



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:	Announced
Date of inspection:	11 May 2023
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0040176

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
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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 11 May 2023	10:00hrs to 17:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The original purpose of this inspection was to monitor the providers compliance with regulations and standards and to assess the quality and safety of the service being delivered to residents in advance of the renewal of registration in the centre.

However, at the outset of this inspection, a senior member of the provider's management team informed the inspector that on the previous evening the provider had been made aware of an alleged safeguarding incident that had taken place in the centre on Monday 8 May 2023. This alleged safeguarding incident was serious in nature and involved residents and staff members. This alleged safeguarding incident was very much at the preliminary screening stages of investigation, as it had just been reported.

As a result of the nature of the safeguarding information presented to the inspector, this inspection was changed to a risk based inspection and the inspector reviewed all systems in place to ensure residents were safe and were being appropriately safeguarded and protected in this centre.

On arrival at the service, the inspector was greeted by the person in charge and a member of the provider's senior management team.

The inspector was introduced to four of the five residents, some residents had been living in their home for several years and appeared at ease in their surroundings. One resident chose not to interact with the inspector and this choice was respected.

One resident spoken with was relaxing in their sitting room, listening to music. A staff member supported them to communicate with the inspector. The resident communicated that they liked going out for drives and walks with staff members and attended a day service programme.

A second resident who was non-verbal was introduced to the inspector. The resident was sitting in the kitchen area with staff members and was about to have something to eat. The resident appeared comfortable.

The inspector met with a third resident when they returned from an activity. The resident informed the inspector that they liked to go to the local shops each day. The resident spoke of some of the items they purchased and informed the inspector that they got on well with the people they lived with and liked their home. The resident chose to keep the interaction brief which was respected.

The inspector met with a fourth resident after they returned from their day service programme. The person in charge supported the resident's interaction with the inspector and they appeared to have a positive relationship. The resident spoke to the inspector about their plans for the future and stated they wished to move out of the service to a different location. The resident spoke about some of the hobbies

they like to engage in, including horse riding and swimming.

The inspector also had the opportunity to meet with two residents' family members. The family members expressed that they were happy with the service. They felt that all residents' needs were met by the staff team supporting them. They stated that the staff team were in regular contact with them and that they could visit the residents unannounced without any issue.

The findings from this inspection, the impact of the incident and the provider's response will be discussed in detail in the following two sections of the report.

Capacity and capability

Overall the inspector did not find that the systems in place had been effective in ensuring a safe and high quality service had been provided to residents.

The inspector issued an urgent action plan to the provider requesting specific safeguarding assurances regarding how the provider would ensure the safety of all residents given the nature of the alleged incident. 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 inspector found that the provider had responded promptly (once made aware of the alleged safeguarding incident) and had commenced an investigation. An emergency meeting was held with members of the provider's senior management team, the person in charge, and resident's representatives. Investigation procedures were found to be implemented in line with organisational policy.

From a governance and management perspective, the provider had ensured a full-time person in charge was in situ. The person in charge was responsible for running the service and was supported by a member of the provider's senior management team. However, governance and monitoring of staff practices in the centre had not been effective based on evidence gathered on this inspection.

A review of training records identified that, the provider and person in charge had ensured that all staff members had recently completed training in safeguarding residents. Staff members had also recently completed four training sessions regarding human rights-based approach in supporting residents. However, the review of available evidence identified that staff members had not acted in a manner that reflected any of the training they had recently completed. Therefore, improvements were required regarding the supervision, monitoring and performance management of staff members and a review of the training provided to staff members to ensure that it was effective and implemented in practice.

One-to-one supervision had also been completed this year with all staff members. A

sample of records was reviewed, including staff members involved in the alleged incident. The records did not identify any concerns regarding the service provided by the staff members. Therefore, a further review was required regarding the effectiveness of supervision arrangements in place for staff members.

The inspector reviewed past and current staff rosters. It was found that there was a consistent staff team comprising staff nurses and care assistants. The provider relied on agency staff nurses to fill one staff nurse vacancy. A staff nurse led both day and night shifts, and they delegated duties to the care assistants. The inspector reviewed a sample of the staff members' records and found that, the person in charge had ensured that they had obtained the required information as per schedule 2 of the regulations, While the provider had guaranteed that there were appropriate staffing numbers to care for the residents, based on the evidence presented to the inspector, the provider had not ensured that all members of the staff team could meet the residents' needs.

