

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Hillview
Centre ID:	OSV-0005496
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kerry Parents and Friends Association
Provider Nominee:	Maura Crowley
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 September 2016 09:00 To: 13 September 2016 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the first inspection of this centre by the Health Information and Quality Authority (HIQA) and was carried out to inform the decision to register the centre. The centre was not operational at the time of this inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspection was facilitated by the acting assistant director of services who was also the person participating in the management of the service, (the PPIM) and the recently

appointed deputy person in charge. The inspector also met with the chief executive officer of the organisation who provided clarity on other matters arising.

The inspector met with the four residents for whom this house had been sourced; staff brought residents to the house from their local day service to meet with the inspector. Some of the residents were able to express very well their views of the service and facilities. Others expressed their views non-verbally, in the manner in which they reacted to the inspector, to staff, how they interacted with other residents and their general demeanour.

Residents had a good understanding of the role of the inspector and the inspection. The only concern articulated by residents was the fact that due to unanticipated events they have had to move house on three occasions; residents were clearly anxious to know when they could move in to this house, the house that they clearly saw as their home and described as their "home for ever". Residents said that they were treated well by staff in each of the houses that they lived in and while they adjusted to life in each new location they did not see these other houses as home. Residents said that their current location impacted on them as they had to travel for over an hour each way to get to their day service. One resident asked the inspector to put this in the report.

Description of the service:

This was a new centre that had been sourced by the provider for this particular group of residents. The premises was of relatively recent construction and had been refurbished and redecorated to a high standard. The provider planned to provide residential services for four male residents.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall judgment of our findings:

Overall the inspector was satisfied that the provider and staff were committed to providing residents with a home that was suited to their needs and preferences. A significant amount of work had been completed by the provider to ensure that there were no obstacles to a decision to register the centre thereby promoting the residents request for a "home forever".

While the centre was not operational there was evidence of compliance where this was possible to evidence; otherwise there were systems and procedures that should ensure compliance once the centre was operational.

Improvement was required in hazard identification and risk assessment and in the planning and achievement of resident's personal goals and objectives.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Residents had access to an advocacy support group in the day service and to an independent advocate who met with residents as required in the day service.

There were policies and procedures in place for the receipt and management of complaints; as the centre was not operational there was no record of complaints to be seen. Staff said that residents had made no complaints in relation to the requirement to move them between centres until this house was complete. Staff said that they attributed this to the provision of regular information to residents and providing them with answers to their queries. Residents confirmed that while they were not happy with their situation they had not made any complaint because they knew that staff were "doing their best" for them and that the matter would be resolved.

Staff knew the religious preferences of residents and said that these were facilitated if and when the residents choose to do so.

Residents were registered to vote and were facilitated by staff to exercise their vote.

The inspector saw that residents were comfortable with staff and eagerly came and went with them. Residents had been informed of the inspection and the role of the inspector; residents told the inspector that staff told them to "always speak my mind".

Residents meetings were held on a weekly basis. There was evidence that residents engaged with and participated in this process and where it was evident that actions were required, the action taken by staff was recorded.

Residents confirmed that they were consulted with and participated in the preparation of this new house, this included shopping with staff for household and personal items. It was evident that residents took pride in the house and the standard to which it had been decorated and furnished with their assistance.

There were policies and procedures in place for supporting residents in the management of their finances. The inspector saw that staff maintained itemised records of all transactions and receipts of all expenditures. Residents confirmed that staff supported them to manage and have control over their monies such as saving to purchase a particular item.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that staff assessed each resident's communication ability and based on that assessment supported residents to communicate effectively. Assessment of need incorporated and respected comprehension as well as verbal ability.

As appropriate to their assessed needs the inspector saw that residents had access to and utilised assistive technology including a picture exchange communication app. Staff were clear and it was outlined in the support plan that the app was a tool to support social interaction and communication but did not replace the promotion of existing verbal ability.

