

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

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	02 May 2024
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0033599

## About the designated centre

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

Hillview is a designated centre located in a rural area of County Kildare and provides 24 hour residential support to individuals with intellectual disabilities and autism. The centre is comprised of one large detached bungalow 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 premises and a garden and driveway to the front. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Residents had access to two vehicles to support them to access their local community.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 2 May 2024	09:15hrs to 13:30hrs	Sarah Cronin	Lead
Thursday 2 May 2024	09:15hrs to 13:30hrs	Michael Keating	Support

## What residents told us and what inspectors observed

From what residents told us and what inspectors observed, this was a well managed centre in which residents were supported to engage in activities of their choosing. The inspection had positive findings, with full compliance found with regulations inspected. These are discussed in the body of the report below.

The centre is a large bungalow in a rural setting outside a town in Co. Kildare. The centre is home to four residents. The house comprises a large sitting room, an office, a pantry and utility room, a kitchen and dining area, a lounge, three bedrooms which are en suite, a fourth bedroom and two bathrooms. To the back of the house, there was a large garden which had bird feeders that residents were reported to enjoy. Inspectors found the house to be warm, clean and homely. Residents had decorated their bedrooms in line with their interests and had ample space to store their personal belongings. The lounge had a bubble tube, CDs , DVDs and arcade games. Residents had access to two vehicles in the centre.

Residents in the centre largely communicated using speech as their main form of communication in addition to nonverbal means such as body language, eye contact, facial expressions and overall presentation. Inspectors had the opportunity to meet two residents during the inspection. One resident had gone out for the day, while the other had been in hospital for a long period of time and was there at the time of the inspection.

On arrival to the house, inspectors met with two residents who were seated in the sitting room in the company of staff. They spoke about their love of cars, sport and music. One resident told inspectors that they regularly went to a local garage and hoped to do some work experience in the coming months. The second resident said hello to inspectors and went outside the house with support of staff. The resident used a rollator and was observed to go up and down the garden chatting with staff. They returned a short time later. Both of the residents told inspectors that they liked their home and who they would speak to if they had any concerns. They appeared to be content and comfortable in the presence of staff. There was a calm and relaxed atmosphere and staff were observed to respond to residents in a respectful manner.

One of the residents gave the inspectors a tour of the house. They showed them their bedroom which they had decorated in line with their interests. This included photographs of their favourite musician. Residents spoke about some of the activities they enjoyed in the centre. They enjoyed watching sport, going for long drives, going out for coffee and visiting family. Some residents had visited the Ring of Kerry the week before the inspection took place. The person in charge and staff spoke about some of the other activities which residents were now doing. Two of the residents were accessing the community more more often than they previously were which had a positive impact on them. Another resident was planning a holiday while another liked to go fishing. Residents had the opportunity to attend day

services where they wished to do so. The person in charge reported that residents enjoyed going to some events run by the day service such as parties at Halloween , Christmas , Easter and other holidays. One of the residents hoped to start attending sessions in horticulture. Residents had monthly outcomes documented in line with their personal plans. Key workers were responsible for progressing these outcomes with each resident and a monthly report was then submitted to the person in charge. For one resident, the inspector viewed a number of achievements such as going to the zoo, going on a holiday abroad, doing outreach work, doing horticulture and working on money management.

Management in the centre had completed training in human rights and used the FREDA principles of fairness, respect, equality, dignity and autonomy to prompt discussions and implementing these principles in practice at their daily handover meetings with staff. Residents had a rights booklet and were supported to talk about this and explore it in monthly key working sessions. It was evident that staff were promoting and upholding residents' rights in the centre. For example, one of the residents was working towards getting a tattoo. They were choosing the type of tattoo online , and had previously been supported to get a tattoo and to understand the process. Residents' independence was being supported and promoted in a number of ways which included building skills in money management and in doing routine chores in the house. Social stories were regularly used to promote residents' understanding of situations and appropriate actions to take. For example, a social story about being in community spaces was used with a resident prior to accessing community spaces and this was reported to be working well.

Residents in the centre were sent questionnaires prior to the inspection taking place. These questionnaires seek feedback on residents' experiences in the centre such as the physical environment, staff support, making choices and daily routines. These were completed by staff with input from residents. Both of the questionnaires indicated that residents were happy with the various aspects of the service which residents received. One resident said they liked their new bedroom and that they enjoyed living with their friends. Inspectors also reviewed family feedback which the provider had sought as part of their annual review. One family stated " I feel they get amazing support. Staff always encourage them". Another family member stated "I have always found Hillview to be very comfortable and homely. " Weekly meetings took place with residents in the house which was called a residents' forum. There was a set agenda in place for this meeting which included social events, menu planning, policies, rights and complaints.

In summary, the inspection found that residents living in this designated centre were well supported to enjoy a good quality of life which promoted their rights through using a person-centred approach to their care and support. The next two sections of the report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the care and support being delivered in the service.

## Capacity and capability

This inspection took place to inform a decision on the provider's application to renew the registration of this centre. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' assessed needs. It was evident that there was a focus in this centre on moving beyond compliance and work was ongoing on quality improvement initiatives.

There was a clear management structure in place which outlined roles and responsibilities and lines of accountability. The person in charge reported to the director of operations, who in turn reported to the chief of operations. The person in charge was over two designated centres and was supported in their role by two deputy persons in charge. There was a member of management on-site every day of the week in addition to on-call arrangements.

The provider had a number of systems in place to ensure effective monitoring and oversight of key aspects of the service. For example, the person in charge maintained a weekly governance matrix for the management team which had data such as incidents and accidents, complaints, safeguarding and risk. Where required, actions were identified and this information was regularly reviewed to ensure these were progressed in a timely manner. Regular audits took place in various aspects of the service such as personal plans, health and safety, medication and finances.

The centre was found to have an adequate number of staffing who had the required skill mix to support residents in their daily routines. The centre had no vacancies on the day of the inspection. There was evidence that staff members received ongoing training as part of the continuous professional development in line with mandatory training requirements and in response to the needs of residents which promoted safe and high standards of care and support.

### Registration Regulation 5: Application for registration or renewal of registration

The inspector completed a review of information which the provider submitted prior to this inspection with the application to renew the registration of this centre. All required information was submitted in line with the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

From a review of the Schedule 3 information which the provider had submitted prior to the inspection taking place, it was evident that the person in charge had the necessary skills, qualifications and experience to fulfill their duties as person in

charge. Inspectors found that the person in charge had a good knowledge of each of the residents and their assessed needs. The person in charge worked on a full-time basis and was also person in charge for another designated centre nearby. They reported that they split their time evenly between the two centres and there were arrangements in place for the days that the person in charge was off-site.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, inspectors found that the centre was fully staffed, with no vacancies. Inspectors reviewed planned and actual rosters from the two months prior to the inspection taking place. This indicated that the provider had employed an adequate number of staff who had the required skill mix to best meet residents' assessed needs. The team comprised of social care workers and care assistants. This showed that all shifts were covered by permanent staff, with the exception of one shift which was covered by relief. It was evident that residents enjoyed continuity of care from a consistent and regular staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors viewed the staff training matrix and found that all staff on the team had completed mandatory training required by the provider. For example, the safe administration of medication, safeguarding, fire, manual handling, safety intervention, basic first aid. The staff training matrix was kept online and this enabled the person in charge ensure that refresher courses were identified. Staff had also completed training in areas such as providing intimate care, autism, managing challenging behaviour. Bespoke training had been completed for staff in relation to a resident's dietary modifications by a Speech and Language Therapist.

From discussions with the person in charge, and from viewing a sample of three supervision forms for staff, it was evident that there were appropriate arrangements in place for supervision of the staff team. Records of supervision indicated a focus on acknowledging good practices in addition to areas requiring improvement. For example, improvements in documentation.

Judgment: Compliant

### Regulation 23: Governance and management



As outlined above, there were suitable arrangements in place to ensure effective monitoring and oversight of the service at all levels of management. The provider had carried out an annual review and two six-monthly unannounced provider visits in line with regulatory requirements. The annual review included consultation with residents and their families. Inspectors reviewed the reports from these visits and found that they were identifying areas requiring improvement and setting time lines for these to be achieved.

The provider had a number of systems in place at various levels of the organisation to monitor and oversee different aspects of the quality and safety of residents' care and support. For example, the quality and leadership team received a monthly report on key service areas which was prepared by the person in charge. An internal auditor was assigned to the centre. There was a weekly governance matrix overseen by the person in charge which covered key areas such as HIQA notifications, medication, health monitoring, risk, finances and supervision.

Inspectors viewed minutes from the previous three staff meetings and found that these had a set agenda in place and actions identified. There were regular visits to the centre from the person participating in management.

Judgment: Compliant

### Regulation 3: Statement of purpose

A review of the Statement of Purpose which was submitted with the application to renew the registration of the centre's registration was carried out prior to the inspection. This was found to meet regulatory requirements.

Judgment: Compliant

### Quality and safety

Residents' wellbeing and welfare was promoted in the centre and it was evident that staff used a person-centred approach to care and support. Residents' rights to independence, to privacy and dignity, to having choice and control over their daily routines and to develop skills were promoted and upheld.

Residents were supported to have best possible health and had access to a number of health and social care professionals such as behaviour support, psychiatry, speech and language therapy, physiotherapy and dietetics. Personal plans and individual risk management plans were in place for each resident. It was evident

that residents were engaging in meaningful activities both in and outside their home in line with those personal plans.

Residents were safeguarded in the centre through a number of policies, through staff being trained, and through residents being educated about safeguarding. Incidents which had occurred were reported in line with national policy and safeguarding plans were put in place. Residents in the centre had input from a behaviour specialist and had proactive and reactive strategies outlined in their personal plans to guide staff practices. Some restrictive practices had been discontinued since the last inspection of the centre.

