



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

## Issued by the Chief Inspector

Name of designated centre:	47/48 Towerview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	03 May 2023
Centre ID:	OSV-0005397
Fieldwork ID:	MON-0030951

## About the designated centre

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

Towerview offers full-time residential care for up to seven female residents with an intellectual disabilities. The residents are supported twenty-four hours by a team of staff nurses and care assistants. The centre comprises two adjoined two-storey semi-detached houses and an attached one-storey, two-bedroom apartment. Both houses have three bedrooms, one kitchen/dining room, one sitting room and one small office and bathroom. The apartment contains two bedrooms, one sitting room/kitchen, one utility room and one bathroom. The houses are situated in a quiet residential centre close to the local town. Residents have access to local restaurants, cafes and shopping centres.

**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 3 May 2023	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead
Wednesday 3 May 2023	09:30hrs to 15:30hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

The overall findings from this inspection were positive. Residents were found to receive a service that was built around their individual needs.

Inspectors had the opportunity to meet with five of the seven residents, they appeared happy in their homes and comfortable in their interactions with those supporting them. One resident chatted with an inspector about a show they were watching; they said they enjoyed knitting and showed the inspector some of the work they had completed. The resident stated they had attended yoga that morning and they were planning on going for a walk with staff in the afternoon.

An inspector spoke with another resident in their sitting room. The resident spoke about the COVID-19 pandemic and stated they were happy the requirement to wear masks had been removed as they found it difficult to interact with people when they were wearing a mask. The resident informed the inspector that they had been unwell when they had the COVID-19 virus and told the inspector that the staff team had looked after them during that period. The resident also spoke to the inspector about their employment and the impact the restrictions during the pandemic had upon it.

The review of records identified that the residents were active members of their local community and they were involved in local groups and associations. One resident informed an inspector, they planned to volunteer at an upcoming show. Residents spoke of going to hotels for overnight breaks and tea, some had purchased tickets for events during the summer, such as Bloom and Able Fest and some also engaged in a shared break agreement. The residents identified this as important for them and they were supported to identify activities they would like to engage in during the breaks. Residents were observed to engage in numerous activities in and outside of their home and there was a significant staff presence in place to facilitate this.

The group of residents were encouraged to maintain their independence as much as possible and it was evident that they were the decision-makers regarding their daily routines and the type of support they received. If residents were unhappy or had any issues they made a complaint and inspectors saw evidence of these complaints being addressed promptly and records were maintained of residents satisfaction with the outcome.

In the run-up to the inspection the Health Information and Quality Authority (HIQA) posted questionnaires to the centre, which gave residents the opportunity to give feedback on the quality of service being delivered to them. The feedback from the residents was that, they were happy in their homes and with the staff support. Some of the residents listed activities they liked to do, including visiting a nearby leisure centre, tending to their garden, going to their Arch Club and going for walks. On the day of the inspection, one of the residents informed the inspector that they

planned to get more seeds to plant in their polytunnel.

In summary, the inspection found that the needs of the residents were met by the provider and the staff team supporting them. Inspectors did find issues with the provider's response to a resident's request for a new wardrobe to be fitted, the delay in responding to this request will be covered in more detail later in the report. In addition, inspectors also found that, residents had purchased medical devices with their own money. These issues will be discussed in more detail in the quality and safety section of the report.

The following 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

This inspection was the fourth inspection of this service since 2020. Previous inspection identified that there were issues relating to the oversight and management of the service provided to the residents.

This inspection found that improvements had been achieved regarding the oversight and management of the service and there was a consistent person in charge following a period where there had been a number of changes to persons in the role. These changes led to a more effective and stable management structure.

Audits were completed on a monthly basis by the person in charge. If actions were identified in the audits they were added to a quality improvement plan. Action plans were created, which listed how the actions would be achieved and how long it would take to do so. There had been delays in responding to one action relating to a resident's request, however, this was outside of the person in charge's powers and the issue lay with the provider's delayed response.

The person in charge was supported in their duties by a team of staff nurses and care assistants. A review of the current and previous rosters showed that a consistent staff team were supporting the residents. The review of rosters showed that two consistent agency staff members were utilised to ensure that safe staffing levels were maintained. The person in charge had recently submitted a request to source two permanent staff members to replace the agency staff and further enhance the consistency of care.

