



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:	Unannounced
Date of inspection:	10 July 2024
Centre ID:	OSV-0007435
Fieldwork ID:	MON-0044261

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
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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 10 July 2024	10:10hrs to 15:30hrs	Lucia Power	Lead

What residents told us and what inspectors observed

From what the inspector saw and read the residents in this centre were experiencing a good life and supports were in place to meet their individual and assessed needs.

Management systems and staffing supports were in place to ensure the quality and safety and care and welfare of residents. The inspector observed interactions between residents and staff and it was seen that staff listened to residents and carried out any request the residents made. It was also seen that staff understood what residents communicated and this was evident when the inspector was in the company of residents and staff. The inspector saw that social stories were used a lot to support residents about activities, medical appointments and central to this was supports to ensure the residents understood and participated in decisions about their own lives.

The centre is registered for two residents with each resident having their individualised living units. Each unit has its own kitchen, communal area, bedroom, bathroom and utility room. The centre is based in the countryside in a very rural area with ample space for outdoor recreation.

When the inspector arrived (unannounced) a resident was sitting out the front of the house on a garden seat enjoying the morning sun, a staff member was seen to support this resident in a respectful manner. The inspector introduced themselves and showed both the resident and staff their identification. The staff member advised the person in charge who was also working that morning in the centre. The person in charge showed the inspector around the accommodation and at all times included the resident in this. The inspector saw a number of photos of the resident and their family members on display around the house. The residents bedrooms was bright and spacious and had a number of objects that were meaningful to the resident, such as cuddly animals which had names given to by the resident.

There was also a social story board on the wall with a chair opposite for the resident to sit and view it. This board was important to the resident as the pictures highlighted things the resident liked to do. It was also seen that there were plans in place to develop a sensory corner for the resident, this was part of the resident's goal and there was a social story in place with a number of options for the resident to pick, such as Disney characters, shelving and lights.

In summary it was seen that this was the residents choice and it was documented in the residents plan with the action been followed up on.

The inspector also visited the resident in the other unit and it was seen that the layout of the house was open and spacious. The resident was in the kitchen area with a staff member and it was explained to the resident why the inspector called. The resident reached out to touch the inspector's hair and wanted to know the colour of her eyes. There was music playing from a sound system and the staff

member told the inspector that the resident likes to play music and its music of choice. In the corner of the kitchen area the resident has a work station as the resident like the computer and printing faces. It was seen that the work station was laid out to support the resident's interest. The resident showed the inspector the work area and was excited when the staff explained what the resident did. The resident communicated a lot with the staff member and it was seen that both the staff member and the person in charge understood what the resident was saying. The resident was full of smiles talking with staff.

The resident was also excited as there was a trip planned to a fun fair which was something they liked to do every year. The resident liked to play with mannequins and it was seen that there was a number of these in the their home. There was also personal photos that were important to the resident. It was seen by the inspector that the resident has a marking that looked discoloured on the left hand side of the face. The inspector did mention this to the PIC and this will be discussed further on in the report.

Throughout the inspection it was seen how comfortable the residents were in their homes, the support from staff but also the respect that staff gave to residents. During the day of inspection laughter could be heard from the residents and staff with residents having full access within their own home,

In summary the provider was delivering a good quality person centred service, based on the individual needs of residents. 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.

Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. This inspection found that there was very good compliance with the regulations in this centre and supports were in line with the assessed needs of residents.

This was an unannounced inspection as the chief inspector had received information in relation to a resident and this inspection was carried out as a risk based inspection which was unannounced so as to provide assurance to the chief inspector that there was no harm to residents.

The inspector met with the person in charge who gave an overview of the residents, their current needs, staffing within the centre and general updates in relation to actions been carried out to ensure ongoing compliance.

The provider had carried out a six monthly review on the 17 June 2024 and this was detailed, with a review of the previous compliance plan that the provider had

submitted to the chief inspector. They has also reviewed corrective actions as part of their own auditing system. The provider had carried out an annual review from December 2022 to December 2023, this included feedback from residents and representatives. It was noted that one resident wanted to live in another County but also can express when unhappy. Feedback from representatives included that they were happy with service provided and that staff meet the support needs of resident. It was also seen by the inspector that the provider has a number of monthly audits including medication which was consistently carried out every month.

The provider had documentation in relation to training and development and it was seen that staff had up to date training, it was also noted that the provider had reviewed the upcoming training needs and these training requirements were scheduled for the remainder of the year.

