



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

Issued by the Chief Inspector

Name of designated centre:	Harbour View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	24 October 2022
Centre ID:	OSV-0007753
Fieldwork ID:	MON-0028975

About the designated centre

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

Harbour View is a centre run by the Health Service Executive located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have an intellectual disability. The centre comprises of three houses which are located in close proximity to each other, where residents have access to their own bedroom, shared bathrooms, communal and garden spaces. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Monday 24 October 2022	10:00hrs to 16:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre. From the inspector's observations and conversations with residents and staff, it was clear that residents in this centre had a very good quality of life. This was delivered through a person-centred service that promoted and respected the rights of residents.

The centre consisted of three two-storey houses that were located very near to each other. All houses were located within housing estates on the edge of a large town. The inspector visited all three houses and saw the communal rooms used by all residents. The houses were in a good state of repair. Each house was homely, warm, clean and welcoming. Houses were decorated with photographs and artworks that had been made by the residents. Some renovation works were underway in one house on the day of inspection where a wall in a sitting room was repaired following the insertion of a stove. The person in charge reported that there were additional planned renovation works due to take place in the houses. In one case, the residents had requested that their bedrooms be repainted. They said that they would like the work completed at a time when they were visiting family so as not to be disrupted. The person in charge reported that this was planned for over the Christmas period. Another house had a self-contained apartment within the house. The person in charge reported that there were plans to improve the insulation in that part of the house and renovate it to accommodate the changing mobility needs of one of the residents. Some residents showed the inspector their bedrooms and the décor that they had chosen themselves for their rooms.

The inspector had the opportunity to meet with every resident in the centre except one. This resident was out of the centre for the day. Residents had been informed that an inspector was due to call and the residents had made time to chat with the inspector about their experiences of living in the centre. In one house, the inspector was greeted at the door by a resident and invited into the house. Each resident told the inspector that they were very happy in their home. They told the inspector that they liked their rooms and their house. They said that the staff were friendly and kind. They reported that they were comfortable and friendly with their fellow residents. Residents were very knowledgeable of their rights. They talked about their right to privacy. They spoke about their rights to make choices in their lives and have control over their lives. They said that they could voice their opinions on the service and be involved in the running of the centre. One resident spoke about how senior management had dealt with a complaint that they had made recently. They were very happy with how the complaint was handled and the outcome. Some residents showed the inspector their personal plans. They talked about the activities and events that they had attended in recent months. They talked about their personal goals and their plans for the rest of the year.

Residents engaged in different activities throughout the day. Some left the centre to attend day services or to go on outings. Others were observed completing art projects. One resident was supported to prepare the evening meal for the residents in their house. Residents watched television or streamed videos on their tablet computers.

Staff were very knowledgeable on the needs and preferences of residents. They discussed the supports given to residents to meet their health, social and personal needs. They spoke about the residents in a caring and respectful manner. Staff used language and terminology that was reflective of a culture where the rights of residents were respected. This included offering choices to residents and respecting these choices. Staff spoke about the importance of protecting and respecting resident's privacy and dignity. They outlined how the residents had control over their lives and were active participants in the running of the centres. Staff were observed interacting with residents in a caring manner. They routinely offered choices and respected those choices. When residents asked for help, staff were quick to respond. They were also noted supporting the residents in ways that maximised their independence.

Overall, it was noted that the service provided in this centre was of a very good quality. Residents were supported to be as independent as possible. They were included as active participants in the running of the designated centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There were good arrangements in this service to maintain oversight of the quality of care and support delivered to the residents. The management structure was clearly outlined and staff knew who to contact to escalate any issues that might arise. Staffing arrangements and staff training were appropriate to the needs of residents.

The inspection was facilitated by the person in charge who was very knowledgeable on the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported to their line manager and onwards to more senior management. These lines of management and accountability were clearly defined. Staff were aware who to contact if they had any concerns. Incidents that had occurred in the centre were recorded and escalated to senior management, as appropriate. Incidents were reviewed within the centre on a monthly basis. There was also an incident review group that met regularly where incidents were discussed and learning between centres was shared. There was also a fortnightly meeting

between persons in charge within the region. This was also an opportunity to share learning and findings from audits and inspections.

There was a schedule of audits that enabled the provider to maintain oversight of the quality of the service. Audits were completed in line with the schedule and findings were added to the centre's quality improvement plan. This plan outlined the actions that were needed to improve the service and identified the person responsible for completing the action. Timeframes for completing these actions were also recorded. In addition to findings from audits, the quality improvement plan also listed actions that were identified through previous HIQA inspections, the provider's annual review into the quality and safety of care and support, the provider's six-monthly unannounced audits, and assessments completed by the person in charge. There was evidence that quality improvement actions had been addressed and closed off in line with the time scales outlined in the plan.

