



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

## Issued by the Chief Inspector

Name of designated centre:	Church View
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0040298

## About the designated centre

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

Church View is a designated centre that provides 24-hour residential nursing and healthcare support to adults with intellectual disabilities. The bungalow is located in a small town in Co. Westmeath. Residents have access to local amenities such as shops and cafes. The house comprises five bedrooms, one main bathroom, one shower and toilet, a sitting room, kitchen, and sunroom.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
--	---

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 (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
Thursday 22 June 2023	19:00hrs to 22:30hrs	Eoin O'Byrne	Lead
Thursday 22 June 2023	19:00hrs to 22:30hrs	Florence Farrelly	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed in the evening time. On arrival at the residents' home, the inspectors observed some residents relaxing, listening to music, or watching TV in the sitting rooms. Others were relaxing in their bedrooms, preparing for their nighttime routines.

The inspectors had the opportunity to interact with three of the five residents. One of the residents sat with inspectors and chatted throughout the evening. The resident spoke about their plans for the following day and the steps they would like to achieve. The resident, with the support of a staff member, also discussed their person-centred plan with an inspector. The resident was the leading voice in the plan's development and, throughout the evening, spoke to inspectors about their plans for the future.

Inspectors chatted with another resident at different periods throughout the evening. The resident came in and out to observe the inspectors sitting at the kitchen table and sometimes sat with them. The resident used limited verbal communication. However, the staff team were observed to be aware of the resident's communication style and responded to their requests promptly. Inspectors also observed that communication support had been devised to aid staff in responding to the resident's requests.

The third resident said hello to the inspectors but engaged in their preferred activities. The resident asked staff members why inspectors were in their home, and staff members explained the reasoning for the inspector's presence.

Throughout the evening, inspectors observed a relaxed atmosphere in the residents' home. Residents appeared at ease in their environment and interactions with those supporting them. Inspectors also observed the resident's home to be clean and in good repair.

Three staff members were on day duty, catering to the residents' needs. There was a changeover of staff members at eight pm, with two staff coming on shift to support residents through the night. The inspectors observed warm and friendly interactions between the residents and those supporting them throughout the inspection..

The staff members demonstrated that they had well-established relationships with the residents and detailed knowledge of their social and health care needs. For example, inspectors observed staff members follow support plans that had been recently updated.

Staff members also discussed the changing needs of some residents with inspectors. The review of records also demonstrated that steps had been taken to respond to these changes, with increased Multidisciplinary Team (MDT) support being sourced

for residents.

An appraisal of a sample of residents' records established that systems had been developed to review and respond to the needs of residents. The health needs of residents were under close review, and their social needs were catered to, through the development of their personal centre plans and the establishment of goals they would like to achieve.

In summary, inspectors observed the staff members respond to residents in a respectful and caring manner. They observed residents appear comfortable and found systems in place to respond to the residents' needs.

The following 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 the quality and safety of the service being delivered.

## Capacity and capability

This was the second inspection completed in the service this year. The first inspection was completed on 11.05.23. The inspection in May was a risk inspection and focused on a reduced number of regulations. Four regulations were reviewed during that inspection, and all were found to be non-compliant with significant safeguarding concerns being identified during the inspection.

Following the review of the inspection findings, the provider was instructed to submit an urgent action plan providing specific assurances regarding the safeguarding concerns and how the provider would ensure the safety of all residents. The inspector also sought assurances on how the provider would ensure that all staff members supporting residents were appropriately supervised and trained and could meet the needs of the residents under their care in the centre.

The provider responded appropriately, outlining the immediate actions and the plan they had devised to address the concerns identified during the inspection. The provider also submitted a compliance plan to the report; the compliance plan contained further detail on how they planned to respond to the identified issues.

This inspection focused on ensuring that the residents were safe and their needs were met by those supporting them. The inspection also concentrated on ensuring that the provider had taken steps to improve the service as they had stated they would.

As noted above, the inspectors found the residents to appear happy in their home, and that support had been developed to meet their needs. Furthermore, it was found that the provider responded to the concerns outlined in the urgent action plan

and the previous inspection's compliance plan.

The inspection found management systems which were ensuring that the service provided to residents was safe, appropriate to the resident's needs and effectively monitored. It was also found that enhancements had been made regarding supporting, developing and performance management of the staff team supporting the residents. Since the previous inspection, individual meetings have been held with staff members, and training sessions were completed with the staff team. The impact of this will be discussed in more detail later in the report.

Regarding the staff team, the provider ensured that safe staffing levels were maintained. A review of the staff team was carried out following the previous inspection to ensure that the skill mix of staff was suitable to meet the needs of the residents. As stated earlier, staff members were observed to interact with and care for residents in a respectful and caring manner throughout the evening.

An inspector spoke with staff members regarding the service. Staff members informed the inspector of positive measures and changes introduced following the previous inspection. Staff members spoke of changes to handover practices and also about the training provided to them and the positive impact it had.

An inspector reviewed training records that demonstrated that staff members had been provided with the required training and that recent service-specific training had also been provided to the team.

An area that did require some improvements was the provider's management of complaints. Residents were aware of their right to make a complaint and submitted some regarding noise levels in their home. However, not all complaints were being dated when received, and some improvements were required regarding documenting the outcomes of the complaints.

