



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

Issued by the Chief Inspector

Name of designated centre:	Hyland View
Name of provider:	St John of God Community Services CLG
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 May 2024
Centre ID:	OSV-0003619
Fieldwork ID:	MON-0038671

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. They are supported in their role by two senior staff nurses, nursing professionals, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 May 2024	10:30hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached house in Co Monaghan and at the time of this inspection, there were seven residents living in the designated centre. The inspector met with five of the residents and spoke with three of them over the course of the inspection. Written feedback on the quality and safety of care from five residents and four family representatives was also viewed by the inspector. Additionally, the inspector spoke with one family representative who was visiting the house on the day of this inspection so as to get their feedback on the service provided.

The family member explained to the inspector that their relative had passed away in September 2023 however, they liked to keep in contact with the residents and staff team. Their relative had lived in the house for many years and the family member told the inspector that they had a great life living there. For example, they said that special occasions such as birthdays, Christmas and Easter were always celebrated and family members were made to feel very welcome when visiting the house.

They also said that the care and support provided by the staff team to their relative (and all of the residents) was second to none and, that they couldn't fault any aspect of the service. They said their relative loved living in the house, was very happy there and saw it as their home.

They emphasised to the inspector that the dignity, respect and compassion shown by all staff in providing end of life care to their relative was incredible. They said that the staff team were brilliant and supported their relative to pass away at home and although very sad, they said that the staff team ensured their relative died peacefully and with dignity, surrounded by their loved ones.

On arrival to the house it was observed to be homely, warm and welcoming and the inspector met with four of the residents. Two were in the kitchen finishing their breakfast and two were relaxing in the sitting room watching television. Residents appeared in very good form and seemed happy to meet and speak with the inspector. Two of them said that they were happy in the house with one saying they loved it there. This resident also liked to knit and told the inspector that they were knitting a scarf at this time. They also liked to sing and sang one of their favourite songs for the inspector. They invited the inspector to see their room and it was observed to be furnished, decorated and painted to their individual style and preference. Another resident told the inspector they were happy in the house and liked listening to Irish and country music, which was playing on the television on the morning of this inspection.

Each resident had their own large ensuite bedroom and communal facilities included a sitting room, large kitchen and dining room, two bathrooms and a utility room. Additionally, there was a very large patio area to the rear and side of the house with flowerbeds and garden furniture. Residents liked to hold barbecues for their family

and friends on the patio in times of good weather.

On review of two person centred plans, the inspector observed that residents liked to go on holidays, go to the theatre and concerts, have meals out, go for drives and celebrate occasions such as St Patrick's Day and St Valentines Day. The inspector saw photographs of residents celebrating these occasions and they all appeared to be enjoying themselves very much.

Later in the inspection process, one resident sat with the inspector for a while and went through a photographic version of their person centred plan. The resident was very sociable and loved being out and about. They showed the inspector pictures of themselves attending a pantomime, on various outings and holidays, having a meal and a pint out and celebrating birthdays. There was also pictures of the resident at a wedding and they seemed to have enjoyed this day very much. The resident was smiling and appeared very happy in all the photographs and, was very happy to go through them with the inspector.

The inspector reviewed written feedback on the service from five of the residents. This feedback was positive and complimentary with all residents reporting they loved living in the house. One said that the staff were very good, one reported that they loved their room whilst another said that they loved the house and it was their home.

Written feedback on the quality and safety of care from four family members was equally as positive. The reported that they were very satisfied with the service to include the accommodation, courtesy of staff and respect shown to the residents. All four said the service met their expectations, they would recommend it and that overall, it was excellent.

The inspector also viewed a number of compliments the service had received from family members. For example, family members thanked staff for the care and support they provided to the residents, they felt that the residents were well looked after, they said house was lovely and homely and staff were thoughtful and devoted. It was also observed that a GP of one of the residents was complimentary of the care and attention the staff team showed to the residents.

The inspector spoke with one staff member over the course of the inspection. This staff member had completed 2 modules of a human rights course. When asked how they used this training to promote the rights of the residents they said that they (and all staff) support the residents with dignity and respect in everything they did everyday. For example, they said that they sought consent from the residents about decisions impacting their lives, they always knocked on bedroom doors prior to entering and they were respectful of the residents individual choices and decisions. They also said that staff had a positive rapport with all residents, knew their likes and dislikes and ensured that options were available to them with regard to what social activities to engage in. Again for example, they sourced local newspapers and magazines so as to ensure residents knew what was happening in the local community and explored if there were any events/concerts taking place that the residents might like to attend.

The inspector also noted that the Assisted Decision Making Co-ordinator of the organisation had a list of topics for exploration that were to be discussed at residents meetings. At one of these meetings on April 06, 2024, the topic of rights and the right to vote was discussed with the residents. Easy read information on how to register to vote, the right to vote and the upcoming elections were discussed with the residents at their meeting and on the day of this inspection, the inspector heard some of the residents talking about this topic and the upcoming European elections. It was also observed that at a staff meeting on April 26 2024, the topic of assisted decision making was discussed.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a team of nurses, health care assistants and social care workers. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge.

One staff member spoken with had a good knowledge of residents' individual care plans. Additionally, from reviewing three staff files, the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that one staff working in this centre had undertaken two modules of training in human rights. Examples of how they put this additional training into practice so as to further support the will and preference of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-

monthly unannounced visit to the centre had been completed in May 2024.

Regulation 14: Persons in charge

The person in charge met the requirements of 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).

They were a qualified nursing professional with additional qualifications in leadership, management and palliative care.

They demonstrated a knowledge of their legal remit to the regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision and training of staff.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from the month of April 2024, the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example, three staff worked 12 hour shifts each day and two staff provided 12 hour waking night cover.