The staffing arrangements in the centre were suited to the needs of residents. The number and skill-mix of staff were adequate to support the residents to meet their health, social and personal care needs. Nursing support was available in the centre throughout the day. At night, there was an on-call nurse available when needed. Staff were familiar to the residents. Where agency staff were employed, these were regular staff members who knew the residents. There were arrangements in place for staff to be able to contact a senior member of management at all times, if required. Staff also had up-to-date training in the modules that had been identified as mandatory by the provider. A module in Sexuality Awareness in Supported Settings had recently been added as a mandatory training module. The person in charge reported that the provider had arranged a 'train the trainers' programme for this module and that all staff would be trained in this area in early 2023. In addition to the mandatory training, staff had engaged in modules that were specific to the needs of residents in this centre. For example, all staff who worked in one of the houses had been trained in epilepsy management. Staff were also going to complete Lámh training to support the communication needs of a particular resident. Most staff in the centre had completed four modules in human rights training. Staff could outline ways in which this training had enhanced their knowledge and awareness of delivering human rights-based care to residents. As outlined previously, staff routinely used language that was reflective of a culture of human rights-based approach to care and were observed implementing the principles of human rights-based care and support.

The provider was required to submit a number of documents as part of their application to renew the registration of this centre. This included the centre's statement of purpose and the resident's guide. A review of these documents found that they contained the relevant information as outlined in the regulations.

Overall, it was noted that there was very good oversight in this service. The lines of accountability were clearly defined and understood by staff. Shared learning was noted across the service. The skill-mix of staff was suited to the needs of residents and this was delivered by a core team who were familiar to the residents.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required documentation to process an application to renew the registration of this centre. The documentation was submitted in time and the appropriate fee had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. They maintained good oversight of the service. They were knowledgeable on the needs of the residents and requirements of the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. The number and skill-mix of staff were appropriate to meet the residents' needs. There was a planned and actual staff roster in place. A sample of staff files were reviewed and found to contain the required documentation and information.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified a number of training modules that were mandatory for all staff. Staff were up to date in their training in these modules. Staff had completed training in human rights-based approach to care and could clearly identify how this training was applied in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear management structures in place. Incidents were recorded and escalated, when required. The provider had completed an annual review into the quality and safety of care and support of residents. Six-monthly unannounced audits were also completed. The provider maintained oversight of the service through the use of a suite of audits. Findings from the audits and provider-led reports were added to a quality improvement plan. This plan identified actions that needed to be completed to address the issues and the person responsible for their completion within a specified timeframe.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a copy of the centre's statement of purpose as part of their application to renew the registration of the centre. The statement of purpose contained the information set out in the regulations and had been reviewed within the previous 12 months.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place. Complaints were recorded and addressed. Complaints were appropriately responded to. There was evidence that complaints had been progressed and addressed in a manner that was satisfactory to the resident.

Judgment: Compliant

Quality and safety

Residents in this centre received a good quality service that was based on a respect of the residents' rights. Residents were supported to engage in activities that they enjoyed and that were meaningful to them.

Residents' rights were promoted and protected in this centre. As discussed previously, residents were aware of their rights and gave examples to the inspector of times when their rights were upheld. It was noted that residents were routinely offered choices throughout the day and these choices were respected by staff. Weekly resident meetings were held in each house. Minutes from these meetings

were reviewed by the inspector. The minutes supported the residents to make choices about the running of the designated centre. The meetings were also used as opportunities to inform residents of the principles of fairness, equality, dignity, respect and autonomy and how these underpinned their care. Residents were aware of the centre's complaints policy and had used it to good effect. Staff were knowledgeable on upcoming legislative changes and the impact that this would have on residents' rights. As outlined above, staff had completed training on delivering a human rights based approach to care and could give concrete examples of how this training influenced the way that care and support was delivered in the centre.

The inspector reviewed a sample of the residents' care plans. It was noted that a comprehensive assessment of the needs of the residents had been completed within the previous 12 months. Corresponding care plans were devised to guide staff on how best to support residents based on the needs identified. The care plans were regularly reviewed and updated. The residents' care plans indicated that their healthcare needs were well managed. A detailed medical history was maintained for each resident. Residents had annual health checks that included routine tests, as required. Residents had access to a wide variety of healthcare professionals and could regularly access these services as needed. Reports from these professionals were available to guide staff on the care and support needs of residents. The residents were active participants in the annual review of their plans. There was evidence that residents were included in devising their personal and social goals. The personal plans were available in an accessible format for residents.

