



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

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	20 and 21 March 2018
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0020994

## About the designated centre

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

Hillview B is a four-bedded, purpose built, residential, neuro-rehabilitation service. It is home to four people with an acquired brain injury. The service is staffed 24 hours a day, seven days a week. The centre is located near many social and recreational amenities including local shops and services, and transport links. The service aims to provide individualised, community-based supports, designed to maximise the quality of life of each person living with an acquired brain injury while fostering autonomy, personal growth and development.

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

Current registration end date:	13/08/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
20 March 2018	13:00hrs to 18:25hrs	Caitriona Twomey	Lead
21 March 2018	09:25hrs to 14:00hrs	Caitriona Twomey	Lead
20 March 2018	13:00hrs to 18:25hrs	Kieran Murphy	Support
21 March 2018	09:25hrs to 14:00hrs	Kieran Murphy	Support

## Views of people who use the service

Inspectors spent time with all four residents living in the centre, two of whom were happy to speak in more detail about their experiences of living there. All of the residents appeared at ease in, and familiar with, the centre. They also appeared comfortable when in the company of staff. Residents reported that they were happy living in the centre. They spoke about the things they are interested in and that are important to them. One resident had a clear goal to live independently and was visibly proud of the progress made to date towards achieving this goal. Another resident had a clear preference for spending time outside of the centre, in the local community. While it was acknowledged that there were opportunities provided for this, the resident wished it could be facilitated more regularly. Both residents were complimentary about the support provided by staff.

Four questionnaires were also completed, three by residents and one by a relative. The feedback reviewed was very positive overall. Staffing support provided in the centre was rated positively in all questionnaires. Of those who had made complaints, all were happy with how these had been addressed. Any issues noted in the questionnaires were raised with the person in charge during the inspection. This will be further referenced under capacity and capability.

## Capacity and capability

Overall inspectors found evidence of good management, governance and oversight of service provision in the centre. Some improvements were required to meet the regulations.

There was evidence of an effective governance structure and strong leadership in the centre. There were clear lines of accountability and all staff who spoke with inspectors were clear on their responsibilities and the reporting structures in place. The person in charge had been in this role since 2005. She was supported in the management of the centre by a national services manager who acts as a person participating in management, and a full-time, acting team leader.

Members of the management and staff team who met with inspectors had a good knowledge of the needs of the residents and the service. There were a number of audits completed in the centre demonstrating a commitment to ongoing monitoring and service improvement. While there was evidence of appropriate and timely responses to adverse incidents in the centre, improvement was required regarding the notification of these events to HIQA, as is required by the regulations.

During the inspection, issues reported in resident and relative questionnaires were discussed with the person in charge. For those that she was already aware of, the plans already in place to address these issues were outlined and evidenced. She also demonstrated a willingness to address, as a priority, those she was not previously aware of (for example, one resident felt that the sitting room did not offer adequate privacy to visitors). A review of complaints and compliments in the centre also evidenced a responsive approach to any issues raised or identified.

The service provided was in line with the statement of purpose. Some minor amendments were required for this document to meet the associated regulation.

Inspectors sat in on staff handover on one of the mornings of the inspection. It was evident that an effective system was being implemented that ensured that all of the key information relating to service provision and residents' needs was communicated clearly, available resources were allocated, and appropriate actions and responsibilities were delegated among staff members on duty.

#### Regulation 14: Persons in charge

The person in charge demonstrated that she met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing compliment in the centre appeared appropriate to the assessed needs of the residents. There was a regular staff team working in the centre which also incorporated a panel of four relief staff. The person in charge advised that the centre had recently received funding approval for additional staff. While these positions were being recruited, there was limited use of some agency staff. During this inspection staff personnel files were not reviewed regarding the information and documents specified in Schedule 2 of the regulations.

Judgment: Compliant

#### Regulation 22: Insurance

The letter outlining written confirmation of insurance specified the provider's name but not the name of the centre. The person in charge advised that she would obtain

an updated document to meet this requirement.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of regular meetings between the person in charge and the two team leaders who reported to her. In addition inspectors reviewed records of audits, regular staff meetings and one-to-one supervision sessions completed with staff working in the centre.

An annual review had been completed in the centre which reflected the two six-monthly visits to the centre in the previous 12 months. Although there was evidence of consultation with residents and representatives in the annual review, this was a sample of residents accessing services provided nationally and not those living in Hillview B.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge explained that each resident had both a service agreement and a tenancy agreement.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose did not include all of the information as specified in Schedule 1 of the regulations including the size of the rooms and the arrangements made for the supervision of any therapeutic techniques used in the centre. It was also identified that the whole time equivalent of the person in charge was not accurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

During a review of the records of incidents that had occurred in the centre, it was identified that not all injuries to residents, both those that required hospital treatment and others of a less serious nature, were notified to HIOA, as is required by the regulations. An environmental restraint identified during inspection had also not been notified.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider met the requirements of the regulation.

Judgment: Compliant

## Quality and safety

There was evidence that residents received a person centred service and experienced a good quality of life in the centre. However improvement was required to ensure that the staff team had the appropriate knowledge to support residents' assessed healthcare needs and to accurately assess any risks in the centre. Improvement was also required to meet the regulation regarding fire precautions.

The centre was clean, bright and homely throughout. The kitchen was designed and structured so as to be accessible to all of the residents. The communal areas and bedrooms were decorated in line with residents' taste. Personal photographs and some of the residents' artwork were on display.

It was evident that the service provided to each resident was tailored to their needs, interests and preferences. Each resident's schedule was individualised and included both learning and development opportunities and preferred activities. There was a clear focus on the support and further development of residents' independence. All residents regularly spent time in the local community and were supported to maintain strong family relationships

Inspectors reviewed a sample of documentation relating to residents, including assessments and personal plans. One resident had moved into the centre seven weeks prior to the inspection. It was identified that some documents were not fully completed, and others had not been signed to evidence this resident's (or their representative's) participation in their development. The person in charge explained that this process was underway and was able to provide evidence of previous and planned meetings and draft documents and templates already shared with this resident's representative. Through review of other residents' personal plans, conversations with residents, and minutes of staff meetings, inspectors were

assured that resident participation was encouraged and supported in all aspects of service provision in the centre.

All residents in the centre had access to a psychologist, social worker, and General Practitioner (GP) of their choice. Inspectors were informed that access to other allied health professionals was through referral to the local Health Service Executive (HSE) community teams or by private arrangement (funded by residents). Areas for improvement were noted in regards to the provision of healthcare in the centre. It was identified that although living full-time in the centre, the staff team did not have records of recent medical appointments for one resident. Healthcare plans were also not developed for two identified areas of need. As a result inspectors were not assured that staff had all of the information required to meet all of this resident's assessed healthcare needs. Some documentation issues were also identified regarding healthcare including reference to an emergency medication in one resident's profile that had since been discontinued, and the absence of key information in another resident's hospital passport.

There was evidence of strong practice regarding the management of medications in the centre. All residents were supported in their own choice of pharmacist. The pharmacist regularly visited the centre and had completed an audit of medication management procedures two weeks prior to the inspection. Staff spoken with were very familiar with, and could demonstrate, the systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medications. Following risk assessment, one resident was working towards independently managing their medication. While the findings in this area were very positive overall, some issues were identified.

It was evident that the service had put in place a system to identify hazards and address risks in the centre. This included individualised risk management plans as well as a local risk register for the centre. It was identified that the assessment of risk in the centre required improvement. Fire precautions in the centre were also reviewed. While a number of processes and procedures were in place to mitigate against this risk, areas to be addressed were identified, including the observed use of wedges to keep fire doors open.

There were no safeguarding concerns in the centre at the time of inspection. Although not identified as a significant risk in the centre, there were behaviour support plans in place for each resident. These were developed following assessment and were regularly reviewed by a psychologist employed by the service provider.

## Regulation 11: Visits

The provider and person in charge met the requirements of the regulation.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider and person in charge met the requirements of the regulation.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider and person in charge met the requirements of the regulation.

Judgment: Compliant

### Regulation 17: Premises

The provider met the requirements of the regulations.

Judgment: Compliant

### Regulation 20: Information for residents

Information was submitted to HIQA in January 2018. It contained all of the information required by the regulations. This document was not dated. The person in charge advised that she would address this and resubmit the document.

Judgment: Compliant

### Regulation 26: Risk management procedures

Improvement was required in the implementation of the assessment of risks in the centre. Many of the scores recorded on documentation were not accurate or reflective of how risks were being managed in the centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider met the requirements of the regulation.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire alarm system and emergency lighting were not being serviced as frequently as is required. The use of a wedge to keep a fire door open was also observed during the inspection.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was no lock on the refrigerator used for the storage of medication. Transfer of medication forms were not always fully completed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider and person in charge met the requirements of the regulation.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were not assured that staff had all of the information required to meet residents' assessed healthcare needs.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The provider and person in charge met the requirements of the regulation.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0020994

Date of inspection: 20/03/2018 and 21/03/2018

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>The Annual Report of the Safety &amp; Quality of Care of Residents will highlight care and support of Residents that are specific to that Centre and be in accordance with the standards. This will be achieved through an annual service specific review, outside of the anonymised overall organisational review, which will also be informed with consultation by residents and their representatives.</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose will include the following information as specified in Schedule 1 of the Regulations:</p> <ul style="list-style-type: none"> <li>Measurements of the rooms.</li> <li>Supervision of any techniques used in the Centre will supervised and is noted on the Statement of Purpose.</li> <li>The whole time equivalent of the Person in Charge is 0.5 and is noted on the Statement of Purpose.</li> </ul>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• All incidents that require Hospital treatment will be notified to Hiqa and all other incidents of a less serious nature will be noted on the Hiqa Quarterly Report.</li> <li>• All environmental restraints will be notified to Hiqa on the quarterly reports.</li> </ul> <p> </p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• All staff will receive training in Person Served Risk Assessments by 30<sup>th</sup> September 2018.</li> </ul> <p> </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The fire alarm system and emergency lighting will be serviced every quarter as is required.</li> <li>• Wedges will not be used in keeping a fire door open.</li> </ul> <p> </p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

- A lock will be put on the fridge for the storage of medication.
- All medication release forms will be completed when Person Served leaves and re-enters the Centre.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- All information has been secured and signed to meet Person Served assessed Health Care Needs.

## 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 23(1)(e)	The registered provider shall ensure that that the review referred	Substantially Compliant	Yellow	31.12.18

	to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30.05.18
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	3.04.18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	3.04.18
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to	Substantially Compliant	Yellow	30.03.18

	ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30.05.18
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	22.05.18
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30.03.18
Regulation	The person in	Not Compliant	Orange	30.03.18

31(3)(d)	charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	15.04.18