



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	04 December 2024
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0043745

About the designated centre

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

Mountain View Residential and Respite Services is a designated centre operated by Western Care Association. The centre can provide residential and respite care for up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two houses, located a short distance from each other, on the outskirts of a town in Co. Mayo. One house provides a residential service for three residents and the second house provides respite care for up to five residents. Each resident has their own bedroom, some en-suite facilities, bathrooms and shared access to communal living and garden spaces. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 4 December 2024	12:50hrs to 18:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with the regulations. Overall, Mountain View residential and respite service provided residents with good quality care and support.

The centre comprised two houses located within walking distance of each other. One house provided residential care to three residents. The other house provide respite care to up to five residents at any one time. There were three residents availing of respite care on the day of inspection.

The inspector got to meet, and spend time, with all six residents during the day and evening. Four staff members were also met with. The three residents who were availing of respite care were met with on their return from day service. Some residents communicated verbally, while some residents used alternative methods of communication. The inspector spent time sitting with residents, talking with them and observing the evening's activities. Three residents who lived in the residential house were met with later that evening. Some residents chose to spend time chatting with the inspector on their own with the support from the person in charge.

Overall, residents were happy with the care and support they received. Residents spoken with in the residential house were happy in their home, and one respite residents spoken with said that they liked coming into the centre for respite. Through a review of various documents, communications, and observations on the day, it was clear that residents were supported with their needs and were provided with person-centred care.

All residents attended an external day service during the day. Residents spoke about their lives and their interests and activities that they enjoyed in the wider community. These included; going shopping, going out for meals, helping out in the local neighbourhood, bowling and going to concerts. The centre had vehicles for each house, to support residents with accessing the wider community.

Within the houses, there were amenities for relaxation, leisure and recreation. Available activities included: televisions, access to a computer to watch music clips, access to technological devices, arts and crafts materials and sensory items. The respite house also had a chicken coop with chickens for residents who may be interested in this.

The centre promoted a human rights based approach. Residents were consulted regularly through residents' meetings. There were a variety of easy-to-read documents available on various topics. Photographs and pictures were on display throughout the homes, including a picture rota of staff members and residents who were getting respite each day. Residents were seen moving freely around the houses, getting snacks and doing activities of choice. From observations it was clear that residents were given the autonomy to be involved in their home. For example;

one resident was observed sorting out the staff's pictures for the visual roster. One resident was observed discussing their support over the holiday period with the person in charge. It was clear that their choices were respected and that residents were actively involved in their own care. They also spoke with the inspector about their recent 'circle of support' meeting, which they organised and chaired.

The houses were homely, warm and nice decorated with framed photographs, art work and soft furnishings. Residents had aids and appliances as required, such as a shower chair, comfort chair for example. Bedrooms seen in the residential house were found to be personalised, warm and cosy.

Staff spoken with were happy working in the centre. They were observed treating residents with dignity and respect and being responsive to residents' needs and communications. Staff were knowledgeable about the care and support that residents required and this was observed in practice.

Overall, Mountain View residential and respite service was found to provide person-centred care and support to residents where residents' needs were kept under ongoing review to promote their safety and wellbeing.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were good systems in place for the management and oversight of care provided in the centre. The centre was found to be in compliance with the regulations assessed, with one area for improvement found to be required. This related to gaps in the processes for the oversight of staff training.

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They worked full-time and were responsible for one other designated centre which was located nearby. The arrangements in place supported them to effectively manage the centre.

Overall, there were were good systems in place for the monitoring and oversight of the centre. These included regular audits completed by the local management team. In addition, the provider ensured that six monthly unannounced visits occurred, and that an annual review of the service was completed as required in the regulations. The annual review included consultation with residents and their representatives as appropriate.

The centre was staffed with a skill mix of social care staff. There was a management on-call arrangement for out-of-hours. The management team were responsive to the changing needs of residents. For example; training was provided to staff to

meet specific healthcare needs of residents. Improvements were required however, in the monitoring of staff training for all staff members who worked with residents in the centre.