However when reviewing fire training the provider was requested to submit information providing clarification in relation to this training being specific to the centre need. Regulation 28 states that staff should receive suitable training in fire prevention, emergency procedures, building layout, and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

The inspector met with two staff and the person in charge. The staff had a very good knowledge of the residents needs, told the inspector how life has improved for the residents and that the residents are very happy. They also told the inspector what they would do in the event of a safeguarding issue. When speaking to the inspector about the residents the staff did so in a very respectful and dignified manner. From observations and discussions with staff it was evident that staff provided a very good support to residents and encouraged their participation and consultation about their daily lives.

The next section of the report will discuss how the quality and safety impacted on the residents lives.

Regulation 14: Persons in charge

The person in charge was full time and had remit over two centres. They were present in the centre on the day of the unannounced inspection. The Person in charge had a good knowledge on the needs of residents and it was also noted provided very good oversight. For example the PIC was following up on actions from the providers unannounced visit, had reviewed the training requirements, ensured that residents health, personal and social information was updated in accordance with the residents needs and changing needs.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the provider has in place staffing as was scheduled in their rota. A sample of other dates was reviewed and it was seen that the rota was as consistent as possible. There was also better continuity of staff and this could be seen from the records reviewed, for example the rota and training records. It was also seen by that sufficient staffing as per the providers statement of purpose was in place as this was evidenced by the number of social outings and activities the residents took part in. It was also observed that within the home environment that the one to one staffing in place was in line with the assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff received the appropriate training to carry out their functions. Ten staff had received fire training, however clarification was required if this was also centre specific, the provider advised that not all staff had received on site review of fire measures, but assured the inspector that improvements would be made in this area. Eleven staff had received training in safeguarding and some were due refresher training in August 2024, this was seen to be planned by the person in charge. Twelve had received training in managing behaviours that is challenging. The inspector also noted that supervision was in place for staff and looked at nine files. Supervision contained some of the following agenda items:

Staff well being, performance, key working, health and safety and service user updates and concerns.

Judgment: Compliant

Regulation 23: Governance and management

The inspection found that the centre was effectively resourced, had good systems in place for monitoring and was committed to the quality and care of residents.

This was evidenced from a review of the providers audits, the six monthly was seen to be comprehensive with a number of areas outlined for improvement, there was a follow up action plan in relation to these areas and it was seen that this was a working document.

Due to the current needs of the residents it was seen that the provider had ensure

good supports were in place to meet their health, personal and social care need. The provider due to the needs of the residents had reconfigured the house to support the residents individual bespoke needs.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had in place process in place to support complaints. On the day of inspection there was no open complaint.

Judgment: Compliant

Quality and safety

This inspection found that the provider provided good quality supports to residents to meet their individual needs. Supports identified were in line with their preference, assessed needs and supports were put in place to support changing needs as identified.

The provider had ensured that residents received support from allied health care professionals and some of these professionals visited the centre so as to support the resident in their own environment. There was also good evidence noted in relation to keyworker meetings and these meetings ensured that the residents goals as identified in their personal planning meetings were been followed on. For example social stories were used to ensure participation from the resident but also systems to support the resident with decision making. There also good evidence when a goal was achieved and this was seen in photo and written format.

Social stories ranged from planning attendance at a concert, change of hair style, dealing with the menopause and also other areas such as making a complaint and keeping safe.

Where there was a behaviour that is challenging the provider had systems in place to support the resident in the least restrictive manner. For example the behavioural specialist was noted to visit the centre on an ongoing basis and review the strategies. Where PRN was used to support a resident in difficult times, it was seen that the provider had clear protocol signed by a medical professional. It was also seen in the notes from the visiting psychiatrist that there was a reduction in the use of PRN medication.

The residents living in this centre as already mentioned live in separate apartments that make up the designated centre. From a walk around the premises and

observing the residents in their individual home, it was seen that the layout was in line with their preference and assessed needs. Both units very different as they were furnished in line with the resident's choice and individual requirements.

Overall residents lived a good life and this could be evidenced from reviewing the activities they participate in, community access, the structure of the day was as in line with their preference, supports from staff, who were seen to have a good understanding of each resident's needs.

It was also evidenced that the person in charge had very good oversight and there was a continuity of their presence in the centre. As previously highlighted this inspection was carried out to provide assurance to the chief inspector as information of concern had been submitted.

The inspector found that residents were provided with a safe and good service and where follow up was required with medical and statutory professionals, systems were in place.

Regulation 10: Communication

Residents were supported to communicate in accordance with their needs and wishes. For example residents had communication passports that highlighted preference and the phrases they like to use. There was a number of social stories completed with the resident such as information about the menopause, voting, disability allowance and medical appointments. There was pictorial evidence on the walls for residents such as things they like, staff on duty, activities and other information that may be important for the resident. Throughout the day it was seen and heard how staff conversed with residents and it was evident they had a very good understand of what the resident was saying and their specific requests. At times the inspector found it difficult to understand the residents but the staff were able to relay what the resident was communicating.

