



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	18 May 2022
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0028047

About the designated centre

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

Hillview Manor provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of seven residents with six bedrooms in the main house and a one bedroom apartment situated adjacent to the main house. The centre is surrounded by a large garden area, it is in walking distance to local amenities and public transport links. The centre aims to support residents to experience life in a home like environment and to engage in activities of daily living typical to those which take place in many homes, with additional supports in place in line with residents' assessed needs. Residents are supported by a person in charge, team leader and support workers in line with their assessed needs.

The following information outlines some additional data on this centre.

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 (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 18 May 2022	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

On arrival at the designated centre, the inspector saw that arrangements were in place to celebrate the significant birthday of one of the residents. There were celebratory decorations up in the communal areas and a birthday party was planned for the evening. All the residents in the main house of the designated centre were to attend this party, and there was an air of excitement about the forthcoming celebrations. It was clear that the residents were compatible with each other, and that they enjoyed each other's company.

The inspector conducted a 'walk around' of the designated centre, and staff checked with residents for permission for the inspector to enter their rooms. This permission was sought from each resident for the inspector to access their personal bedrooms. Residents had their own keys to their rooms, so that it was clear that personal space was respected.

The communal areas were airy and spacious, and nicely furnished and decorated. There were double doors out into the garden area, and a pleasant smoking area for residents. A computer area was available for the sole use of residents. Every area of the designated centre was spotlessly clean and well maintained.

Everyone's bedroom was personal to them and was decorated and furnished according to their personal taste and items relating to their interests were evident. TV's were in place in each room and some people had tablets or phones, others had posters of their interests on their walls. Personal items and photographs were evident, and those residents who showed the inspector their rooms, pointed out pictures and items of interest to them. There was easy read information in place for resident, such as their weekly planners.

Further easy read information was evident throughout the centre, including information about COVID-19, hand hygiene and an easily accessible timetable of the staff on duty each day,

Some residents agreed to have a chat with the inspector. Residents said that they were happy in their home and felt safe and supported by staff. They told the inspector who they would go to if they had a problem, and named the staff that they trusted. They described the actions they would take if they felt unwell or unsafe.

Some people said that they understood that there were personal restrictions in place, and said that they could not self-regulate, and were comfortable that these restrictions were in place to support them. Others described their engagement in the community, and said that they were undertaking courses such as literacy, and told

the inspector about the things that they had recently learned.

One of the residents was supported to chat with the inspector with a family member. The family member said that the staff knew how to manage any difficulties that arose, and that progress had been made due to the input of staff. They described small steps that had been made by their relative, and attributed this to the care and support in the designated centre.

Residents were supported in various activities, and during recent community restrictions all efforts had been made by staff to ensure meaningful activities. Local walks had been facilitated, and full use of nearby facilities such as parks, outdoor fitness facilities and local drives out had been undertaken. A group of residents had recently enjoyed a social event in the community, with dancing and socialising, this outing had been facilitated by the accompaniment of several staff members.

Each resident had a keyworker, and regular conversations with their keyworker were held and recorded. These conversations led to changes in their support and the activities that were in place for the resident, so that it was clear that the voices of residents were heard and understood.

It was clear, even from the initial viewing by the inspector, that residents were enjoying a comfortable home life. The garden area was well used, there was a polytunnel in which some residents were growing various plants, and some people had made hanging baskets for their home.

Mealtimes were observed to be pleasant occasions, and staff went to great efforts to ensure tasty and wholesome meals were served to residents. Menus were agreed with residents, and any preferences were catered for.

Overall, the inspector found residents' needs were met, and their choices were supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and that they were well supported by an effective staff team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure both locally and regionally. There was an appropriately qualified person in charge who was supported by a house manager, and both were knowledgeable about the support needs of residents, and demonstrated clear oversight of the centre. There were also two team leaders who worked opposite shifts to ensure continuity of a management presence.

Governance and management systems were in place to good effect. Six monthly unannounced visits on behalf of the provider had taken place in accordance with the regulations, and any identified actions had been completed. In addition there was a monthly suite of audits including audits of fire safety, safe services (including safeguarding), behaviour support and health screening.

Communication with staff was managed through regular staff meetings, and these were found to be meaningful meeting. For example, a recent medication error was discussed and the learning from this error was clarified with staff, and expected changes to practice to avoid a recurrence were outlined. The inspector found that these control measures as outlined to staff were in place. Current public health guidance was discussed and clarified at these meetings. In addition there was a daily 'handover log' whereby any incidents or changes were communicated to staff members.

There was a clear process in relation to accident and incident reporting. All recorded incidents resulted in the development of additional control measures, and the process was transparent and available to all staff. The inspector was assured that controls has been put in place to minimise the effects of any further incidents on residents, and that learning had been taken and accounted for.

Staff numbers and skills mix were appropriate to meet the needs of residents, and all staff engaged by the inspector were appropriately trained, and knowledgeable about the support and care needs of all residents. Staff engaged by the inspector described clearly the support needs of residents and their role in supporting residents. Staff training was up-to-date and there was clear oversight by the person in charge.

Formal staff supervision conversations were held quarterly, and an end of year performance review was conducted with each staff member. All the required mandatory staff training was up to date, and additional training in relation to communication and problem solving had also been undertaken.

