

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

## Issued by the Chief Inspector

Name of designated centre:	Lee View
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	15 November 2024
Centre ID:	OSV-0005517
Fieldwork ID:	MON-0045383

## About the designated centre

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

Lee View can provide a full-time residential service to four adult residents. There are three houses in the designated centre and these are located in residential areas on the outskirts of a busy town. The location offers access to a broad range of suitable amenities. The provider aims to provide an environment that is viewed as home where resident's individuality and choices are respected and promoted. Residents are supported to be active participants in the running of their home and to lead purposeful lives integrated into their local community. The support provided is informed by the process of individualised assessment and planning. The model of support is social and the staff team is comprised of a social care workers and support staff, led and directed by the person in charge.

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

Number of residents on the date of inspection:	3
--	---

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
Friday 15 November 2024	10:40hrs to 16:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

Resident who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. While the management team and staff were very focused on ensuring that a person-centred rights-based service was delivered to the resident. some aspects of human rights and risk management required improvement.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with the residents who lived in the centre. The inspector also met with the manager who was deputising for the person in charge and four staff on duty, and viewed a range of documentation and processes.

The inspector found, from observation in the centre, conversations with two residents, and information viewed during the inspection, that residents had a good quality of life, comfortable accommodation, choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The centre was three houses in separate residential estates on the outskirts of a rural town. Two houses each provided individualised accommodation for one resident, and the third house could accommodate two residents in separate individualised areas. The location of the centre gave residents very good access to a range of amenities and opportunities nearby. All houses had well equipped kitchens and comfortable sitting rooms, laundry facilities and bathrooms. All dwellings had gardens for residents' use.

As a home-based service was being provided to residents in this centre, staff were available in all three houses to support residents at all times throughout the day. This gave these residents the opportunity to take part in a range of activities in their home, and in the community. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, meeting with friends, cycling, zumba exercise, bowling, social farming, and going out for something to eat.

The inspector met with all three residents at various times during the day. All residents were out and about in the community on the day of inspection, but the inspector had the opportunity to meet each resident briefly in their own homes. One resident did not have the capacity to discuss their life in the centre with the inspector, while two residents talked to the inspector about living there. One resident welcomed the inspector to their home and offered to put on the kettle to make tea. They talked about being busy each day and having meaningful activities that they enjoyed. These included being outdoors, social farming, voluntary work in the local community, grocery shopping, bowling, meeting up with friends and

spending time with their family. They told the inspector that they had been out for therapeutic appointment in the morning, and after lunch they were going out to meet a friend to do a cycling trail together. They also talked about social activities that they enjoyed and were looking forward to going to a disco in the near future. Another resident told the inspector that they were very happy living in the centre, and had a busy life doing activities every day. They said that the activities that they took part in included arts and crafts, eating out, keeping fit by walking and going to the gym, bowling, dance classes and swimming. They explained that they went grocery shopping a few times each week with staff and also had personal shopping days. They said that following a busy day they liked to stay in and relax in their home in the evenings. They also told the inspector that they enjoyed their meals in the centre and had choice. Both residents told the inspector that they had a good relationship with staff and that they trusted them.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, that residents' quality of life was well supported, and that their rights and autonomy were being respected.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by team leaders who were based in each house in the centre and worked alongside the person in charge in the day to day running of the service. There were clear arrangements in place to manage the service in the absence of the person in charge and these were effective on the day of inspection. The person in charge was on leave on the day of inspection and their deputy was available in the centre throughout the inspection. The deputising person was very familiar with the service and knew the residents and their individual support needs. Throughout the inspection, they were very knowledgeable of the provider' processes and their regulatory responsibility.

The service was subject to monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits of the service were also being carried out every six months on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed, or were being completed in a timely manner as planned. Annual reviews of the quality and safety of care and support of residents were also being completed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation,

appropriate assistive equipment to support residents' assessed needs, and transport vehicles for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. The provider had recently made changes to the configuration of the centre to reduce risk and to provide all residents with safe and more comfortable living arrangements.