Residents told the inspector that they were looking forward to having televisions in their own bedrooms; residents were seen to have access to mobile phones.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that positive relationships between residents and their families were promoted and supported by staff. Residents continued to enjoy regular structured home leave. Staff confirmed that there were no unreasonable restrictions on visits.

There was evidence that families as appropriate were invited to and did attend reviews of personal plans.

Staff described the local community as inclusive. Residents confirmed that they were supported by staff to participate in local community groups and to source part-time employment with local businesses.

Residents told the inspector that they had developed friendships with peers in the house that they were currently living in. Residents expressed a clear desire to maintain these friendships and this was seen to be explicitly recorded as a personal goal for the resident.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures governing admission to and transfer and discharge from the centre. There was an identified group of residents for admission to the centre once it was registered. These residents had an established history of service provision

with the provider and of living amicably together. Residents told the inspector that they liked living together.

Residents were provided with a contract for the provision of care, support and services. The contract was seen to set out the service provided, any applicable fees and services that may be availed of but which were not included in the basic fee. Where the charges for such services were known, these were itemised.

The inspector did however advise that the clarity of the contract would have been enhanced by one minor formatting change in relation to the applicable charge.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Each resident had two files, their main "care plan file" and the "daily file"; the latter file accompanied the resident to the day support service to ensure continuity of supports and the recording by staff of any changes and interventions.

The care/support plans were detailed, personalised and reflected residents, their needs and supports as described by staff. There was evidence that resident's representatives as appropriate were invited to the review of and inputted into the plan. The accessibility of the plan to the resident was enhanced by the use of pictorial and photographic cues and plain English.

There was evidence that residents had multi-disciplinary support and that the relevant multi-disciplinary team personnel were invited to the review of the care plan.

There was evidence that the plan was updated as needs changed or new needs were identified, for example a recently diagnosed medical condition.

There was documentary evidence that each resident had an annual review of their healthcare needs. However, there was no evidence of the comprehensive and collective assessment of each resident's personal, social and health care needs as frequently as required but no less frequently than on an annual basis. Baseline assessments were seen but those seen were dated 2012 and 2014.

The plan incorporated the process for establishing and agreeing resident's personal goals and objectives. However, given the observed ability of some residents the goal's set were sparse. Some goals had no recorded actions taken by staff to support achievement. Some goals were once off actions and it was unclear how they supported the resident's ongoing personal development and maximising their potential. There was no clear link between the activities that residents engaged in and said that they enjoyed and the person centred planning process as seen in the personal plans.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The premises was suited to its stated purpose and function.

The premises was a domestic type building on a spacious site in a rural but populated location.

The premises had been refurbished and redecorated to a high standard in preparation for the occupation of residents. Residents confirmed that they were consulted with and participated in the choosing of furniture and fittings. The inspector saw that residents took pride in the house.

Each resident was to be provided with their own bedroom. Bedrooms were seen to offer sufficient space including space for personal storage.

One bedroom had en-suite sanitary facilities comprised of a shower, toilet and wash-hand basin. There was a main bathroom situated in close proximity to the remaining three bedrooms; the bathroom was spacious and comfortably accommodated a floor-

level bath, a separate shower, a toilet and a wash-hand basin.

The kitchen was appropriately equipped and also offered sufficient dining space for the number of residents to be accommodated.

There was a separate utility area with facilities for the completion of laundry.

Located off the dining area was the main communal room; this was a comfortable and homely room that offered sufficient space for the number of residents to be accommodated.

The house did have further communal space but this was converted for use by staff as an office and sleepover room. The provider does have plans for the further development of the property at first floor level further to which additional communal space will be available to residents.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector saw an up-to-date safety statement and a risk management policy; the latter informed the identification of hazards, the assessment and management of risk and the management of any accidents, incidents and adverse events.

The person in charge confirmed that the process of risk identification and management was moving to an electronic format. The inspector reviewed the electronic risk register; this included some generic risk assessments and the risks as specifically required by Regulation 26 (1) (c). Resident specific risk assessments were in hard copy format and were incorporated into the personal/support plan.