Residents in this centre engaged in a wide variety of activities that were in line with their interests. This included activities that were based within the houses, for example, baking, cooking, artwork. It also included activities in the wider community, for example, swimming, going bowling, going to the cinema, meals out and attending concerts. Residents were supported to maintain contact with their families through regular visits and calls.

Residents in the centre were protected from abuse. There was a safeguarding policy in place and staff were knowledgeable on the steps that should be taken if there was any concern about a resident's safety. Staff training was up to date in relation to safeguarding. Incidents were reported and escalated as appropriate. There was evidence that issues were reported to the safeguarding team in line with the provider's policy. Safeguarding plans were devised and followed to prevent reoccurrence of incidents. Residents had intimate care plans that gave specific guidance to staff on how best to support residents with their personal care.

Where residents required support managing their behaviour, they had access to relevant healthcare professionals who could devise behaviour support plans. These plans gave clear guidance to staff on how best to support a resident manage their behaviour. The plans were reviewed and staff signed the plans to indicate that they had read and understood the content. There were very few restrictive practices in use in this centre. Where a restrictive practice was used, it was devised with the input of the resident, their family representative and relevant staff members. Written information was provided to the resident in relation to the restrictive

practice in a manner that was accessible to them.

The inspector reviewed a transition plan that was in use in the centre. One resident was being supported to move rooms within the centre to accommodate changing mobility needs. The transition plan was devised with input from the resident and their family representative. The resident's choice and decisions were respected. Relevant healthcare professionals had been contacted and had been available to support the resident with the transition. For example, an occupational therapist was available to give guidance on the necessary equipment and physical layout of the new room. A speech and language therapist was available to ensure that information was given to the resident in a manner that they understood and that the resident's opinion could be expressed. Transition goals with specific timelines and the supports needed at each step had been devised.

The person in charge maintained oversight of the risks in the centre through the use of a risk register. This register listed the risk assessments that had been completed in the centre and the control measures that should be implemented to reduce the risk. The risk register was comprehensive and all risk assessments had been reviewed within the previous month. However, the inspector noted that there was no risk assessment to guide staff on keeping residents safe when accessing the internet. Residents had individual risk assessments. These assessments had been recently reviewed and updated. They gave clear guidance to staff on how to reduce risks to residents.

Overall, residents in this centre had a good quality of life that was underpinned by a human rights based approach to care and support. Staff were knowledgeable on the needs of residents and the supports that they required. They respected the residents' rights and choices.

Regulation 13: General welfare and development

Residents were supported to engage in activities that were in line with their interests. This included activities within the designated centre and in the wider community. Residents were supported to maintain contact with family and friends in line with their wishes.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide gave information in relation to the services and facilities provided in the centre. The terms and conditions of residency were outlined. The guide also contained information in relation to the complaints procedure, the arrangements for visitors to the centre, and how residents were involved in the

running of the centre. Information about accessing inspection reports was also provided.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were supported with transitions within the service. Information was provided to residents and their families in a manner that was accessible to them. Support was available from staff in the centre and relevant healthcare professionals to support residents with the transition.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a risk register that identified the risks to the service as a whole. This risk register was comprehensive and gave clear guidance to staff on how to reduce risks. The risks were regularly reviewed. Residents also had individual risk assessments that were regularly reviewed and updated. However, the centre did not have a risk assessment on keeping residents safe while accessing the internet.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated. The residents' personal plans were subject to an annual review and residents' families participated in this review meeting.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment. There was evidence of input from a variety of health professionals as

required by residents. Staff maintained detailed medical histories for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had behaviour support plans that were devised by appropriate healthcare professionals. The plans gave clear guidance to staff on how to support residents manage their behaviour. Where restrictive practices were required, these were discussed and agreed with residents and were regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse. Incidents and issues were reported and escalated as appropriate. Safeguarding plans were devised and followed in line with the provider's policy. Staff had up-to-date training on safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld and promoted. Residents choices were respected by staff. Residents were treated with dignity and respect. Residents were supported to have control over their lives and to be active participants in the running of the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 Harbour View OSV-0007753

Inspection ID: MON-0028975

Date of inspection: 24/10/2022

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The Registered Provider has ensured 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. • The Person in Charge has a risk assessment completed regarding “Wifi- staying safe on line”, supported by an Easy Read Document to meet residents needs where required, which are in the Residents Person Centred plans. (Complete 25/10/2022) 	

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 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	25/10/2022