As outlined in the opening section of the report, the premises was found to be in a good state of repair. It was nicely decorated and had a homely atmosphere. There were a number of systems in place to ensure that risk in the centre was appropriately identified, managed and reviewed. This is further discussed under Regulation 26: Risk management procedures below.

The provider had ensured that there was equipment, regular maintenance and servicing, checks and systems for residents to ensure that residents and staff were protected from fire. These are discussed under Regulation 28: Fire Precautions below.

### Regulation 13: General welfare and development

Residents had comprehensive needs assessments in place and associated personal plans. As outlined at the opening of the report, residents in this centre were leading active lives in line with their expressed preferences. They were facilitated to pursue areas of interest. A review of residents' personal plans indicated that residents were engaging in activities within the house such as listening to music, doing chores, watching movies. Residents had access to two vehicles to enable them access community spaces. Residents enjoyed going fishing, going out for coffee and attending events in day services.

Residents whom the inspectors spoke with talked about their family and visits which were of importance to them. It was evident that residents were well supported to maintain relationships with family members through the compliments on file and by staff facilitating visits.

Judgment: Compliant

### Regulation 17: Premises

As outlined in the opening section of the report, inspectors completed a walk around with one of the residents and found that the centre was clean, warm and well

maintained. There was ample space for residents to spend time in, or receive visitors and residents' bedrooms were reflective of their personal interests. There were photographs of residents on the walls and it had a homely atmosphere.

Parts of the house had been painted in the months prior to the inspection and residents had been consulted with in relation to their colour preferences. new flooring in some parts of the centre and some new wardrobes. One of the en suite bathrooms had recently been renovated to accommodate a residents' changing needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Inspectors viewed the provider's risk management policy, the local incident and accident register and minutes of staff meetings and found that there were clear systems in place for the identification, assessment and ongoing review of risks in the centre. Incidents and accidents were also reported to management on a weekly basis to ensure that any trends emerging were identified and actioned as required. Incidents and accidents were reviewed at handovers staff meetings to ensure that any relevant learning was shared across the team.

Inspectors reviewed three of the residents' individual risk management plans and found that there was a positive approach to risk taking to enable residents to access activities and places of their choice, while ensuring the safety of them and others. For example, accessing spaces in the community had increased for a resident based upon their risk assessments being continually reviewed, and noting where risks had reduced. This had a positive impact on that resident's day-to-day life.

Judgment: Compliant

### Regulation 28: Fire precautions

Inspectors carried out a walk around of the centre with a resident and found that there were suitable numbers of smoke alarms, emergency lighting and fire fighting equipment in place. There were fire doors throughout, which had hold-open devices. These were found to be in good working order. Fire exits were observed to be clear from obstruction. One of the residents showed the inspector the smoke alarm in the room and told inspectors what they would do in the event of a fire. From a review of minutes of residents' forum meetings, it was evident that fire evacuation was discussed with residents.

Inspectors viewed a sample of records from drills which had taken place and these

demonstrated that staff and residents had evacuated the centre within a reasonable time frame, including a drill where the minimum number of staff were available to support residents. Inspectors viewed the residents' personal emergency evacuation plans (PEEP) and found that these gave clear guidance to staff on supports residents required to evacuate safely.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Inspectors viewed a sample of three residents' personal plans and individual risk management plans. Residents had access to behaviour support therapists and psychiatry as needed. Residents in the centre did not require multi-element behaviour support plans. However, they had a traffic light system of guidance on proactive and reactive strategies for staff to best support residents.

The provider had recently set up a restrictive practice committee to monitor and oversee restrictive practices at provider level. There were a number of restrictive practices in place in the centre, which were largely for health and safety reasons. For example, locking of sharps, use of window restrictors, key pads and a door alarm. Since the last inspection of the centre, restrictive practices had been reduced in line with a reduction in assessed risks for individuals. For example, the key code on the front door had been de-activated in addition to the keypad on a gate being removed.

On the day of the inspection, some inconsistencies were noted in documentation relating to the use of some restrictions between residents' individual risk management plans and their personal plans. However, this was addressed before inspectors left the centre.

Judgment: Compliant

### Regulation 8: Protection

Inspectors reviewed the provider's policy on safeguarding and documentation relating to safeguarding in the centre which included intimate and personal care plans, minutes of meetings with residents and reports relating to safeguarding.

The designated officer from within the organisation had attended the centre on a number of occasions and observed residents in addition to having a meeting with them. Inspectors viewed easy to read information on safeguarding and the minutes of these meetings. Where any incidents had occurred of a safeguarding nature, a 'significant conversation' was held with residents to enable them to debrief with

staff. These were documented. Residents told the inspectors who they would speak to if they had any concerns.

There was a safeguarding log in place and a safeguarding plan for the centre. Incidents had been reported in line with National policy.

Where residents required assistance with personal and intimate care, these plans were documented clearly to guide staff to support residents in a consistent way, and one which upheld their rights to privacy, dignity and bodily integrity.

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>	
Registration Regulation 5: Application for registration or renewal of registration	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 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
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