After reviewing the governance and management arrangements, the inspectors were satisfied that improvements had been achieved since the previous inspection. There was increased oversight of the service provided to residents. The staff team received additional training and support, and this led to positive outcomes for the residents and enhanced the service provided to them.

## Regulation 15: Staffing

One of the inspector assessed the staffing arrangements in place and found that safe staffing levels were maintained and that the number and skill mix of the staff team were appropriate in meeting the needs of the residents.

The review of the rosters also found that there had been an increase in staffing hours at the weekend. An additional staff member was rostered on weekends from ten to six pm to support residents in engaging in activities outside of their home.

Judgment: Compliant

### Regulation 16: Training and staff development

Following the previous inspection, the provider identified that, enhancements were required to the training staff members had received. For example, staff members completed classroom training on a human rights-based approach to supporting residents. There was evidence of staff members implementing the learning from this training during daily handovers. Staff members explained that they review the FREDA principles daily as part of the handover.

Training regarding promoting a positive culture was provided to the staff team. Furthermore, members of the staff team formed part of a practice development group that met monthly, which was also focused on creating and maintaining a positive culture.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that there was a clearly defined management structure. Following the previous inspection, a provider's senior management member had been on site supporting the person in charge of their duties. The provider responded to the concerns from the previous inspection, providing enhanced training to the staff team focusing on meeting residents' needs and promoting a positive culture for staff members to work in.

As stated above, the increased oversight and adaptations to staff training led to positive outcomes for the residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider needed to improve their management of complaints. As noted above, residents had raised complaints however, the date the complaints had been received was not always captured, nor was the complainants' satisfaction with the outcome recorded.

Judgment: Substantially compliant

## Quality and safety

As mentioned earlier, this inspection found that improvements had been made regarding the service provided to the residents. The inspectors found that residents' health and social care needs had been assessed. The residents received person-centred care, and individualised supports were developed for them. These were under regular review and reflected the changing needs of residents.

An inspector reviewed the behaviour supports for a sample of residents. It was found that the presentation of residents was under close review. Behaviour support plans had been developed specifically for the resident's needs.

The plans had been developed by members of the provider's MDT and the staff team. The plans were focused on supporting the staff team to firstly understand the resident's behaviour, secondly to respond to the behaviours and thirdly on how to help the resident following an incident. As mentioned earlier, inspectors observed staff members implementing aspects of a support plan with a resident. The practice had been introduced to reduce the resident's anxiety, and an inspector observed its effectiveness in doing so.

As mentioned earlier, the inspectors observed the staff team interacting with and respectfully communicating with residents. The staff members were also aware of the residents' communication methods and how to communicate with residents in their preferred manner. The inspector observed that communication information sheets had been developed for some residents to support staff when interacting with them.

The provider and person in charge have demonstrated that the systems to respond to safeguarding concerns are effective. When required, the provider had completed investigations into allegations and had also completed the necessary notifications regarding this.

The staff team have been provided with training regarding safeguarding vulnerable adults, and further face-to-face training was scheduled for the coming weeks.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Individual risk assessments were developed that were specific to each resident and outlined how to maintain each resident's safety.

## Regulation 10: Communication

Residents were assisted and supported in communicating their needs and wishes. The person in charge also ensured the staff team was aware of any particular or individual communication support required by each resident as outlined in their care and support plans.

Judgment: Compliant

## Regulation 17: Premises

Inspectors found that the residents' home was clean and well-maintained. The premises had also been adapted to suit the needs of the residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on infection prevention and control and were observed to follow standard-based precautions throughout the inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents under day and night scenarios.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Inspectors reviewed a sample of residents' information. It was found that comprehensive assessments of the resident's social and healthcare needs had been completed. Care and support plans had been developed following the evaluations, and there was clear guidance for staff on how to support the residents to maximise their personal development per their wishes.

Person-centred planning meetings had been held, and there was also evidence of further discussions to support residents in achieving their goals.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were under review. Care plans had been devised which tracked their changing needs and gave detailed information on how best to support them.

Residents also had access to appropriate healthcare services to maintain and improve their health status.

Judgment: Compliant

## Regulation 7: Positive behavioural support

An appraisal of a sample of residents' records found adequate positive behaviour support systems. Residents had access to allied healthcare professionals when required, and there was evidence of the provider's MDT developing support plans for

residents.

Staff members knew the plans and explained recent changes to the inspectors and the impact the changes were having. Staff members also showed the inspector the methods for tracking behaviours and how the information was shared with the provider's MDT.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that the safeguarding and protection arrangements were appropriate. Staff members had received adequate training in the area. If required, the person in charge had completed investigations into incidents or allegations. Safeguarding plans had also been drawn up when needed.

As stated earlier, further classroom-based training was scheduled for the staff team in safeguarding. Per the compliance plan, the provider had taken steps to enhance the staff team's knowledge of safeguarding and their role in protecting residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted. Residents where possible were supported to be the decision makers in their life, staff members were also acted as advocates for those that needed support. There was evidence of the provider and staff team seeking supports for advocacy services for residents

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Church View OSV-0002477

Inspection ID: MON-0040298

Date of inspection: 22/06/2023

## 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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints process in Churchview has been reviewed to include the appropriate and complete use of the complaints form to include all staff are aware to record the date the complaint was received and to document the complainants' satisfaction with the outcome of the issue raised. All complaints are sent to a member of the senior management team for immediate review to ensure the process is followed and tracked until complaint is closed off and outcome is recorded.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	26/06/2023