed fire safety training and fire drills were completed on a regular basis and included the participation of residents. The fire alarm and detection system and the emergency lighting were found to have been serviced by appropriate personnel on a regular basis. There were fire doors fitted throughout the centre and self-closing mechanisms had been fitted to doors which required them.

The inspector found that appropriate supports were in place to support residents with behaviours of distress. Residents who required positive behavioural support plans had these in place and they were found to provide clear direction to staff members on how residents should be supported in a proactive and reactive manner. While there were a number of restrictive practices in place in the centre, the inspector found that all restrictions had been identified by the registered provider and were listed on a centralised restrictive practice log. All restrictions were subject to regular reviews and were applied in line with national policy on this matter.

A review of incident and accident records maintained in the centre found that there were a number of occasions in the previous 12 months where residents experienced interactions of a safeguarding nature. These were found to have been appropriately addressed by the registered provider both in the short term context where additional staffing resources were put in place and in the longer term where the compatibility of residents was reviewed. Staff members and the management team were found to have satisfactory awareness of the types of abuse and the actions which were required to be taken in the event of witnessing or suspecting abuse. The inspector observed that the staff and management team placed a strong focus on promoting the protection of residents and ensuring their safety.

Regulation 13: General welfare and development

The inspector found that residents were supported to live good quality lives and in line with their expressed wishes and wants were encouraged to partake in activities in their local community.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre were found to have been designed and laid out to meet the aims and objectives of the service and the numbers and needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were a range of fire precautions implemented in the centre in line with requirements outlined in the regulations and national policies.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the staff team had up to date knowledge and skills to respond to behaviours of distress and to support residents to manage their behaviours.

Judgment: Compliant

Regulation 8: Protection

Appropriate responses and follow up actions were taken in response to incidents of a safeguarding nature and both the staff and management team demonstrated a clear understanding of their roles in adult protection.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview OSV-0003392

Inspection ID: MON-0024414

Date of inspection: 20/06/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will ensure that planned and actual rosters are maintained for the Centre in line with Regulation 15</p> <p>PIC will conduct regular checks on staff files to ensure all are in compliance with Regulation</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/07/2019
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	31/07/2019