The residents had access to a telephone to make calls and also where required had access to their own personal computer. The residents personal plan had a comprehensive history of the residents communication needs.

Judgment: Compliant

Regulation 17: Premises

The premises was sub divided into 2 areas and the each unit was laid out to meet the needs of the individual resident. They were seen to be spacious, decorated and clean. On the day of inspection the housing body had called to check the property and discuss same with the person in charge. Residents had access to all areas of

their home and it was seen to be full of the residents personal items which was personalised to suit the residents preferences.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had systems in place for the monitoring of risks The centre based risks were seen to have risk profile of yellow and green with no risks having to be escalated to the provider. Individualised risk assessments were also updated to reflect the needs of residents. For example a risk related to Tobacco was updated May 2024 with controls in place to manage the risk of harm.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>Each resident has an up-to-date personal plan which included their goals and participation. The staff were using a system called 4+1 questions and this seemed to be very good guidance to ensure residents are involved in their supports. For example when reviewing one resident file in relation to the residents goal of going to hairdresser to try a new style the areas looked at were: what do we need, what did we learn, what are we pleased about, what are we concerned about. This activity was part of the residents short term goal and it was seen that the key worker had a number of meetings with the resident, carried out research to ensure the consultation would go well, did a comprehensive social story and then wrote up the outcome which also had a photo record. It was seen that they resident really enjoyed as they had a beaming smile in the photo.</p> <p>There was good evidence of keyworker meetings which were meaningful and related to planning and social stories. For example another resident wanted to attend concert. Work has been done in relation to a social story. On the night of the concert the resident did not want to go so the keyworker organised another concert for the resident. The photos of the resident at the concert again showed this resident as been happy.</p> <p>Due to the individual needs of the residents the provider ensured that any changes to their health and personal needs was updated and this was seen in the records reviewed. There was comprehensive notes in relation to these updates, support plans and risk assessments were updated to reflect these changing needs.</p>
Judgment: Compliant

Regulation 6: Health care

The residents attended a number of medical professionals and there was an update written on each medical appointment with any changes noted. The psychiatrist visited the centre on a six monthly basis and it was seen in a most recent review that the psychiatrist had noted very good improvements which also included reductions in medication. Residents had good access to a general medical doctor and it was seen also had contact with the specialist medical experts as required. One of the residents had self injurious behaviour and their skin became infected. The inspector saw email communication to the doctor in relation to the treatment and confirmation of this condition. One resident had an issue with dryness in the feet area and it was observed during the course of the inspection a staff providing treatment to the resident in a relaxed and professional caring manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The behavioural specialist called to the centre on a consistent basis for example one plan was dated July 2023 but a review was in place per quarter and this was noted to have been held in February 2024. As part of this review incidents were reviewed and it was noted there was a decrease in behavioural concerns. The behavioural specialist had recorded all their visits which included, observations, data collection, direct work and file review.

There was a number of restrictive practices in place and these were reviewed by the provider on a regular basis, the last review took place in June 2024 and this review looked at medicinal, divided access, required monitoring and covert medication. In relation to covert practice this was reviewed and signed by a medical doctor and the process of giving was clearly outlined for staff. There was also clear guidance for all pro re nara (PRN) give as needed. For medication and medicated creams the name of product was clearly identified, the rationale, administration criteria, intended impact and side effects were noted, These forms were also signed and overseen by a medical doctor

Judgment: Compliant

Regulation 8: Protection

As noted previously in this inspection report, the chief inspector received concerning information relating to a resident in this centre. The inspection was carried out the

day after the receipt of information as the chief inspector requires assurance that all residents are free from abuse and neglect.

The inspector reviewed safeguarding plans and saw that supports were in place to safeguard residents. Where a resident caused harm to themselves there was a behaviour support plan and risk assessment in place. There was also evidence of ongoing communication with a medical doctor in relation to marking on a residents face. One of the residents had self injurious behaviour and there was evidence that bruises and burns were noted and reviewed in the daily records, There was also evidence of ongoing support from medical and allied health care professionals. The provider maintained a log of all correspondence, notes and visits to these professionals. Plans were also seen to be updated to reflect changing needs of residents.

It was also seen that staff had completed work with residents by the use of a social story, the inspector saw this and all records were in the residents file. The inspector spoke with staff and asked them if they received safeguarding training and what would they do in the event of a safeguarding concern. Staff demonstrated knowledge and responsibilities in relation to this.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant