



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

Issued by the Chief Inspector

Name of designated centre:	Evergreen Lodge
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 February 2023
Centre ID:	OSV-0005723
Fieldwork ID:	MON-0035858

About the designated centre

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

Evergreen Lodge provides residential service for up to five adults, male and female over the age of 18 years diagnosed with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. The centre is based in a campus setting, a short drive from a village in Co. Meath. Evergreen Lodge is a single storey unit situated in a large building. It can accommodate residents with mobility issues and is fully wheelchair accessible. There are four individual bedrooms plus an additional bedroom with adjacent living room. There is one shared bathroom with WC, one shared shower room with WC, plus one separate WC as well as a staff WC. All bedrooms are fitted out to a very high standard and residents are supported to decorate their rooms as they please and are encouraged to personalise their room with their own items. The centre is staffed by a person in charge, staff nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 10 February 2023	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector met residents and staff and had an opportunity to observe the everyday activities of residents in the centre.

On arrival at the designated centre, the inspector saw that there were hand hygiene facilities and masks readily available, and that a visitor sign-in system was in place which adhered to the current public health guidelines. This was an unannounced inspection, and staff were immediately seen to be using surgical masks in accordance with the current guidance.

The inspector conducted a walk around of the centre, and found that the centre was spacious and that each person had their own private bedroom, and two people had an apartment for their sole use, one with a bedroom and living room, and the other with an additional private bathroom. Whilst the centre was campus based, significant efforts had been made to ensure a comfortable and homelike environment. Residents' bedrooms were personalised and full of their own items, including family photographs, items relating to hobbies, and for some people, toys in accordance with their preferences.

Whilst many of the areas were clean, some basic cleanliness issues had been overlooked, and are described later in this report. Communal areas, however, were all clearly recently cleaned and the bathrooms, both private and communal were visibly clean. Both the kitchen and laundry facilities were clean, and although there were various areas of maintenance which required attention in order to ensure effective IPC. The inspector reviewed audits and maintenance records, and found that all of these areas had been identified by the provider, and that plans were in place to address the issues.

Some areas of good practice were observed throughout the inspection. For example, staff sanitised their hands when moving from one area of the designated centre to another, and residents were observed to be encouraged in hand hygiene.

The inspector had the opportunity to have a chat with some residents, and they told the inspector that they were happy living in their home, that they knew who to approach if they had a problem, and that they had activities that they enjoyed. Whilst this inspection was focused on IPC, the inspector observed that many of the required actions from the previous inspection had been addressed, in particular in relation to ensuring a meaningful day for residents, and supporting an increased level of activities, both within the home and in the local community.

There was evidence that the person in charge and the staff team were actively soliciting the views of residents, and their families and friends, and that they were acting on feedback received. Residents had returned to many opportunities curtailed

by recent public health restrictions, and some residents who had more recently moved into the centre were being encouraged and supported in accessing community activities.

Residents were observed throughout the day of the inspection to be engaged in activities with staff, for example, the inspector observed a very enthusiastic football practice in the centre's garden, where it was clear that the resident was engaged and enjoying themselves, and that this was a regular activity for them.

Each resident had a clearly defined activity schedule, which was available to them in an easy-read format, and displayed for them to refer to. There were various other examples of information being made available in an accessible format, including information about vaccines and infectious diseases.

Overall, whilst there were various strategies in place in relation to IPC, and current public health guidance was being adhered to, items including cleanliness and documentation required attention to ensure that residents were always safeguarded against the risk associated with infectious diseases.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge.

Policies and procedures were in place in accordance with current best practice, and included guidance in relation to IPC and infectious diseases such as COVID-19 and influenza. There was clear guidance for staff in these policies and staff could discuss the issues addressed in them. All the policies had been signed by each staff member to indicate that they had read them.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease in the centre. This contingency plan had been regularly reviewed in light of updated public health guidelines. There was guidance in relation to the management of suspected or confirmed cases of an infectious disease, and detail about visits, the use of personal protective equipment, and the management of visitors.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan had been implemented. A post outbreak review had been completed.

Whilst the post outbreak review had not been completed, work towards this has commenced, and discussions and team meetings were on-going. The person in charge and the staff members spoken with outlined to the inspector the steps that they had taken during the outbreak, and it was clear that the contingency plan had

been implemented, and that all public health guidance had been followed.

Six monthly unannounced visits on behalf of the provider had been undertaken. Areas reviewed during these visits included staff training and current management of IPC. In addition, the required IPC self-assessment had been completed, and various additional audits had been undertaken. A detailed IPC audit had been undertaken, and some areas of maintenance were identified. Whilst these had not yet been completed, a maintenance plan was in place to address them.

Staff numbers and skill mix were appropriate to meet the needs of residents, and they were supported by both nursing and social care staff. Staff engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC. IPC practices were observed by the inspector to be in line with current guidelines, including hand sanitising and appropriate mask usage.

Regular staff meetings were held, and IPC was discussed at these meetings, and the importance of adhering to current public health guidelines reiterated.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. There were detailed intimate care plans in place for each to guide staff when supporting residents with personal care. However, there were no care plans or individual risk assessments relating to the prevention or management of an infectious disease for each individual.

There was a detailed 'hospital passport' in place for each resident, outlining the important information for receiving personnel should they be admitted to hospital.

There were person centred plans in place for each resident. Each resident had an identified keyworker, and regular discussions were held with their keyworkers which were documented each week. Discussions included any public health or IPC issues. Regular residents meetings were held, and amongst other topics, infection control was discussed with residents at these meetings.

Activities had resumed following the lifting of community restrictions, and staff reported that further efforts were underway to increase the opportunities for meaningful activities for residents. One of the residents told the inspector that they hadn't enjoyed 'lockdown' and were pleased to be back to normal activities.

There was a system of 'task allocation' at the beginning of each shift, and a cleaning checklist was in place. Whilst the centre appeared to be clean on arrival, during the 'walk around' of the centre, the inspector observed a lack of cleanliness in some areas which might pose an IPC risk to residents, as outlined in the final section of

this report.

Regulation 27: Protection against infection

Whilst there were various systems in place in relation to IPC, there were some aspects that required immediate attention found on the day of the inspection, and other improvements required in documentation to provide clear guidance to staff in the event of an outbreak of infectious disease.

There was evidence that current public health guidelines were implemented in terms of mask wearing, hand hygiene and the receiving of visitors to the centre, and up-to-date policies were readily available.

However, the inspector found that there was an unclean bed in one resident's room. The bedding was visibly unclean and on further inspection there were faeces stains inside the made bed.

In another resident's room there was an incontinence sheet on a chair used by the resident which was heavily urine stained and had been left unchanged while the resident was out for the morning.

In relation to documentation, whilst there was a general contingency plan in place to guide staff in the event of an outbreak of infectious disease in the designated centre, there was no guidance for the management of each individual resident should they have a suspected or confirmed case of an infectious disease, either as a risk management plan, or a care plan.

The inspector received confirmation from the provider on the next working day following the inspection in relation to mattress hygiene, and that individual risk assessments for residents had been put in place.

The inspector was also assured at the feedback meeting at the close of the inspection that all matters would be addressed in a timely manner.

Judgment: Not 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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Evergreen Lodge OSV-0005723

Inspection ID: MON-0035858

Date of inspection: 10/02/2023

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A review of the outcome of this unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC) was completed.</p> <p>The following actions were completed to address the areas noted within the report,</p> <ul style="list-style-type: none">• The Person in Charge has reviewed the cleaning schedule to ensure all residents' bedding will be changed daily and incontinence wear will be disposed of appropriately. The cleanliness of the centre will be reviewed daily by the Person in Charge or Staff Nurse daily, ensuring that all areas within the centre are maintained to a high standard. This plan has been in place since 20.02.2023.• Weekly mattress checks are completed and reported to the Assistant Director of service. Any remedial actions required are escalated to the maintenance department.• The cleaning schedule will be reviewed with Assistant Director in their monthly governance with the Person in Charge.• The person in charge reviewed the formal post-outbreak review, completed on 02/02/2022. The learning from the outbreak was re-disseminated in the February 2023 monthly Staff meeting to ensure that current staff working in the designated center is aware of the learning from the outbreak.• The Person In Charge has been liaising fortnightly with the Maintenance/Procurement Manager for the maintenance issues identified in the HIQA and in-house IPC inspection. All outstanding items will be closed by 10/04/2023.	

- The person in charge has developed and implemented individual risk assessments for each resident to guide staff in the event of an outbreak of an infectious diseases. This action was completed on 14.02.2023 and will be reviewed in six months' time or earlier if required.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Yellow	10/04/2023