Although there had been low levels of incidents of concern in the centre, the person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. Any adverse events that had occurred in the centre were being clearly documented and included actions to reduce associated risks. Review of incident records indicated that required notifications had been made appropriately.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. The inspector viewed the staffing rosters for two houses for the previous four months. There were planned and actual staffing rosters and these were accurate on the day of inspection. The rosters indicated that there was one-to-one staffing for some residents and two-to-one staffing was assigned as required. Staff who spoke with the inspector were very knowledgeable of each resident's support needs and were very focused on ensuring that person centred care was being delivered.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. The inspector reviewed incident records for 6 months for one house in the designated centre. The records viewed were clearly documented and indicated that required notifications had been made appropriately.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being

provided to the residents.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, assistive equipment, transport, access to Wi-Fi, television, and adequate staffing levels to support residents' assessed need. An organisational structure with clear lines of authority had been established to manage the service, including arrangements to support staff when the person in charge was not on duty. The deputising arrangements were effective on the day of inspection, as the person in charge was absent and the person who deputised for them was present throughout the inspection. The service was subject to ongoing monitoring and review. Unannounced audits were being carried out by the provider every six months, and an annual review of the quality and safety of care and support had been completed by the person in charge. The inspector viewed these audits, which showed a high level of compliance. Clear action plans had been developed with time frames to address any required improvements, and these issues were being addressed in a timely manner.

Judgment: Compliant

## Quality and safety

Based on these inspection findings, there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. Overall there were good arrangements in place in the centre to support and promote residents' human rights. However, improvement to an aspect of food choices and human rights was required. Some improvement was also required to the accuracy of risk identification although this did not impact negatively on the safety of residents.

The inspector found that residents' needs were supported by staff in an individualised way which enabled each resident to take part in whatever activities or tasks they wanted to do. Residents received a home based service while enabled them to be involved in a range of activities both in the centre and in the local community.

Residents' human rights were being well supported by staff. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques



were being used to achieve this. Staff supported residents' involvement in community activity and also supported residents to keep in contact with their families. However, a resident did not have good access to some aspects of their human rights, including power to manage and hold their own finances and access to voting rights. These matters were being managed by an external person as the resident did not live permanently in the centre. However, the person in charge and management team were mindful of his deficit and explained how they were working to resolve it. Overall, residents had good choices around meals and food options. However, an aspect of choice required improvement as one modified meal was not presented in an appetising manner. In this instance, all components of the meal had been blended together and did not give the resident the opportunity to taste various foods in the meal separately. There was no evidence that this was the preference of the resident.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. Equipments and facilities, such as overhead hoists and accessible bathrooms, were provided to ensure the safety and comfort of all residents. All residents had their own bedrooms which were decorated to their liking. The centre was maintained in a clean and hygienic condition throughout. There were gardens adjoining each house, where residents could take part in outdoor activities.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings.

Residents' nutritional needs were well met. Well equipped kitchens were available in each house for the storage, preparation and cooking of residents' food. Assessments had been carried out as required and suitable foods were made available to meet residents' assessed needs and preferences.

The provider had good systems in the centre to keep residents safe and to manage and reduce risks. General risks, as well as individualised risks specific to each resident, had been identified and control measures were documented. The grading of some risks, however, did not appear to be accurate and stated higher levels of risk than what staff described to the inspector. The provider also had arrangements in place to support residents to manage behaviours of concern. There were procedures, such as behaviour support plans and involvement of a psychologist and behaviour support specialist, to support the resident to manage behaviours of concern. Measures were also in place to safeguard residents from harm and the provider had made changes to the configuration of the living arrangements to strengthen these arrangements. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication.

## Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental

activities both at the centre and in the local community. During the inspection, the inspector could see that suitable support was provided for all residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents were supported to take part in developmental activities such as handwriting, maths, grocery shopping, social farming, dance classes and building new friendships. Social and leisure activities that residents enjoyed included bowling, eating out, swimming, discos and home visits.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. An additional house had recently been added to the centre to best accommodate residents need for space and privacy. The centre was well maintained, clean and suitably decorated. The centre comprised three separate houses on the outskirts of a busy town, and the inspector visited all three houses during the course of the inspection. The location of the houses gave residents very good access to a range of amenities and opportunities nearby. The houses in the centre were comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. One house was laid out and equipped to accommodate a resident with a physical disability. Each had a garden where residents could spend time outdoors. The centre was served by an external refuse collection service and there were laundry facilities in all three houses.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had well equipped kitchens in each house where food could be stored and prepared in hygienic conditions. Residents could choose whether or not to get involved in cooking their meals and one resident liked to do this. Another resident told the inspector that they did not like to cook, but that they chose what they liked to eat and was always happy with the meals. While in the kitchen, the inspector saw that choice was being offered to residents. An evening meal was being freshly prepared in the one of the houses while the inspector was there and it appeared wholesome and nutritious. Meals were prepared and served in line with each resident's assessed needs and staff were knowledgeable of these requirements.

