



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

Issued by the Chief Inspector

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| Name of designated centre: | Hyland View |
| Name of provider: | St John of God Community Services Company Limited By Guarantee |
| Address of centre: | Monaghan |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 05 May 2021 |
| Centre ID: | OSV-0003619 |
| Fieldwork ID: | MON-0031533 |

About the designated centre

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

This is a service providing full-time residential care and support to seven adults (male and female) with disabilities. The centre comprises of a large detached house in Co. Monaghan and is in close proximity to a large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema and to go on holidays. Each resident has their own large private bedroom, all of which are en suite. Residents' bedrooms are tastefully decorated to their individual style and preference. Communal facilities include a large well equipped fully furnished kitchen cum dining room, a comfortable spacious sitting room, utility facilities, adequate storage space and well maintained gardens to the rear of the property. Adequate private parking is also available to the front of the premises. There are systems in place to ensure the assessed social, emotional and healthcare needs of the residents are comprehensively provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge (clinical nurse manager III), a house manager (clinical nurse manager I) and a team of social care workers/staff nurses and health care assistants. All staff have qualifications and/or in-service training so as they have the knowledge and skills to meet the needs of the residents in a competent and comprehensive manner.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 7 |
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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 - 2015 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 5 May 2021 | 11:00hrs to 15:00hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

The inspector met and spoke with the residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from four family representatives and three residents was also reviewed as part of this inspection. The residents met with said they loved their home, and staff were observed to be professional, warm and caring in responding to their needs.

The residents met with, appeared happy and content in their home and were happy to greet the inspector on arrival to the house. The house was warm and inviting, and residents appeared very much at home in this service. They were observed to be relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, kind and caring in their interactions with the residents. Prior to COVID-19, some residents were attending day services, visiting family members and visiting community-based amenities, such as shops, restaurants, hotels, barbers and hairdressers.

However, to minimise the impact on not being able to access external activities over the last 12 months, the staff team ensured that a number of recreational, social and learning activities were available to the residents in their home. For example, on the day of this inspection one resident was relaxing listening to music, another was knitting, one was helping staff with recycling while others went for a walk in the local community. Later on in the day, the inspector observed the residents engage in a group 'exercise to music' class, which they seemed to enjoy very much and were very happy to participate in. Other activities available to residents were hand massages, foot spas, beauty treatments, mindfulness therapy, flower arranging, country music themed nights, movie nights, take away meals and coffees and, drives in the nearby countryside.

The inspector observed that some residents missed attending religious services during the current lock down. However, staff had ensured to support these residents to visit their local church to light candles and, to celebrate religious services on the television and/or radio each week.

Residents also liked to mark special occasions such as holidays and birthdays and staff were supportive of ensuring these events were celebrated in the house. For example, staff supported the residents to celebrate and make special St. Patrick's Day, Easter and St. Valentine's Day in their home. The inspector saw pictures of these celebrations and residents informed the inspector that they enjoyed them very much.

All residents spoken with said that they loved their home and some invited the inspector to see their rooms. The inspector observed that the rooms were spacious, warm and clean and, were personalised to take into account the individual style and preference of each resident. Written feedback from the residents on the service

viewed by the inspector, also informed that they loved the house, thought it was beautiful and they got on very well with the staff team.

One family member spoken with over the phone was equally as positive about the quality and safety of care provided. They informed the inspector that their relative loved living there, it was their home, their relative felt safe there, the house was maintained very well, they had no complaints whatsoever, the staff team were great and, overall, they couldn't ask for a better home for their loved one. The family member also said that staff were great in ensuring regular contact was maintained between residents and their families during the COVID-19 pandemic, where there were restrictions on visits to the centre. For example, staff supported residents in making regular phone and video calls to their relatives and, residents informed the inspector that they posted pictures of themselves celebrating special occasions such as Christmas and Easter to their families.

Written feedback on the service from five family members was also viewed by the inspector. They reported that the quality of care and support provided in the house was excellent, the courtesy and respect shown by staff to the residents was excellent, the menu options were excellent, the hygiene standards in the house were excellent and they had no complaints whatsoever, about any aspect of the service.

The rights of the residents were promoted and respected in their home. For example, residents made their own decisions on what activities to engage in, they chose their daily routines, there were consulted with and involved in all decisions about their care and support and, they held weekly meetings so as to decide and agree upon menus for the week and what social activities to engage in.

The inspector observed over the course of this inspection that residents were very much at home in this service and comfortable in the company and presence of staff. Residents also got on well with each other and liked to engage in group activities and celebrate special occasions together. However, adequate space was also available in the house if a resident wished to spend quiet or private time by themselves, reading a book or listening to music.

Residents were very much at the core of this service, management and staff actively listened and responded to their needs, residents were empowered to make their own decisions (with support where required) and staff were observed to be respectful and supportive of the rights of each resident living in this house.

The following two sections of this report outline how governance and management arrangements affect the quality and safety of residents living in the centre.

Capacity and capability

Residents informed the inspector that they loved their home, got on well with the

staff team and the provider ensured that adequate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked full-time in the house. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, basic life skills training, positive behavioural support, manual handling and infection control.

It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The person in charge and house manager were found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in November 2020, identified that some works were required to the fire system in the house and, some refresher staff training was overdue. These issues were actioned and, at the time of this inspection the works to the fire system had been completed. A plan of place was also in place to ensure the refresher training was provided to staff as

required.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue to the current COVID-19 pandemic. However, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked full-time in the house. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives in the countryside.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents however, there were no safeguarding issues in this house at the time of this inspection. From speaking with one staff member, the inspector was assured that they had the experience, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and Children's First and information on how to contact the safeguarding officer and an independent advocate was available in the centre. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident maybe at risk from falling, they had access

to physiotherapy, staff support was provided, and where required, they had access to equipment such as handrails.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The house manager also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. Each resident also had their own ensuite bedroom and if required, could self isolate in the event of an outbreak of COVID-19.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While

a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives in the countryside

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were directly involved in the running of their home and staff were seen to be supportive of their individual autonomy.

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 - 2015 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 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |