Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	16 August 2023
Centre ID:	OSV-0007435
Fieldwork ID:	MON-0032260

About the designated centre

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

Mountain View Residential Service is a large detached bungalow located in a rural area but within relatively short driving distance of a number of towns. The centre provides full-time residential support for a maximum of two female residents between the ages of 18 and 65. Residents with intellectual disabilities, autism and mental health needs are supported and the centre is subdivided in two to provide each resident with their own separate living area with residents having their own bedrooms. Other facilities in the centre include bathrooms, sitting rooms, kitchens, a utility room and staff rooms. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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 16 August 2023	09:55hrs to 21:20hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This designated centre is a detached bungalow located in a rural area, 15 kilometres from a large town. The centre is registered to provide a full-time residential service to two adults. The centre is divided, providing each resident with a separate entrance to their own living area. Each resident has access to a bedroom, bathroom, kitchen, dining area and sitting room. The centre also has a staff office, utility room, and three storage rooms. The centre is staffed at all times. Residents are supported by the person in charge, team leader and care workers.

This was an announced inspection. On arrival the inspector was greeted by the person in charge and shortly afterwards there was an introductory meeting. During this initial meeting, one resident introduced themselves to the inspector. They were on their way out and spoke briefly about living in the centre. They expressed a wish to live elsewhere and were assured by the person in charge that this had been escalated to senior managers. The resident appeared to respond well to this. Later that morning the inspector met with the other resident living in the centre. When the inspector first arrived, this resident was in bed. Later they met briefly with them while they watched television in their bedroom. This interaction was brief. Both residents appeared very at ease in the centre and with the staff support provided to them. While neither resident spent much time engaged with the inspector, interactions with various staff throughout the day were observed and heard. Staff appeared to have a very good awareness of residents' assessed needs and their communication preferences and styles. Interactions were noted to be kind, unrushed and respectful. When speaking with staff they were positive about the residents and working in the centre.

As already referenced, this centre was divided into two separate living areas. As was found when the centre was last inspected on behalf of the Chief Inspector of Social Services (the chief inspector) in May 2022, there was a marked difference in the presentation of both areas. While some of this was due to residents' individual preferences, it was also noted that there were ongoing maintenance needs and areas that required cleaning in one area.

The inspector first visited the part of the centre that also included the staff office and storage rooms. This part of the centre was observed to be clean, generally well-maintained and decorated in a homely style. There was a mural on the wall of the main hallway and management spoke with the inspector about plans to include another mural in a corner of the sitting room. This was to further personalise this room to the resident who lived in this part of the centre. This resident spent a lot of time in their bedroom and it was hoped that involving them more in the decoration of their home may lead to them spending more time in other parts of the centre. The resident had already bought a chair for this room and there were photographs, art, and other preferred items such as books, craft supplies and games on display and available.

The resident's bedroom was spacious and had an ensuite bathroom. This room had also been personalised to the resident's taste and had a wall-mounted television that they enjoyed watching. Some maintenance was required to the bedroom windowsill and a rusted radiator in the bathroom. When spoken with, the resident was positive about their bedroom.

This part of the centre also had a large, open-plan dining and kitchen area with comfortable seating available. There was a notice board in this room that was used to display accessible information and other information specific to the resident including possible activities and upcoming events. There was a utility room adjacent to the kitchen area which contained laundry equipment used for both residents in the centre, a freezer and cleaning equipment.

The inspector then visited the other resident's living area. This reflected the interests of the resident who lived there with many of their preferred items available, and a computer in the open-plan living, dining and kitchen area. Storage facilities in this resident's bedroom had been adapted to their preferences. This ensured that their belongings were visible and accessible to them. There were a number of areas requiring maintenance in this part of the centre, most notably the bathroom.

The bathroom and surrounding floors were noted to be in poor condition. The floor was damaged, the walls stained and requiring painting, and mould was evident on parts of the sealant surrounding the bath. This was an ongoing issue and had been referenced in the two most recent unannounced visit reports written by a representative of the provider. Management advised the inspector that a funding application was to be made to renovate the bathroom. There were no time frames for this work to be done.

The inspector also observed damaged surfaces on the kitchen counter, some kitchen fittings, and the desk used for the computer in the open-plan area. It was noted that the coverings on the computer chair and one of the couches were damaged. Stains were also observed in the area near the computer and on some preferred items. There were similar findings in the resident's bedroom where it was noted that the floor and a foot rest were damaged, stains were observed on the walls, and the floor required sweeping. Before the end of the inspection management advised that the provider's maintenance team would review the centre that week and that cleaners had been scheduled for the following week.

When walking throughout the centre it was observed that a number of fire doors, including one to a bedroom, were not closing fully. This meant they may not be effective containment measures to limit the spread of fire, smoke and gases, if required in the event of a fire. Others were not fitted with functioning self-closing mechanisms. It was also noted that there was no fire door to the utility room where laundry equipment was used and stored. Laundry rooms are a high risk area for fire. The inspector also saw a portable electric heater in one living room area. Management advised that although this was only to be used in an emergency, it had been identified that it was used at other times. The use of portable heaters can also pose fire safety risks. Fire safety arrangements, including containment measures, in

the centre required review by a competent person to ensure that they met the requirements of the regulations. Management advised that all fire doors would be reviewed later that week.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent provider unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at both residents' individual files. These included assessments and residents' personal development plans, healthcare and other support plans. Risk management and the protection of residents was also reviewed.

As this inspection was announced, feedback questionnaires were sent in advance of the inspection. Two questionnaires, completed by residents, were returned to the inspector. On review it was found that the majority of the questions included were not responded to. The feedback that was provided referenced one resident's wish to live elsewhere with their relatives, describing their current home as 'too lonely'. The other resident indicated that they were happy with how comfortable the centre was and the food provided. Other feedback provided by residents and relatives as part of the annual review process was also reviewed by the inspector. There was positive feedback regarding staff, with one relative describing them as 'caring and considerate'. Other feedback provided shared some similar themes. Again, one resident expressed their wish to live with family members in another county. Management told the inspector that this has been a recurrent request made by this resident for many years and that while it is not possible for them to live with relatives, they were supported to visit, and their requests were now being subjected to the provider's complaints process. The resident was reported to be happy with this response.

The inspector was told that both residents had spent some time together in the centre since the separate living arrangements were put in place in late 2021. Management advised that while these meetings had taken place without incident, neither resident had expressed an interest in spending any further time together. Feedback also referenced a wish for both residents to engage in more activities and form friendships with other people. One resident's family raised a number of points that they wished to be addressed regarding their relative. It was noted that these were to be addressed directly with the respondents. The inspector was informed that management now met weekly via video conferencing technology with this resident's relatives and that these matters, and any raised since, were addressed in this forum.

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 on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, there were many examples of good management practices in the centre. There had been an improvement in the implementation of action plans developed following the audits and reviews that are required by the regulations. Management displayed a person-centred approach to service provision and promoted residents' independence and involvement in their supports. It was identified that some aspects of the service provided required increased oversight and the provider continued to face challenges in the recruitment and retention of staff to work in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Staff reported to the team leader, who reported to the person in charge, who in turn reported to one of the persons participating in management. The inspector met with all three management staff on the day of this inspection. All three had been appointed to their roles in this centre since the last inspection completed on behalf of the chief inspector in May 2022.

The current person in charge was appointed to the role in April 2023. The person in charge role was fully supernumerary. They had previously worked in the centre as a team leader. The person in charge also fulfilled this role for one other designated centre. However, as that centre had been vacant since they took on the role, they dedicated the majority of their working week to this centre. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents' assessed needs and the day-to-day management of the centre.

The team leader worked in this centre only and also had some supernumerary hours. However, due to staffing shortages at the time of this inspection, these hours were reduced as they were at times working to cover vacancies. The provider had also appointed another social care leader to work in the centre two days a week. This was a temporary arrangement to provide additional support.

The person in charge was typically based in the centre from Monday to Friday, while the social care leader worked both during the week and at weekends. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings took place monthly. One-to-one staff supervision also took place four times a year, in line with the provider's policy. These meetings provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents, as is required by the regulations. A psychologist working for the provider had recently met with the staff team to facilitate a reflective practice session. Further meetings were planned. This was introduced as a support for staff following a number of adverse incidents in the centre.