In summary, this inspection found that the management team had the capacity and capability to manage the service effectively. The systems in place ensured that a safe and good quality service was provided to all residents.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to manage the designated centre. The person in charge worked full-time and had responsibility for two designated centres in total. The arrangements that the provider had in place supported the person in charge to effectively manage and oversee the centre. This included an 'assistant manager' to support the person in charge with management duties. Both were met with on the day of inspection and had very good knowledge about the centre and residents' needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place in the centre. Records for five weeks were reviewed and these found to be well maintained. There appeared to be the numbers and skill mix of staff to meet the current needs of the service.

There was on-call arrangement in place in the event of emergencies. Where changes in the staff arrangements were required, for example, for respite residents who required waking nights, this was put in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were offered a range of training, some of which were deemed mandatory and some that were discretionary. The local management team also ensured that staff members were given site specific training to meet the needs of residents. For example; staff spoke about recent training that they got to support one respite resident with their specific healthcare needs. In general there was good compliance with staff training. However, the following was found;

- One staff member was out of date for refresher training in behaviour management since 2017. The inspector was informed that as the provider was in between systems with recording staff training, this was missed. A training date was given by the end of the inspection for this staff member. However, as this staff member worked alone with a resident who displayed significant behaviours of concern, this oversight could have had a serious impact on the staff member and the resident. The monitoring of this required improvements.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities for members of the management team. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. These included regular audits that were completed by the local management team. Areas audited included; health and safety, infection prevention and control (IPC), fire safety, finances, medication and ongoing reviews of incidents. For the most part, these were found to be effective in identifying areas for improvement. The provider ensured that unannounced six monthly audits occurred, and that a report was prepared following these visits.

The centre was found to be responsive to issues that arose, such as staffing needs. Team meetings were held regularly, where discussions on a range of topics occurred. Staff members spoken with felt well supported and said that they could raise any concerns with the management team.

Judgment: Compliant

Regulation 30: Volunteers

The provider had an up-to-date policy and procedure in place for volunteers. At the time of inspection there were no volunteers used. The provider's procedures outlined the arrangements to provide training, induction and ongoing support to volunteers and to ensure that their roles were clearly outlined, should a volunteer be used in the future.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all incidents were submitted to the Chief Inspector of Social Services as required in the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents living, and those receiving respite, in the centre were provided with person-centred care and support. It was clear from talking to residents and reviewing various documents, that residents were consulted about the centre and made choices in their day-to-day lives.

Residents' health and wellbeing were promoted in the centre. Residents' needs were assessed in regards to their health, personal and social care needs. Residents were supported to attend recommended medical appointments with allied healthcare professionals. In addition, residents had access to multidisciplinary team (MDT) supports, as required.

Consultation with residents occurred through regular residents' meetings. In addition, residents and their representatives participated fully in residents' review meetings about their care. Support needs were kept under ongoing review, and care plans were updated as required.

Residents' protection and safety were promoted through the implementation of various policies that the provider had in place. In addition, residents were supported to understand safeguarding and to develop positive relationships with each other. Residents spoken with said that they felt safe and liked their peers. There were also good arrangements in place for the management and review of risks.

Overall, this inspection found that the service provided was person-centred, safe and to a high quality.

Regulation 10: Communication

The provider had a communication policy in place that was found to be up to date. This policy outlined a 'total communication' approach. Residents communicated through a variety of means, such as verbal communication, gestures and pictures. Residents who required supports with communication had individual support plans in place. Staff were observed communicating with residents in line with their preferred communication methods.

Residents had access to music players, televisions, mobile phones and technological

devices in line with their needs and wishes. One resident spoke about a new television that they got recently for the house, and pointed it out. They also spoke about plans for getting a new mobile phone.

Judgment: Compliant

Regulation 11: Visits

There was a policy and procedure in place for visitors. Visitors were welcome to the centre. There were suitable facilities in place for residents to receive visitors in private if they so wished. It was clear from talking to residents that there were no restrictions on visitors to the centre and that residents enjoyed receiving visitors to their home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents spoke about the wide range of activities that they enjoyed. These included; going out for meals, visiting family and friends, bowling, going to concerts, getting their hair done, going on shopping trips and going on day trips. One resident spoke about how they enjoyed weekends, as they went for drives with staff to various locations and had meals when out.