However, the risk register did not extend to the identification and assessment of risks throughout the designated centre. For example bedroom doors had locks with keys and this had not been risk assessed to ensure that while residents had privacy, staff could enter the room in defined situations if necessary. The bath was not equipped with assistive equipment such as a grab-rail, yet a risk assessment seen concluded that a resident was at risk of falling when getting in or out of the bath. Fastenings on final exits were manual key locks. These had not been risk assessed so as to strike a balance

between fire safety requirements and any identified risks in relation to resident safety, in particular any risk of absconding.

The provider had undertaken fire safety works. The inspector saw that the centre was serviced by an automated L1 fire detection system, emergency lighting, fire doors and fire fighting equipment. Certificates and documentary confirmation from a competent person were provided to HIQA confirming that all works had been completed to the required legislative standard including Regulation 28 Fire Precautions.

Fire action notices and a diagrammatic evacuation plan were prominently displayed.

Training records indicated that all staff had attended fire safety training in December 2015 and December 2016. Personal emergency evacuation plans (PEEPS) were in place for each resident as was a plan to review these once it was possible to undertake a simulated fire drill in the house with residents. There was documentary evidence that residents participated in fire drills in their current location. There was an emergency evacuation plan that included the provision of alternative accommodation for residents if required.

Wash-hand basins were seen to be supplied with soap dispensers and disposable towels; covered and pedal operated bins for discarded towels were in place. Staff were seen as appropriate to have access to specialist infection prevention and control advice. Residents were seen to have certificates for the completion of hand-hygiene education.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to protect residents from harm and abuse; these included organisational and national policies and procedures, designated persons, risk assessments and staff training.

Staff said that there had been no incident of alleged, suspected or reported abuse in relation to these residents. Staff said that resident's capacity for self-protection was supported through regular discussion with them and the provision of relevant policies in an accessible format. The contact details of the designated person and the national confidential recipient were prominently displayed.

There was evidence that the provider did act and did take measures to protect residents when there was alleged breaches in the standard of care to be provided to residents.

The PPIM confirmed that safeguarding policy and training for staff reflected and incorporated nationally agreed policy.

Residents named each individual staff member involved in their care and support and told the inspector that they were "good staff". Residents said that they would tell if "something wrong" happened.

Training records indicated that all staff had attended both safeguarding training and training on the response to behaviours that challenged. The reported incidence and impact of such behaviours was low and residents told the inspector that they were "all friends" and had good relationships with each other.

The inspector saw that support plans were in place for behaviours that may have the potential to challenge others. Residents also had access to support from psychology and psychiatry as appropriate. Staff were seen to be attuned to triggers for behaviours and implemented strategies outlined in the plan.

There were no reported and no evident restrictive practices.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The centre was not operational. The person in charge had sound knowledge of her responsibility to submit notifications to the Chief Inspector, what these notifications were and the timeframe within which they had to be submitted as prescribed by Regulation 31.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that residents engaged in developmental and social activities both within and outside of the organisation. Each resident attended the day service Monday to Friday. Programmes were delivered on an individual basis based on choice, skill and ability. In the day service residents engaged in activities including gardening, arts and crafts, special Olympics, life skills, social training and computer skills. Residents were also reported to have access to a multi-sensory room in the day service.

On meeting with residents the inspector found residents to be engaged and informed, residents had a strong sense of self and a good appreciation of social norms. Residents told the inspector that they were facilitated to work part-time in the local community and looked forward to the weekly social evening in the local "youth cafe". Residents said that they enjoyed trips to the beach, social outings with staff and visiting their peers.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Staff said that while some residents would recognise that they were unwell and would tell staff this, all residents required staff support and assistance to maintain their health and well-being.

Residents attended their general practitioner (GP) of choice and this would not change once the centre was operational.

Staff said and records seen indicated that staff supported residents to see their GP as necessary; residents also had an annual medical review.