As was mentioned previously, there were staffing vacancies in the centre at the time

of this inspection. Recruitment was ongoing. The inspector was also informed of a plan for staff working in this and other local designated centres operated by this provider to spend six-week periods working in other centres. The purpose of this was for staff to gain experience working in other settings and for residents to be supported to get to know other staff. It was explained that a core staff group would remain in each centre at all times to ensure continuity of care and support for residents. In May 2022 the provider was assessed as not compliant with the regulation regarding staffing. At that time one resident was assessed as requiring the support of two staff. Since then this resident had surgery which improved their sight and reduced their assessed staff support needs.

The inspector was informed that the provider aimed to have three staff providing direct support to residents by day (10:00 to 22:00) and two staff by night (22:00 to 10:00) who remained awake. Management spoke with the inspector about occasions where the centre was staffed with what was described as minimum staffing levels. In these situations two staff worked by day. One resident required the support of two staff to leave the centre. The inspector was informed that minimum staffing levels did not impact on residents' participation in activities as staff were always provided for a period of time to facilitate outings. The inspector queried the impact of staffing levels on the safeguarding arrangements in place to protect residents from abuse. This will be discussed in the 'Quality and safety' section of this report.

As was identified in the last inspection of this centre, there was an inaccuracy in a service agreement regarding fees to be paid. The inspector reviewed the written service agreements between the provider and the residents during the current inspection. These agreements outlined the costs associated with living in the centre. These included rent, a contribution to utilities, and each resident buying their own groceries and personal products. On review of these documents, it was identified that one resident was paying more rent than the other. The inspector queried this difference. Following a review of residents' financial records, it was identified that this discrepancy began in April 2023. Management determined that this had occurred due to an error made when setting up the associated standing order. Management committed to supporting the resident to contact the bank and landlord to address this overpayment. As this resident's service agreement, dated July 2023, included this incorrect amount it required review to ensure the costs outlined were accurate.

The provider had completed an annual review and unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review reflected the 12 months from December 2021 to December 2022. The review involved consultation with residents and their representatives, as is required. This consultation was referenced in the previous section of this report. An unannounced visit had taken place in September 2022 and again in March 2023. It was noted in the September 2022 report that a significant number of actions from the previous visit report remained outstanding. In the more recent report there was evidence that the majority of actions to address areas requiring improvement were being progressed or had been completed. However, one area to be addressed was also identified in the course of this inspection, namely maintenance required to the

bathroom used by one resident.

A number of other audits and checks were being completed on a regular basis in the centre. Areas monitored included residents' finances and medicines management. As referenced previously it was identified in the course of this inspection that one resident had overpaid their rent. Although a number of financial audits of this resident's accounts had completed since April 2023, this error had not been identified. Medicines audits were completed monthly in the centre. A review of these audits identified a number of actions to be completed. From a review it was not possible to determine if these actions were followed up or completed. However, at times the same actions were repeated in consecutive audits. These findings indicated that improvement was required to ensure that audits were completed accurately, and action plans were both devised and implemented to address areas identified as requiring improvement.

Other findings of this inspection indicated that greater awareness, recognition and timely reporting of the use of restrictive practices in the centre was required.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills and experience, as required by this regulation, to fulfill this role.

Judgment: Compliant

Regulation 15: Staffing

As has been identified in previous inspections there were staffing vacancies in the centre. As a result, despite the use of management staff, relief staff and staff working in other local designated centres, it was not always possible to staff the centre as outlined in the planned roster. The provider had assessed the minimum staffing level required to meet residents' assessed needs and evidence on the day of inspection indicated that this minimum level was always in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge demonstrated good oversight of staff training needs. The staff team had recently completed the majority of training identified as mandatory in the regulations. The exception to this was training in fire safety. As the provider had arranged for this to be an online training, management advised that the two staff who required this training would complete it before they next worked in the centre. Training was booked in the next three months for staff who required refresher training in that time. It was planned for all staff to attend in-person medicines management training, in addition to the online training already completed in this area. The staff team had also completed a course regarding a human rights-based approach in health and social care.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There had been a number of changes to the management arrangements in the centre. At the time of this inspection the provider had allocated additional management resources to this centre two days a week. The provider had arranged for an annual review and two six-monthly visits to assess the safety and quality of

care and support provided in the centre, as required by this regulation. Plans were developed to address concerns identified. There was evidence that there was an improvement in the implementation of these plans.However some matters, such as the poor condition of part of the premises, remained at the time of this inspection. A sample of other audits completed indicated that improvement was required to ensure that audits were completed accurately and areas identified as requiring improvement were addressed. While there was evidence that the provider had addressed or was addressing a number of safeguarding concerns in the centre, it was noted that the safeguarding review completed in January 2023 did not reference the recent trend in safeguarding incidents. Improvement was also required in the notification of adverse events and restrictive practices used.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A written service agreement required review to ensure that the costs associated with living in the centre were accurate. As there were no vacancies in the centre, there were no planned admissions at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of this regulation however some revision was required to ensure that the whole-time equivalent (WTE) hours of the person in charge were accurate and the primary function of each room in the centre was included. These were addressed during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the chief inspector. It was identified that not all adverse events had been notified within the time frames specified in this

regulation. When reviewing documents in the centre there was reference to an adverse incident which involved the use of a physical restraint. Some environmental restrictions, including window restrictors and a locked storage room, were also observed in use in the centre. The use of these restrictive procedures had not been notified to the chief inspector, as is required by the regulations.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the chief inspector of a period of absence of the person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had given notice in writing to the chief inspector of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

Residents were supported to be involved in activities that they enjoyed. A review of documentation and the inspector's observations indicated that residents' rights and independence were promoted. Some areas requiring improvement were identified in the course of this inspection. There were no plans in place at the time of this inspection to address a long-standing maintenance issue in one part of the centre.

Residents who lived in this centre received an individualised service tailored to their own needs and preferences. One resident enjoyed spending time outside the centre and often spent the majority of their day in the local community. They liked going to various types of shops and going out to cafés and restaurants. They were being supported to increase their independence and social skills, and were now ordering what they wanted and using their own bank card to pay for things. This resident had attended a theme park earlier in the summer and was looking forward to going again in the future.

The other resident chose to spend more time in the centre. This was likely influenced by a number of chronic health conditions. Staff continued to encourage this resident to participate in activities while respecting their preferences and wellbeing at any given time. The inspector saw visual aids that had been developed to support this resident to consider attending a local festival and meeting with a family member. Although the resident had chosen not to go on that occasion, the inspector was told about other meetings with this relative, and some of the personal development goals the resident had achieved that year. These included an overnight stay in a hotel in a neighbouring county.

Contact with family was important to the residents living in the centre and this was supported by the staff team. Relatives were welcome in the centre and staff also supported one resident to regularly visit their family home. This resident was supported to visit relatives living in another county every year. This overnight visit was planned for the month following this inspection.

The inspector reviewed parts of both residents' assessments and personal plans. An assessment was completed annually and used to inform the development of a personal plan. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs. Residents' healthcare needs were well met in the centre. Where a healthcare need had been identified a corresponding healthcare plan was in place.

There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. There was also evidence of input from other health and social professionals. Referrals had been made for input from a physiotherapist and occupational therapist. One resident had had several hospital stays since the centre was last inspected. Staff spoken with were very familiar with the healthcare support plans in place and spoke with the inspector regarding regular contact with the resident's specialist care team for guidance and support.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. While there was evidence that residents were being supported to meet some goals, the review of goals was inconsistent and documentation was not always updated. For example, it was a goal for one resident to go to the hairdresser more often. The document available indicated that this was last offered, and declined, six months previously. However management advised that the resident had gone in that time. There were no reviews or updates documented for other goals such as creating a remembrance area for a relative.

The provider had adapted their approach to one resident's personal development plan to increase their participation and engagement in the process. There was more of an emphasis on reviewing and celebrating the successes and achievements of the

previous year rather than planning for the future. The inspector was told that this had been very effective as the resident had participated in, and enjoyed, the meeting. This had been a significant challenge in the past.

One resident was receiving support from the provider's behaviour support service to establish a night-time routine and improve their sleep hygiene. Residents who required one, had a behaviour support plan in place. One plan read by the inspector was dated July 2023. It was signed by all staff working in the centre. The plan was comprehensive and outlined many proactive approaches to prevent or reduce the likelihood of an incident occurring. One documented proactive strategy was weekly opportunities to explore the possibility of making new friends. One month later, it was not clear if all parts of the plan had yet been implemented as outlined. The behaviour support plan included response plans to be implemented, if required. There was also a protocol regarding the administration of PRN medicines (medicines to be used as the need arises) in response to incidents which may pose a risk to the resident's or others' safety. It was identified that this protocol required review to ensure that the guidance regarding the administration of these medicines was clear, and also to remove a reference to a restrictive practice that had been discontinued.