Judgment: Compliant

### Regulation 26: Risk management procedures

Overall there were good systems in place for the management of risks in the centre, although improvement to recording of some risks were required. The provider's risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The inspector viewed the risk register and found that it identified a range of risks associated with the service and documented interventions to reduce these risks. The inspector saw that further individualised risk assessments had been carried out for to identify and manage risks specific to each resident. These risks were being reviewed and risk rating were being updated as required. The inspector viewed the risk management policy which was up to date and included control measures for the specific risks stated in the regulations. However, some of the recorded risks were generic and therefore were not accurately stated in individualised risks. For example, behaviour support risks for two residents stated that these residents could hit and injure staff, although the manager and staff stated that this was not actually a risk associated with these individual residents.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and administration of residents' medication.

Clear medication prescribing and administration records were being maintained, including clear records of discontinued medication. Medication prescription charts contained the required information to guide staff on the safe administration of medication, including required doses, administration times and routes of administration, and there was a colour photo of the resident on the prescription chart. The resident's medications were safely stored and, there were suitable arrangements in place for storage and management of any medications intended for return to pharmacy. Each resident has access to a pharmacist in the community.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been

developed for residents based on residents' assessed needs. The inspector viewed two residents' personal plans. These personal plans identified residents' support needs and identified how these needs would be managed. Residents' personal goals for the coming year had been agreed at annual planning meetings and were recorded. Staff who spoke with the inspector were very familiar with residents' personal plans and how achievement of their goals was progressing.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector saw that there were procedures to support residents to manage behaviours of concern. The inspector viewed the plans that had been developed for two residents who required support to manage their behaviours. These plans were clear and up-to-date, and had been developed by a behaviour support specialist who worked with the residents. The provider had also, since the last inspection, made changes to the configuration of the centre and living arrangements of residents to reduce behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm, and to address a previous safeguarding risk. Since the last inspection of the centre the provider had introduced strong measures to address safeguarding in the centre. This involved a reconfiguration of the centre and addition of another dwelling to provide residents with more personalised space to suit their assessed needs. A review of incident records indicated that these measures had been effective.

Judgment: Compliant

### Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed. However, some improvement to access to personal finances and food choices were required.

Throughout the inspection, the inspector saw that each resident had choice and control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. The provider had both a complaints process and an advocacy process available to residents, although there had been no recent complaints in relation in the centre. An aspect of financial management and practice of civil rights for a resident required improvement. The inspector found that a resident who did not reside in the centre on a full time basis, did not have free access to their own money, as this was being managed externally. This presented a risk that the resident's social and personal choices could be limited. Furthermore the resident did not have access to voting rights. The management team, however, were mindful of these issues and were working with the external party to support this residents rights.

Clean, comfortable accommodation was provided for residents and there were well equipped kitchens in each house. Residents told the inspector they they enjoyed their meals in the centre, were offered choice and were involved in shopping for their own food. Those who liked to were involved in food preparation, although one resident said that they did not like to cook their own food and preferred staff to do it. However, an aspect of choice required improvement as one modified meal was not presented in an appetising manner. Although the food was modified appropriately in line with speech and language therapist's recommendations and was safe, all components of the meal had been blended together and did not give the resident the opportunity to taste various foods in the meal separately.

Judgment: Substantially 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 31: Notification of incidents	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Lee View OSV-0005517

Inspection ID: MON-0045383

Date of inspection: 15/11/2024

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider will ensure the following actions are complete to ensure compliance with Regulation 26 Risk Management:</p> <ul style="list-style-type: none"> <li>• A comprehensive review of the risk assessments in the center will be completed whereby risks will be amalgamated if required to ensure concise and clear identification and control measures.</li> <li>• Any individualized risk assessments specific to the person supported will be reviewed to ensure that information is person centered and accurately reflects the person's behaviors/risks.</li> </ul> <p>[Planned Completion: 30/12/2024]</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The service provider will ensure the following actions are taken to achieve compliance with Regulation 9 Residents Rights:</p> <ul style="list-style-type: none"> <li>• A retrospective NF06 was submitted to HIQA with regard the rights restriction for one resident's finances. [Completed]</li> <li>• The PIC and Community manager continue to work with the external party in a supportive and collaborative manner to promote full access for the resident to their personal finances.</li> <li>• The service provider is currently supporting one resident to open their own bank account. [Planned Completion: 31/04/2025]</li> <li>• A Restrictive Practice protocol will be developed with the required multidisciplinary</li> </ul>	



input to reflect the absence of the resident's full access to their own finances. [Planned Completion: 31/03/2025 ]

- The PIC will submit a referral to the Social Work department for support for the resident with regard finances and choice. [Planned Completion: 30/05/2025 ]
- The service provider will enlist the support of professional help and offer the resident the choice of different foods separately so they can experience food types in regards the presentation of food. [Planned Completion: 30/01/2025 ]

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/12/2024
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/05/2025