The inspector reviewed staff team meeting minutes, meetings were held monthly, and staff members during two recent meetings were reminded of who the safeguarding designated officer was for the service. The importance of reporting any concerns to the necessary persons was also covered during the meetings. The review of records and discussion with the person in charge identified that no staff members had raised any concerns regarding the service provided to residents.

The inspector met with three staff members during the inspection. The three staff members gave insight into the group of residents. The staff members, when asked, gave appropriate responses on how to respond to and report safeguarding concerns. The staff members also stated that they felt a positive culture amongst the staff team and would report problems to their line manager or senior management if required. While staff members were able to inform the inspector of the correct steps to take, there was evidence of some staff members, despite receiving training and information sessions on safeguarding, acting in a manner that compromised the rights and dignity of residents. This required further and thorough investigation and follow up action by the provider.

In summary, the existing governance and management arrangements had not been effective in appropriately safeguarding residents. Governance arrangements were found to be reactive as opposed to proactive in the monitoring and supervision of safe quality care in this centre.

Regulation 16: Training and staff development

Training records showed that while staff had completed their assigned training it was not implemented in practice. This included training regarding the safeguarding of vulnerable adults and also training on human rights promotion. Staff members had also been provided with supervision by the person in charge.

This inspection found that there was a need to review the training provided to staff

members to ensure it was adequate in educating the staff team to support and meet the needs of residents. Enhancements were also required to existing staff supervision arrangements to ensure that all staff members received appropriate supervision and to ensure that staff were being supervised in the discharge of their duties.

Judgment: Not compliant

Regulation 23: Governance and management

The management and oversight arrangements in place had not identified any of the safeguarding concerns reported on this inspection.

This inspection found that the arrangements regarding the supervision and performance management of staff members required improvement. All staff members had received the identified training and supervision from the person in charge. Despite having the appropriate safeguarding training, staff members failed to act appropriately and/or report safeguarding incidents to the relevant persons in line with organisational policy and regulatory requirements.

The inspector issued an urgent action plan to the provider based on the safeguarding concerns. The inspector requested assurances regarding how the provider would ensure the safety of all residents. The inspector also sought assurances on how the provider would ensure and supervise that all staff members had the continued ability to fulfill their roles and support the needs of each resident.

Judgment: Not compliant

Quality and safety

The registered provider failed to ensure the provision of a quality and safe service in this centre.

This inspection found clear evidence that residents safety was compromised and that the oversight systems in place had not identified nor managed some very poor safeguarding practices.

As per the regulations, the provider is responsible for protecting all residents from all forms of abuse. The review of evidence provided to the inspector identifies that the residents, who are vulnerable adults, had not been appropriately protected by the staff, management nor the systems in place in this centre.

This inspection found that while the provider had developed a number of systems and arrangements to support residents and the staff team working with the residents, this had not translated to implementation. As such resident safeguarding was compromised. A full and thorough review and investigation completion was required to ensure that these issues are appropriately addressed in this centre.

Regulation 8: Protection

The provider had not appropriately safeguarded and protected all residents. There was evidence of very poor safeguarding practice under investigation in this centre. The inspector found clear evidence of this poor safeguarding practice on this inspection.

Furthermore the inspector found that resident safety and safeguarding was further compromised by an absence of implemented safeguarding training, lack of appropriate staff supervision, no application of safeguarding policy and procedure, non adherence to residents behavioural support planning and a complete disregard for residents rights.

All of these findings resulted in very poor safeguarding outcomes for residents in this centre.