There was further documentary evidence that as necessary residents had access to other healthcare services including physiotherapy, dental care, psychiatry, psychology and neurology. Nursing input was available from within the service and from the community.

There was evidence that on a regular basis, residents' vital signs (temperature, pulse and blood pressure) and body weight were monitored by staff; there was evidence of regular blood-profiling and the administration of seasonal influenza vaccination. Where an intervention was declined there was evidence that this was discussed with the GP and respected.

The inspector saw that support plans reflected the findings and recommendations of healthcare reviews.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to guide the management of medicines.

The PPIM told the inspector that staff only administered medicines to residents after the successful completion of training; the training included the administration of medicines prescribed to be used in emergency situations. Training records seen indicated that staff employed had attended training in 2015 and 2016.

Medicines were supplied to residents by a community pharmacy in a medicines compliance aid. On supply medicines were checked centrally by nursing staff prior to delivery to each centre.

Facilities were in place for the secure storage of medicines once the centre was operational. A refrigerator specifically for medicines was also in place.

All of the four residents were on prescribed medicines. Prescription records were current and legible, the maximum daily dosage of medicines prescribed on a p.r.n basis (as required) was stated; discontinued medicines were signed as dated as such.

Residents had medicines administration protocols for the administration of medicines in emergency situations; the instruction of these protocols concurred with the instructions of the prescription.

Staff maintained a record of medicines administered; records seen reflected the instructions of the prescription. Staff signed for each individual medicine that they administered; the PPIM told the inspector that core to the training programme was staff accountability and responsibility to administer the right medicine to the right resident.

Systems were in place for medicines related incidents. The PPIM said that these were monitored to establish any patterns and possible remedial actions including staff re-training and supervision.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose contained all of the information required by Schedule 1 and was an accurate reflection of the services and supports to be provided.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a clear management structure in place. Frontline staff reported to the person in charge who in turn reported to the acting assistant director of services who was also the nominated person participating in the management of the centre (PPIM), the PPIM reported to the director of services who was the provider nominee.

The provider on discussion was aware of its responsibility to ensure that there was a governance structure in place that ensured the consistent delivery of safe quality services to residents. Organisational changes had taken place to enhance this and those reported included the appointment of a dedicated assistant director of services for residential services, the proposed appointment of a human resources manager, a review of and an increase in the protected time allocated to persons in charge and the inclusion of persons in charge in the monthly senior management meetings.

The person in charge was on leave and the provider had appointed a person in charge for the duration of that leave. That person worked full-time and held relevant qualifications in social care including a recently completed master's degree. The person in charge said that education completed by her had included the requirements of the regulations and standards. On speaking with her the person in charge had sound knowledge of the legislation and of her role and regulatory responsibilities.

The person in charge worked 15 hours per week as frontline staff and the remaining 24 hours on person in charge administration duties; she was however clear that she was at all times the person in charge. Once this centre was operational the person in charge had responsibility for two designated centres. The person in charge said that she based herself in each house for a day each week and was confident that she had capacity within her current working arrangements to ensure the effective governance, operational management and administration of each centre. The person in charge said that she had good practical support and access to the provider to discuss if necessary any challenges or obstacles to her undertaking her role effectively.

The person in charge confirmed that she had completed one month's induction in preparation for the role of person in charge. Both the person in charge and the PPIM reported accessible and supportive working relationships and were in daily contact if

necessary.

The PPIM had ready knowledge of centres under her remit and of residents and their requirements. Residents were clearly familiar and comfortable with both the person in charge and the PPIM.

The centre was not operational but the PPIM confirmed that it was planned to undertake an unannounced visit to the centre in a timely manner as required by Regulation 23 (2) (a) and (b).

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider was clear on its responsibilities. The provider had notified the Chief Inspector as required of expected absence and had put suitable arrangements in place for the management of the centre in the absence of the person in charge. The PPIM also confirmed that during routine absences she would assume responsibility for the management of the centre.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Based on these inspection findings there was evidence that the centre was effectively resourced. The accommodation secured for residents was of a high standard, required works for their safety including fire safety upgrading works had been completed. The acting assistant director of resources confirmed for the inspector that sufficient resources were available to ensure the delivery of adequate care and support to residents.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The centre was not operational but there was an identified workforce that was currently supporting the residents and that would transfer to the centre with the residents.

Frontline staff compiled the staff rota which was then reviewed by both the person in charge and central administration.

Three of the residents were reported to enjoy a good level of independence in their daily activities but did need supervision, prompting and some support from staff. All of the residents attended day services Monday to Friday from 09:00hrs to 16:00hrs. When residents were in the house there was on staff on duty to support them; the night staffing arrangement was one sleepover staff. The inspector met and spoke with the person in charge, the PPIM, the chief executive and with residents and there was no evidence that these staff numbers and arrangements were not suited to the assessed needs of the residents.

Staff files were available for the purpose of inspection. The sample reviewed was well presented and contained all of the documents required by Schedule 2.

Training records indicated that the provider supported staff ongoing professional development and ensured that staff were facilitated to acquire the knowledge and skills needed to support residents. Staff files contained evidence of core relevant qualifications

in social care. Training records indicated that all staff mandatory training requirements in safeguarding, fire safety, manual handling and behaviours that challenged were met. Additional training completed by staff included first aid, infection prevention and control, food safety, diet and nutrition, supporting residents with impaired swallow and the management of seizure activity.

The person in charge confirmed that there was a formal process of staff supervision. The person in charge had completed training on the completion of staff supervision.

The regulations and standards were seen to be available to staff.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place and/or would be in place once the centre was operational.

There was documentary evidence that the provider had appropriate insurance in place.

The provider had reviewed and updated many of its policies and procedures and the most recent version of policies was the version in use and available for inspection.

However, the residents guide required review and amendment in line with the statement of purpose to ensure that the document was an accurate description of the centre.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hillview
Centre ID:	OSV-0005496
Date of Inspection:	13 September 2016
Date of response:	21 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no evidence of the comprehensive and collective assessment of each resident's personal, social and health care needs as frequently as required but no less frequently than on an annual basis.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:

A Guidance document has been developed and circulated to staff to ensure that the holistic comprehensive assessments as required by the regulations are completed on at least an annual basis or more frequently as required.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Given the observed ability of some residents the goal's set were sparse. Some goals had no recorded actions taken by staff to support achievement. There was no clear link between the activities that residents engaged in and said that they enjoyed and the person centred planning process as seen in the personal plans.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

As part of the comprehensive review, the assessments will inform the personal plans setting out realistic and achievable goals which will be monitored regularly by the key-worker for each of the residents.

Proposed Timescale: 30/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk register did not extend to the identification and assessment of risks throughout the designated centre.

3. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

centre.

Please state the actions you have taken or are planning to take:

The risk register has been updated to include the identified risks that were highlighted on inspection.

The risk of carbon monoxide poisoning due the internal boiler has been assessed with controls included.

There are two risks included in relation to the final exits from the house, one to establish the risk of injury due to the type of current locks that are on the final exit doors which is currently rated at amber 8 and also a risk assessment to establish the risks associated with thumb locks being in place on final exit doors, this is rated at green 3. Both risk assessments take into consideration safety risks for the residents and fire safety.

As a result of the risk assessment apply thumb locks have been fitted to the final exit doors.

A risk assessment was completed for staff access to resident bedrooms in case of an emergency and thumb locks have been fitted to allow access in an emergency.

Grab rails have been fitted in the communal bathroom and shower areas.

Proposed Timescale: 19/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The residents guide required review and amendment as it did not accurately reflect the services to be provided.

4. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

Please state the actions you have taken or are planning to take:

The residents guide has been updated to accurately reflect the services provided.

Proposed Timescale: 19/09/2016