Residents had access to an external day services that they attended each day, in line with their choices. One resident spoke about their paid employment and about the tasks that they do. They also spoke about particular training that they were hoping to pursue, which they had brought up at their 'circle of support' meeting recently.

Within the house residents had access to a range of leisure and recreational activities such as; arts and crafts, televisions and technological devices to use the Internet. One resident spoke briefly about art and showed the inspector the arts supplies in the centre. The inspector was informed that this resident had their art work on display in a local gallery recently.

Links with family members and the wider community were promoted and encouraged. One resident spoke about their community involvement in keeping the local area tidy.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge ensured that one respite resident who was due to move to residential service with another provider was supported. This was done through the sharing of information with the prospective new centre, and through supporting the resident and their family with visits and information about the new service.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy and procedure in place for risk management. In addition, there were safety statements, fire policy, IPC policies and emergency plans in place to support the management of a range of health and safety risks.

Risks that had been identified in the centre were assessed, documented and under ongoing review. These included centre related risks that were recorded on a centre 'risk register', and individual resident related risks, which were incorporated into a document called a 'personal risk management plan' (PRMP). These were found to be kept under review and updated as required.

The person in charge demonstrated a clear understanding of risk management, and spoke about a pilot group that they were involved in, with rolling out the provider's new risk management framework.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment completed of their health, personal and social care needs. Care and support plans were developed for any identified need. These were found to be kept under ongoing review and updated where changes occurred.

Residents and their representatives were involved in the annual review of each residents' care and support. Residents were supported to identify personal goals for the future at meetings called 'circle of support' meetings. Goals and priorities identified were found to be kept under review to ensure that they were completed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. The centre facilitated residents to access a range of allied healthcare professionals and interventions, including national screening programmes, where recommended.

The service worked closely with families to monitor the healthcare needs and supports required by respite residents. In addition, effective collaboration occurred with day service staff members to ensure that respite residents' health needs were monitored and supported.

Residents reported that they were happy with the support they were given with healthcare. There was accessible information available for residents to aid their understanding of various healthcare issues, where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Staff received training in behaviour management. Staff spoken with were found to be knowledgeable about the specific supports that residents required with behaviour management and stress reduction.

Behaviour support plans were developed as required with input from MDT. The behaviour specialist met with the person in charge each quarter where reviews of incidents occurred. It was evident that every effort was made to establish the causes of behaviours such as ruling out possible physical causes of upset. Staff spoken with appeared knowledgeable about how to support residents with behaviour management.

Restrictive practices in use in the centre had been assessed. These were kept under ongoing review by the local management team. Furthermore, it was evident that discussions and reviews on their use were occurring to ensure that they were the least restrictive option for the shortest duration. One resident spoken with talked about a 'motion sensor' that was agreed to be installed in their bedroom to help reduce the risk of falls. It was evident that they were involved in the decision, and they said that they were happy with this arrangement.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding and for the provision of intimate care. Staff completed training in safeguarding vulnerable adults, either through online means or face-to-face training. The local management team met with the designated officer for safeguarding every six months to review safeguarding issues.

In addition, safeguarding was a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information. This centre previously had a history of incidents of safeguarding nature between residents; however the safeguarding measures that the management team put in place to support all residents appeared to be effective as there were no incidents of this type since August 2023.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents were provided with information on rights and advocacy services in an easy-to-read format.

In addition, it was clear that residents' religious preferences were respected and they were supported to vote, if they wished to. One resident spoke about the recent general election and about how they exercised their right to vote.

In addition, residents' choices about whether they attended a day service and about how they spend their days were respected. Residents spoke about the range of activities that they chose to do. It was clear from communications and observations that residents' choices about how they lived their lives were respected and promoted.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	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 Mountain View Residential & Respite Services OSV-0003702

Inspection ID: MON-0043745

Date of inspection: 04/12/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff member has completed refresher training on the 6th of December 2024. All staff training will be reviewed regularly.	

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.	Substantially Compliant	Yellow	06/12/2024