Judgment: Not 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
Capacity and capability	
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 8: Protection	Not compliant

Compliance Plan for Church View OSV-0002477

Inspection ID: MON-0040176

Date of inspection: 11/05/2023

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of staff training and development has been conducted and the following procedures have been agreed for implementation:</p> <p>Staff training to be a standing agenda item at staff meetings. Reflective practice of theoretical training will be completed to ensure the training completed is understood and is being implemented in practice to ensure safe quality care.</p> <p>The learning from online education to be discussed at one to one supervision meetings to ensure staff have clear understanding and acknowledge of evidence based practise and its relevance to their roles and responsibilities.</p> <p>Supervision to also include reflective practice discussion with individual staff members and PIC.</p> <p>PIC will ensure refresher training and professional development training is undertaken on a planned continuous basis within an appropriate scheduled timeframe.</p> <p>The effectiveness of training and its implementation in practice will be monitored through a schedule of audits, the supervision policy and staff meetings, clinical supervision and out of hour’s visits by the PIC to the centre. The views of residents through house meetings and their representative via questionnaires will be ascertained and action plans identified where required.</p> <p>Classroom based training on the Human Based Rights Approach to Care will be facilitated by 2 members of Senior Management Team on the 8th and 15th June 2023 for staff who work in Churchview. This training will then be rolled out to the remainder of service.</p> <p>A Practice Development Culture Change Group has been developed for staff in</p>	

Churchview and this consists of monthly group meetings with a trained Practice Development Facilitator. These meetings will be held on a monthly basis for a minimum of 6 months commencing on 01.08.23

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Safeguarding and the learning from online education to be discussed at supervision to ensure staff have clear understanding and knowledge of evidence based practise and its relevance to their roles and responsibilities. The PIC will endeavour to ensure training delivered to staff is implemented in practice and cultural learning is progressed to ensure a human right based approach to care.

Supervision to also include reflective practice discussion with staff members and the PIC.

The PIC will ensure refresher training and professional development training is undertaken on a continuous planned basis.

The effectiveness of training and its implementation in practice will be monitored through a schedule of audits, the supervision policy and staff meetings, clinical supervision and out of hour's visits by the PIC to the centre. The views of residents through house meetings and their representative via questionnaires will be ascertained and action plans identified where required

The night duty Manager has been directed to go to Churchview nightly at varying times to ensure supervision out of hours and to strengthen the governance oversight during the night duty shifts.

An Assistant director of Nursing attends Churchview on a more frequent basis since the safeguarding concern was identified by the management team.

The Allocation Officer / Clinical Nurse Manager has reviewed the roster to ensure that the skill mix of staff incorporates long term staff and newer staff and also to provide assurances that the centre is resourced effectively in the delivery of care and support as in accordance with the statement of purpose and function.

Activation support has been implemented in Churchview to 5 days to provide an opportunity for further personalised activation and integration for residents. This is in place until 09.06.23. This additional Activation support will continue 3 days a week from

09.06.23 indefinitely.

Rotation Policy for the service is currently been devised. The PIC is presently focusing on ensuring a safe and high quality service for residents in Churchview and implementing identified assurances.

The PIC will report into the house for handover each morning and throughout the day and receive an update prior to leaving in the evening.

Through the line governance arrangements as detailed in the Statement of Purpose the PIC will be supported, mentored and supervised on a weekly basis by a member of the Senior Management Team to ensure a high standard of safe care and cultural change by the entire team.

Supervision will include progress of assurances, safety of care for residents, improvements in delivery of care, staff supervision, staff meetings and resident meetings and action plans where required based on audit findings.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
The Allocation Officer / Clinical Nurse Manager has reviewed the roster to ensure that the skill mix of staff incorporates long term staff and newer staff and also to provide assurances that the centre is resourced effectively in the delivery of care and support as in accordance with the statement of purpose and function.

Safeguarding and the learning from online education to be discussed at supervision to ensure staff have clear understanding and acknowledge of evidence based practise and its relevance to their roles and responsibilities. The PIC will endeavour to ensure training delivered to staff is implemented in practice and cultural learning is progressed to ensure a human right based approach to care.

Referral to The National Safeguarding Office to provide the staff team in Churchview with classroom based Safeguarding training.

FREDA Principles to be discussed with staff at staff meetings, supervision and their application to practice to include a FREDA based assessment for each resident. These assessments to be discussed at staff meetings and supervision, how they apply and how they promote a human based rights approach to care for each resident.

Supporting individuals that make disclosures will be addressed at the Staff Meeting to ensure that the staff team are aware and confident with supporting all residents in the event of a disclosure.

Staff will receive additional training in Open Disclosure and Protected Disclosures Procedures in line with HSE Policy.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	15/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	15/05/2023
Regulation	The registered	Not Compliant	Orange	30/06/2023

23(3)(a)	provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	12/05/2023