It was identified when walking around the centre that not all environmental restrictions in use in the centre had been identified by the provider. They had therefore not been subject to the provider's own policies and procedures. However, where restrictions were identified there was evidence that these were regularly reviewed. These reviews involved the residents and it was clear that actions were taken as a result of residents' feedback. Management demonstrated a commitment to reducing the use of restrictive practices.

Prior to the reconfiguration of the designated centre in late 2021 to provide two separate living areas, and following a number of adverse incidents, there were concerns regarding the compatibility of the residents to live together. The change to the building layout had successfully addressed this matter. As referenced previously a number of adverse events had been notified to the Chief Inspector since the last inspection of this designated centre. The majority of these adverse events related to allegations of abuse regarding one resident. While most of these had since been assessed as having no grounds for further investigation, others were under investigation at the time of inspection. The chief inspector had been informed that a safeguarding review meeting was to take place for this resident in early 2023. The inspector reviewed the minutes of this meeting. The focus of this meeting related to previous peer-to-peer concerns and the possibility of a third resident moving into the centre. The more recent safeguarding concerns and allegations made were not referenced.

The inspector read the recently reviewed safeguarding plan in place and the correspondence between the provider and the local safeguarding and protection team regarding these matters. The safeguarding plan made reference to the staffing ratios available, including the minimum staffing levels described previously. There was evidence that the provider had acted on feedback given by the safeguarding and protection team. There was also evidence that the provider had initiated regular sessions to support this resident to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection.

The inspector reviewed a sample of the risk assessments in place for one resident. These had been recently reviewed. When reading the risk assessments it was noted that these had not always been updated to reflect recent incidents, for example the use of a physical restraint during an appointment in February 2023 was not referenced in a risk assessment regarding accessing health professionals in the community. It was noted in some instances that the risk ratings were not an accurate reflection of the hazard described, for example the likelihood rating regarding allegations of abuse was not consistent with the number of allegations recorded in the centre. These therefore required review to ensure that the identified risks were accurately assessed, managed, reviewed and responded to, as is required by the regulations.

Regulation 11: Visits

Residents were supported to receive visitors in line with their wishes. Due to the layout of the centre, each resident had their own private living area to spend time with visitors.

Judgment: Compliant

Regulation 13: General welfare and development

Although neither resident was attending a day service at the time of this inspection, staff support was arranged so as to support them to engage in activities in line with their wishes, interests and abilities. One resident spent the majority of the day in their local community, returning to the centre in the evenings. They enjoyed browsing in the shops and eating out. They were being supported to increase their independence in these areas by ordering and paying for themselves. Due to their preferences and their assessed healthcare needs, one resident spent more time in the centre. There was evidence that this resident was offered both in-house and community-based activities, such as attending a local festival. However, when they were able and expressed an interest in an activity this was supported. The inspector was told that one day this resident expressed a wish to achieve one of their goals, to stay overnight in a hotel, that day. This request was facilitated and was reported to be a very enjoyable and positive experience for this resident.

Judgment: Compliant

Regulation 17: Premises

While parts of the centre were clean, well-maintained and homely, as was found on the previous inspection maintenance was required in one part of the designated centre. This was most noticeable in the bathroom area. There was no plan in place to address this at the time of this inspection. A number of items in this area also required repair or replacement. In response to the inspector's observations, management scheduled for this part of the centre to be cleaned.

Judgment: Not compliant

Regulation 20: Information for residents

Two versions of the residents' guide had been prepared to reflect the preferred terms used by the residents for their annual review meeting. Both of these required review to ensure that the costs associated with staying in the centre were clearly outlined. These revisions were completed during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments had been recently reviewed. Some risk ratings required revision to ensure that they accurately reflected the current risk posed by identified hazards, and referenced any recent, related adverse incidents. These included the risk assessment in place regarding allegations of abuse and safeguarding one resident from abuse. The use of electric heaters in the centre had not been risk assessed. A review of these assessments was required review to ensure that the identified risks were accurately assessed, managed, reviewed and responded to, as is required by the regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not inspected in full. When walking around the centre it was observed that not all fire doors closed fully. This meant they may not be effective containment measures to limit the spread of fire, smoke and gases, if required in the event of a fire. Others were not fitted with functioning self-closing mechanisms. It was also noted that there was no fire door to the utility room where laundry equipment was used and stored. Fire safety arrangements in the centre, including