The service was nurse-led with a staff nurse on day and night shifts. As mentioned above there was a large staff presence each day, with five staff rostered during the day and three rostered each night. The inspectors also found that, the skill-mix of the staff team was appropriate in meeting the residents' needs.

One of the inspector's reviewed the arrangements relating to staff training and development. The appraisal found that, the training needs of the staff team were under close review. Staff members had been provided with a suite of training, including training specific to the needs of residents. Staff members had also been provided with supervision as per the providers guidelines. The person in charge identified that, they planned to raise potential edits to the supervision format with more of a focus placed on staff development.

Resident had been provided with information regarding the complaints process. A review of records showed that residents had made complaints in the past. These complaints had been reviewed and addressed by the provider. There had been occasions where the person in charge had met with complainants to discuss the complaint. There was also evidence of complainants identifying that, they were satisfied with the provider's response to their complaint.

#### Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines.

Judgment: Compliant

### Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting the required notifications for review by the chief inspector as per the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure which was accessible to residents. As discussed earlier in the report, the residents had been supported to raise complaints. The provider had responded to the complaints, and the residents had been informed of the outcomes.



Judgment: Compliant

## Quality and safety

The inspectors found that, a quality and safe service was provided to the residents. Comprehensive assessments of the residents' health and social care needs had been completed. Residents were supported to be the decision-makers regarding their lives, and if required, the provider and staff team were there to support them. However, there was an apparent effort to maintain the residents' independence whilst ensuring that their health and social care needs were met.

Weekly resident meetings were held. One of the inspectors reviewed a sample of these and found that, the residents were encouraged to share their views during the meeting regarding the general day-to-day running and organisation of the service provided. Those supporting the residents did so in a manner that promoted and respected their rights.

Residents in discussion with an inspector identified occasions where other residents had upset them. A review of records showed that, there were occasions where residents had negatively impacted one another through verbal aggression. The staff team managed these incidents and de-escalated them promptly. The person in charge had also completed investigations into the incidents, and safeguarding plans had been reduced; these focused on reducing such incidents and the impact they may have on residents.

A sample of residents' information was reviewed. The information showed that the health needs of residents were under close review. Annual nursing and medical assessments were completed for the residents. Care plans and risk assessments had been developed regarding residents' health needs, and there was clear information for staff to follow. Residents were supported to access their local general practitioner (GP) if required; some residents had completed recent check-ups with their GP and there were plans in place to complete this with the remaining residents.

Positive behavioural support plans had been devised for residents who required them. There were appropriate arrangements to review incidents and promote learning to reduce their reoccurrence. Positive behaviour support plans were found to contain information to help staff understand the behaviours of concerns and how to respond to and comfort the residents as necessary.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Individual risk assessments were developed that were specific to each resident and outlined how to maintain each resident's safety.

The review of fire safety precautions found that the provider had developed

effective fire safety management systems. Regular fire drills had been completed. These demonstrated that residents and those supporting them could safely evacuate.

Appropriate measures were in place regarding infection prevention and control (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan specific to the service. Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection, including weekly and monthly IPC audits. The residents' home was also maintained in a clean and hygienic condition. There were also hand washing and sanitising facilities available.

While many improvements were made to the service provided to residents, two areas required further enhancements. As mentioned above, there had been delays in the provider responding to a request by a resident for additional storage to be added to their room. The resident had identified the need for this on the 20.04.22. The person in charge explained that, funding had recently been approved for the works to be carried out. However, there had been a twelve-month delay in the provider responding to the resident's requests. This is despite the person in charge raising the issue on multiple occasions. Therefore, improvements were required to ensure the provider responded to all matters relating to the resident's home. The inspector does note that the overall appearance of the residents' home had been improved, with painting and decorating being completed since the last inspection.

The second area that required improvement relates to residents' finances. An inspector reviewed a sample of records that related to residents' purchases. It was found that a resident had purchased a blood pressure monitor; the inspector sought clarity regarding this and was informed that all residents had purchased individual blood pressure monitors. This should not have occurred, as it is the provider's responsibility to buy such materials. The Assistant Director of Nursing informed the inspector the day after the inspection that the residents would be reimbursed for the cost of the blood pressure monitors and identified that residents should not have purchased them.