Registration Regulation 5: Application for registration or renewal of registration

There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and had clear oversight of the

centre.
Judgment: Compliant
Regulation 15: Staffing
There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.
Judgment: Compliant
Regulation 23: Governance and management
There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by the regulations, and accurately described the service provided.
Judgment: Compliant
Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.
Judgment: Compliant
Regulation 4: Written policies and procedures
All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.
Judgment: Compliant
Quality and safety
<p>There was a personal centred plan in place for each resident based on a detailed assessment of needs and abilities. These included social care plans, healthcare plans and positive behaviour support plans. These plans were regularly updated, for example, where a resident had been identified as having a low mood, additional supports were put in place. Each resident had a keyworker, and the conversations with their keyworker were documented, and updates were made to their person centred plans based on these discussions.</p> <p>Goals in relation to maximising the potential of residents were in place, and were being implemented. Short term goals as a precedent to long goal achievements were recorded and acted on by staff, so that where timeframes had to be adjusted, this was done, and activities were changed as a result. Where residents decided not to choose a goal, this was clearly respected by staff whilst still providing encouragement to residents. Since the lifting of community restrictions, some residents had been supported in undertaking courses in the local community such as literacy or computer skills, or learning new skills such as financial management.</p> <p>Healthcare was well managed and monitored. Staff had access to various members or the multi-disciplinary team, including nursing support, speech and language therapy (SALT) and occupational therapy (OT). Care plans had been developed</p>

following the recommendations of these professionals, and staff could describe clearly the interventions in place to support residents. Interventions were recorded on a daily basis, and monitored. Changing healthcare needs were identified and acted on immediately, and appropriate referrals were made. This was clearly recorded, and informed the care offered to the resident.

Mental healthcare was a priority in this designated centre, and a 'wellness recovery and action plan', known locally as a WRAP was in place for those residents who needed support in this area. Positive behaviour support plans had been developed for those residents who required assistance in this area, in conjunction with a behaviour support specialist.

Where restrictive practices were in place they were regularly monitored, and were the least restrictive necessary to both support residents, to ensure the safety of others, and to facilitate community participation. There was documented evidence that restrictions were based on detailed assessments, took account of the history of residents, and were the least restrictive to mitigate the identified risks. They were under regular review, and consent of residents had been sought.

Appropriate safeguarding measures were in place, staff had received training in the protection of vulnerable adults from abuse. Staff engaged by the inspector could describe their learning from their training, and could also outline the strategies in place in the designated centre to ensure that all residents were safeguarded.

A recent incident had occurred with one of the residents whereby there was a safeguarding issue presented by a resident of another centre who attended the same daytime activities. This had been swiftly and effectively managed so that, there was no further risk to either resident, by an immediate change in scheduling.

Infection prevention and control (IPC) had also been given priority in the current climate. There had been an outbreak of COVID-19 in the centre, and all the appropriate measures had been put in place to manage and contain the outbreak. A COVID-19 contingency plan had been developed prior to the outbreak which was implemented. This plan provided guidance to staff, and included the measures that should be taken in the event that the staff team was depleted.

Self-isolation of residents had been well managed to both ensure the safety of others, and to support those who were ill. High standards of care and support of residents had been offered to both those who were infected, and to those who needed to be protected from infection. Where residents had serious illnesses, rehabilitation following hospitalisation was on-going, care plans were in place and staff were knowledgeable in relation to their on-going support needs.

A post outbreak review had been undertaken, and this review documented the timeline of events, the public health advice given at each stage. This plan gave an overview of events and steps taken, and identified learning to be taken for both this designated centre and for other centres of the organisation.

There were hand hygiene stations throughout the designated centre, and staff were observed to be adhering to current public health guidance, both in relation to mask

wearing and hand hygiene. High touch areas were regularly sanitised, as demonstrated by observation on the day of the inspection, and by daily documentation. Staff were observed to engage in hand sanitisation when moving from one room to another.

There was a 'hospital passport' in place for each resident to ensure that the receiving agency would have information as to how to care for the resident in the event of a transfer to an acute service, and this had been effective where a resident needed to be transferred to hospital during the recent outbreak.

Residents were in receipt of a well-balanced diet, in accordance with the recommendations of members of the multi disciplinary team (MDT). Any dietary requirements were documented. Staff were familiar with requirements, and the inspector observed meals and snacks being offered in accordance with these recommendations. Meals were well prepared and presented, and some staff members had a particular interest in this area and ensured that meals were an enjoyable experience for residents.

There were robust practices and checks around medication. Ordering of medications and storage were appropriate, and stocks of medications were safely managed. Administration practice was of a good standard, and staff could outline the purpose of each medication administered. All staff were trained in the administration of medication.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident. Staff could readily describe the actions they would take in the event of an emergency, and residents who had a conversation with the inspector could also describe their response to an alarm. Regular fire drills had been undertaken, including night time drills so that it was evident that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

There was a risk register in place which included all identified risks, including risks individual to residents. Each identified risk had an associated risk assessment and management plan, each of which had been developed in liaison with the relevant members of the multi-disciplinary team. There was a system for the recording and reporting of any accidents or incidents which included documentation of any learning, and evidence that this learning had informed changes to ensure the safety of residents.

The rights of residents were respected and upheld. Whilst some restrictive practices were in place, it was clear that these interventions supported residents to live in a home in the community which they may have not been able to do without these interventions.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.
Judgment: Compliant
Regulation 17: Premises
The design and layout to the premises was appropriate to meet the needs of the residents.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents were supported to have a nutritional diet, and to have choice of meals and snacks.
Judgment: Compliant
Regulation 26: Risk management procedures
Judgment: Compliant
Regulation 27: Protection against infection
There was a risk management policy in place which included all the requirements or the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.
Judgment: Compliant
Regulation 28: Fire precautions
There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of

an emergency.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Structures and procedures were in place to ensure the safe management of medications.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families.
Judgment: Compliant
Regulation 6: Health care
There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.
Judgment: Compliant
Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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