containment measures, required review by a competent person to ensure that they met the requirements of this regulation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of health, personal, and social care needs had been completed for each resident in the previous 12 months, as is required by the regulations. A comprehensive personal plan was in place to provide guidance to staff in supporting residents' assessed needs. Improvement was required in the review of residents' personal development goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in this centre. One resident had successfully undergone eye surgery since the last inspection which had resulted in significant improvements to their sight. Due to their ongoing medical conditions and the impact they had on their day-to-day experience, there was ongoing contact between the staff team and the medical teams involved in the treatment and management of one resident's health.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a recently reviewed behaviour support plan in place for one resident. The protocol in place regarding the use of medicines in response to incidents where a resident's behaviour posed a risk to their own or others' safety required review to ensure that it was clear and up-to-date.

There were a number of restrictive procedures used in the centre. Not all of these had been identified and therefore subjected to the provider's restrictive practices policies and procedures. Where identified there was regular review, involving the residents affected, of these practices.

Judgment: Substantially compliant

Regulation 8: Protection

All safeguarding concerns had been addressed in line with the provider's and national safeguarding policies.There was evidence of liaison with the local safeguarding and protection team, as appropriate, and regular review of safeguarding plans. Actions, as outlined in safeguarding plans, were in place on the day of inspection and there was evidence that the provider had acted upon feedback from the safeguarding and protection team. As referenced in Regulation 16, all staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Each resident received a service tailored to their individual needs, preferences and requests. Residents were encouraged and supported to exercise choice and control while living in the centre. A resident in the centre had been supported to get their own bank account and learn how to use their card when paying for things. Residents were involved in the review of their personal plans and any restrictive practices used. The provider had changed their approaches to increase the likelihood of resident participation in the review and development of their supports.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountain View Residential Service OSV-0007435

Inspection ID: MON-0032260

Date of inspection: 16/08/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC will revise audit templates in use in the service and ensure that all actions are either completed or brought over to the next audit. Audit templates will be revised before 1/11/23 in the service. Safeguarding review meeting scheduled for 13th October 2023 with PIC and Designated officer to discuss and review current safeguarding concerns in the centre.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Service agreements such as contracts of care and tenancy agreements have been updated to reflect the accurate costs associated with living in the centre in relation to rent and bills.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The storage room that was locked on the day of inspection is now left unlocked. This was discussed in a September team meeting with all staff. The Window restrictors that are in place will be reported separately going forward, as opposed to in conjunction with the divided access Restricted practice already in place. The unreported incident of physical restraint will be reported with the next quarterly report due on 31/10/2023.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: PIC arranged for professional Cleaners to come to the Centre on 23/08/2023 and cleaning was completed. A schedule of maintenance works for the centre to be	

developed by 1/11/2023. All works listed on this are to be completed by 01/03/2024, most will be completed prior to this date however some actions will require more time, hence completion date of 1/3/24.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment completed on 03/10/2023 regarding the use of electric heaters in the centre. Risk Assessments identified as having inaccurate Risk Ratings during the inspection were revised on the 16/08/2023. All other Risk Assessments will have Risk Rating revised by 24/10/2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Maintenance contractor came to the centre on two occasions following HIQA inspection, they completed a full inspection of all fire doors. All mechanics on the Fire doors are now in working order however, PIC was advised that further works are needed by a carpenter to ensure doors close fully. Carpenter has been booked and works will be completed by 31/10/2023. Door between utility and Kitchen to be replaced with a Fire door. Carpenter will source the door, Fire contractor will fit the mechanics to the door. This will be completed by 1/12/2023.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Two residents Action plans have been updated since the inspection and continue to be updated on a regular basis. More information was added to the plans to show progress being made on goals. Actions are closed off when completed.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PRN protocol in question is planned to be reviewed with prescribing psychiatrist on 25/10/2023. All restricted practices in use in the service will continue to be reported quarterly going forward via quarterly notifications.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	01/03/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	23/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/11/2023

Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	23/08/2023
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	24/10/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/12/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/12/2023
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	31/10/2023

	following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
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	31/10/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	29/09/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and	Substantially Compliant	Yellow	25/10/2023

	skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	23/08/2023