## Regulation 12: Personal possessions

One of the inspectors reviewed the systems the provider had in place to safeguard the resident's finances. During the review, the inspector raised a number of queries regarding sums of money paid for Residential Support Services Maintenance and Accommodation Contribution (RESSMAC) and "share break" payments. The provider and the person in charge addressed these queries the day following the inspection. However, a member of the provider's senior management team did identify that improvements were required to ensure that such payments were presented transparently.

The review of the safeguarding measures showed that regular audits were completed and that daily checks were completed regarding residents' finances. An

inspector reviewed records regarding items residents had purchased or activities they paid for. The inspector noted that a resident had purchased a blood pressure monitor. This was raised to the person in charge, who identified that all residents had purchased their own monitors, these items should be provided in the centre as they are items used in the care of the residents. This matter was discussed with a member of the provider's senior management team and assurances were provided that residents would be reimbursed for the cost of the blood pressure machines.

Judgment: Substantially compliant

### Regulation 17: Premises

Previous inspections identified that the provider needed to carry out work in the residents' home to ensure that it was in a good state of repair internally and externally. The provider had responded to the previous actions. The residents' home was homely and well-maintained. Painting and decorating were completed throughout the service.

As noted earlier, the inspector reviewed information regarding a resident, with the support of staff, requesting the installation of a new wardrobe in their bedroom. The resident identified this as something they wished to have on the 20.04.22. The resident showed an inspector their room; it was small and cluttered with items. The resident requested the wardrobe to reduce the clutter.

The person in charge had raised the request with the provider's senior management following the resident's request, but there were delays in the request being addressed. Approval for the works to be completed was not granted until 12.04.23 due to funding issues. Funding has since been approved, and the wardrobe is due to be completed and installed in four to eight weeks. The provider has eventually responded to the resident's requests, but improvements are required to avoid future delays.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the required information. The residents' guide provided information on the services offered, the terms and conditions of residency, arrangements for residents' involvement in the running of the centre, how to access inspection reports, management of complaints and the arrangements for visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to follow standard-based precautions throughout the inspection. Monthly audits reviewed IPC control measures and potential risks. The review system was effective, and the provider addressed identified actions. The provider had also arranged for an external audit to be carried out. Again an action plan had been devised following the audit and there was evidence of a prompt response to the plan.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents under day and night scenarios.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

## Regulation 6: Health care

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents in a proactive and reactive manner.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that the safeguarding and protection arrangements were appropriate. Staff members had received adequate training in the area. If required, the person in charge had completed investigations into incidents or allegations. Safeguarding plans had also been drawn up when needed.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for 47/48 Towerview OSV-0005397

Inspection ID: MON-0030951

Date of inspection: 03/05/2023

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All residents have been reimbursed the cost of monitors which had been purchased with their personal monies. A staff meeting has taken place to reiterate the financial guidelines to the staff team to ensure this does not occur again.</p> <p>A review of the documents pertaining to sums of money paid for Residential Support Services Maintenance and Accommodation Contribution (RSSMAC) was undertaken. It is acknowledged that the way in which this documentation is presented can be confusing to residents as to what amounts monthly have been paid. The financial department have given assurances that the wording on such documents will be ammended to ensure residents can clearly identify what has been paid and what if any is outstanding and the rational for same.</p> <p>Where share-a-break payments have been made a meeting is scheduled with the provider of Share-a-break to review the current arrangements.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The comfort and safety of the physical environment based on residents' requests for personal items, furnishing and decorating of their bedrooms is taken seriously by the centre to ensure their needs are met in accordance with preferences.</p> <p>The process to obtain larger items, including furniture is in line with the HSE procurement procedures. In future to meet the individual needs of residents in a timely manner more detailed communication will be ensured and alterative options explored in the event of any delay occurring to ensure a safe environment.</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 12(4)(c)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.	Substantially Compliant	Yellow	30/05/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall	Substantially Compliant	Yellow	30/05/2023

	be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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