Staff were also being supervised by the person in charge as required by the regulations.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

It was observed that the person in charge had presented a business case to management for additional staffing hours at the weekends. This was an additional six hours on both Saturday and Sunday (during the day). This was necessary as none of the residents attended a day service at the weekend and, a number of the residents had significant and changing support needs.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records of three staff, the inspector found that they were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- open disclosure
- Children's First
- safeguarding of vulnerable adults
- manual handling
- basic life saving
- positive behavioural support
- fire safety
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- antimicrobial resistance
- safe administration of medication (to include the administration of emergency medication for epilepsy)
- dementia awareness
- dysphagia
- feeding, eating, drinking and swallowing difficulties (FEDS)
- assisted decision making/supporting decision making.

It was observed that three staff were due refresher training in safeguarding of vulnerable adults in May 2024 however, the person in charge was aware of this and confirmed to the inspector that these staff would have this training completed by May 21, 2024.

Additionally, one staff member had completed two modules of training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

From speaking to one staff member and the person in charge, the inspector was assured that they had the required knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability evident in this service. The centre had a clearly defined management structure which was led by a person in charge who was a clinical nurse manager II (CNM II). They were supported in their role by an experienced and qualified staff team and a person participating in management who worked in a senior management role in the organisation.

The centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre on May 07, 2024.

A quality enhancement plan had been developed based on the findings of the auditing process and this identified any issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality enhancement plan identified the following:

- the service needed to maintain a copy of audits in the centre
- the fire extinguishers were due for servicing.

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that the utility room required some repair works and that additional staffing hours were required at the weekend however, the person in charge was aware of these issues and, had a plan of action in place to address both.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

It also detailed the management structure of the organisation, what therapeutic interventions would be provided, how the privacy and dignity of the residents would be promoted, what day service options were available and how complaints would be dealt with.

The person in charge was also aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. An issue was identified with the fire safety arrangements however.

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to live lives of their choosing, achieve goals and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. Additionally, fire-fighting equipment was provided for and was being serviced as required by the regulations. However, the evacuation process during night time fire drills required review.

The house was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents.

Overall, this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their

assessed needs and preferences.

Residents communication needs and preferences were detailed in their personal plans and each resident had a communication passport on their files. These passports detailed how residents liked to be addressed, how they communicated their will and preferences and how best to communicate with the resident.

Additionally, residents communication preferences were also detailed in a hospital passport that they could take with them to hospital appointments so as medical professionals could effectively communicate with them.

Access to a telephone and other online media was also provided for so as residents could communicate with their relatives and friends.

Other media was also provided to residents such as radio, television and Internet and newspapers.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being provided with appropriate care and support in accordance with their assessed needs and expressed wishes.

Where desired, residents had access to day services and were supported to participate in recreational activities of their choosing and pursue hobbies of interest.

Residents were also supported to maintain their independent living skills, maintain links with their family and friends and maintain links with their community in accordance with their wishes.

Examples of some of the community based activities residents liked to participate in where included in the first section of this report: *'What residents told us and what inspectors observed'*

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents.

Each resident had their own ensuite bedroom which were decorated to their individual style and preference.

Communal facilities included a large kitchen/dining room, sitting room and two bathrooms.

Additionally, there was a large parking area to the front of the property and a large patio area to the side and rear. Ample patio furniture was provided for residents to use at their leisure and to host barbecues for family and friends.

The house was observed to be warm, welcoming and homely on the day of this inspection.

It was observed that some work was required to the utility room however, the person in charge was aware of this and had plans in place to have this work completed.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks.

Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident was at risk of falling, they had a mobility plan in place, were reviewed by a physiotherapist and/or occupational therapist as required and, equipment such as hip protectors were available.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was being serviced on a quarterly each year and had last been checked on February and May of 2024.

The fire extinguishers were due for servicing the day after this inspection My 17,

2024 and the person in charge confirmed that the technician had been booked to service the extinguishers.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Fire drills had been carried out in February and May 2024 and the inspector observed that it took under 3 minutes and 30 seconds to evacuate the house on both occasions with no concerns noted.

However, during a night time fire drill on October 03, 2024 the service operated a system of fire compartmentation where residents (depending on what part of the house they were in) would evacuate to one side of the house or the other. This arrangement required review from a competent fire person/authority so as to ensure it was sufficient in providing an adequate means of escape from the centre in the event of a fire.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- speech and language therapy
- occupational therapy
- dentist
- optician
- dietitian.

Residents were also supported to attend hospital appointments as required. Support and advice was also provided to residents from clinical nurse specialists as required.

Additionally, each resident had a number of care plans in place so as to inform and guide practice and one staff spoken with was knowledgeable of the assessed needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required,

safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- one staff member spoken with said they would have no issue reporting a safeguarding concern to management if they had one and was able to identify the designated safeguarding officer for the service
- the concept of safeguarding formed part of the agenda at staff meetings
- there were no open complaints on file concerning this service at the time of this inspection
- feedback from family members about the care and support provided in the service was positive.

Additionally, from a review of three staff files it was observed that they had training in the following:

- safeguarding of vulnerable adults
- children's first aid,
- open disclosure.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported in this service.

Residents were supported to make their own choices and engage in social and recreational activities of their choosing and that they enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their care plans

One staff member spoken with had completed two modules of training in human rights.

Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hyland View OSV-0003619

Inspection ID: MON-0038671

Date of inspection: 16/05/2024

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Qualified Fire Safety Consultant has been sourced and given the remit to review the procedure.</p> <p>All relevant documentation has been forwarded to the Qualified Fire Safety Consultant and we await the findings.</p> <p>Same to be completed by 01/07/2024.</p>	

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/07/2024