



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

Name of designated centre:	Ox View Community Houses
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	05 November 2018
Centre ID:	OSV-0004431
Fieldwork ID:	MON-0024483

About the designated centre

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

Ox view community houses can support 13 male and female residents aged over 18 years with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high, which may include co-morbidity. This service is a combination of residential and respite care. Respite care is provided on the basis of planned, recurrent short stay placements.

This centre comprises three houses in residential settings on the outskirts of a city. Most of the houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents are supported by staff teams which include the person in charge, nurses and care assistants. Staff are based in the centre whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Current registration end date:	12/02/2021
Number of residents on the date of inspection:	11

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
05 November 2018	10:30hrs to 14:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector did not meet with any residents during this inspection; however, a review of house meetings showed that they were regularly consulted regarding the running of the centre and were supported to attend events in their local community on a regular basis. In addition, they were consulted in regards to the annual review of the service provided and when new admissions were being considered to the service.

Capacity and capability

Overall, the inspector found that the centre had continued to improve the governance and leadership arrangements in the centre, this meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided. Furthermore, the provider had taken measures to reduce the number of houses and residents in the centre, which, also ensured that the oversight and quality of this service was improved.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs. The inspector found that all actions required from the previous inspection had been completed, this included de-congregating the centre from five houses to three. These plans were being actively managed which had resulted in a number of residents moving from this centre, since the last inspection. This resulted in a better quality of service and improved management oversight.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessed needs. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. Staff were also provided with regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider had ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were

carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a timely manner.

Registration Regulation 8 (1)

The provider has submitted an application to vary conditions of the registration of this centre by reducing the overall size of the designated centre. The inspector found that this application met the requirements of this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time, suitably qualified and experienced. The person in charge was actively involved in the management of the centre and ensured that care and support provided meet residents' assessed needs as well as regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured they were equipped with the appropriate skills and knowledge to support residents' needs and that care and support practices, in the centre, were in -line with current health and social care developments.

Judgment: Compliant

Regulation 23: Governance and management

Good governance, management and oversight arrangements ensured that all practices were subject to regular monitoring to ensure their effectiveness and of a good quality. Management arrangements ensured that appropriate resources were available at the centre to support residents with their assessed needs, kept them safe from harm and supported residents to achieve their personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements listed charges that may be required of all residents, for the service provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the service the centre intended to provide and the services which would be implemented.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had arrangements in place to ensure that notifiable events under regulations were submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had arrangements in place to ensure that all complaints were recorded and investigated

in-line with the organisational policy.

Judgment: Compliant

Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and staff working in the centre demonstrated the commitment to improving the residents quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that they were supported by a multi-disciplinary approach. Comprehensive behaviour support plans to guide staff interventions and to support the reduction of these behaviours had been developed by qualified behavioural specialists and were being reviewed regularly to ensure they were being implemented and these interventions were effective.

Residents were protected from harm at the centre, with arrangements in place to effectively manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs, interests and personal goals. The provider ensured that support was provided in-line with residents' personal plans. This also promoted their independence at the centre and accessing their local community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. The centre was comfortably furnished and decorated. The house in the centre, was well maintained both internally and externally.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were suitable arrangements in place to support any resident who transitioned to or from the centre. There was an up-to-date policy to guide practice. A recent transition plan for a resident was based on transparent criteria, was person centred, well planned, and contained a range of relevant information to support the resident during the transition. The person in charge was mindful of compatibility in the transition process.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures for promoting the health and safety of residents, staff and others. The person in charge maintained a comprehensive register of risks. There were arrangements for the identification, reporting and review of accidents and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had addressed issues from the previous inspection. There was a policy and procedure in place to guide staff in their practice and all staff were trained as required by regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems in place including arrangements for safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had medication management policies and procedures in place that complied with legislative and regulatory requirements. Staff adhered to the procedures for the safe administration of medication; medication was administered as prescribed. Records were kept to account for the management of medicines including their administration.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of understanding and a positive evidence based approach to the management of behaviours of concern. Behaviour support plans were in place and were reviewed as scheduled. Access to relevant multidisciplinary support was recorded and actions completed as specified in personal plans.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had measures to protect residents from harm and abuse and took appropriate action in response to any concerns raised.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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 25: Temporary absence, transition and discharge of residents	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant