



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

Issued by the Chief Inspector

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0037698

About the designated centre

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

Hillview B is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides a residential neuro-rehabilitation service for up to four residents, over the age of 18 years and who have an acquired brain injury. The service aims to support recovery after a brain injury so that the person gradually regains skills and lives a meaningful everyday life. The model of support is flexible and individualised with an emphasis on independent living. Supports are provided directly by a team of rehabilitation assistants with day to day management assigned to the team leader and the local service manager who is the person in charge. Staff are on duty both day and night. The service is located near many social and recreational amenities including local shops, services and transport links. The house is purpose built and provides residents with their own bedroom two of which are en-suite. Two residents share an en-suite and there is a further standalone bathroom. Residents have access to a sitting room, adapted kitchen, a dining area and a garden to the rear of the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 23 August 2022	09:00hrs to 14:30hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspection was unannounced and upon arrival at the centre the inspector was met by a member of staff who guided them through the infection prevention and control measures necessary upon entry to the centre. These included temperature check and completion of the providers visitor checklist. It was noted throughout the inspection that all staff wore masks and engaged in regular hand hygiene.

The centre is a large modern single storey building with access to a garden and is located on the outskirts of a town. There were four residents present on the day of the inspection and two of these had recently moved into the centre.

The inspector got to meet with all four residents, a number of the staff team as well as the person in charge and another member of the provider's management team. Some residents could verbally communicate with the Inspector and overall there was a relaxed and calm atmosphere in the centre.

On arrival some residents were completing morning chores and getting ready for the day. The residents were due to attend a breakfast in another centre near by and they were supported to go there by the staff team.

One resident was happy to show the inspector their room, they had recently moved into the centre and hoped to return to live with family in the coming months. They told the inspector about their family, how they spoke to them on a very regular basis and also had visits from them. They explained that they were happy living in the centre and they liked all aspects of it. They were particularly complimentary of the staff team and it was clear to the inspector that there was a good rapport between the staff member assisting them and the resident. The resident informed the inspector that they enjoyed the food in the centre and also liked to go shopping with staff members. The resident's bedroom was clean and tidy with pictures of family members at special occasions on display.

Staff members were observed to engage with residents in a kind, caring and respectful manner. The staff members that spoke with the inspector were highly motivated, clearly committed and spoke about residents in a warm manner.

The residents had access to the house vehicle and one resident attended a day service. Another resident was about to start back in the gym and overall it appeared that the provider made efforts to ensure that residents engaged in meaningful activities.

Visiting to the centre was in line with current national guidance. Some residents

received visitors and others went home to stay with family on occasion. The provider welcomed visitors and residents could receive visitors in their own rooms, in the communal sitting room or they could also use the garden facilities.

The provider made efforts to ensure that the voice and rights of residents were respected and promoted. The provider had accessed the services of an interpreter for a number of days per week to work with a resident to ensure that they could respond to the residents will and preference. One staff member explained to the inspector the efforts they made to involve the resident in decision making about various different aspects of the resident's daily life. It was further noted that 'residents rights' was a common theme and topic at resident meetings and the provider ensured access to external advocacy services as required. The person in charge informed the inspector that all residents were registered to vote.

Overall the centre presented as clean and well maintained. There was ample supply of hand sanitizer and there were clear notices around the centre reminding residents about various preventative measures to protect everybody from infection and illness. The management and staff that spoke with the inspector had a clear understanding and comprehension of the importance of good infection prevention and control practices. The provider had in place good operational practices in place and had governance and oversight systems to oversee these practices.

However the provider needed to further improve the adopted procedures and ensure there was absolute clarity on what was expected of the staff team, they also needed to enhance their oversight of IPC practices throughout the centre to ensure that the health and welfare of the residents was consistently protected and promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018). However, some improvements were required to the application of the cleaning protocol, availability of certain products mentioned in the protocol and governance and oversight systems relating to IPC practices within the centre.

The primary responsibility for cleaning and implementation of IPC processes rested with the staff team on a daily basis. The person in charge stated that there was normally three staff on duty during the day but that it could happen there would only be two. A review of the most recent rosters showed this was not a common occurrence and staff spoken with confirmed this. Staff spoken with acknowledged

the challenges of meeting all IPC arrangements even when there was three staff but they all acknowledged how important it was and felt that they had made progress.

The inspector reviewed the provider's training matrix. The staff team had all received a variety of training modules including hand hygiene and in breaking the chain of infection. The staff members spoken with confirmed the training they had received. The provider utilised HSE land for training but also had their own internal training platform. It was noted that further training pertaining to IPC was planned for September 2022. The provider did need to make sure that all staff members knew how to deal with certain situations such as body fluid spillages as clearly outlined in the providers own protocol. The process as described by staff needed to be enhanced to be fully in line with the protocol.

The provider had completed an annual review within the time frame and also had completed a six-monthly audit in recent months. IPC compliance and processes did not form part of these provider reports and as such some issues identified in this inspection were not picked up and escalated further. The person in charge was able to evidence a comprehensive suite of other audit documents pertaining to IPC and these were taking place on a regular basis. The person in charge had also completed HIQA's self assessment audit tool in relation to infection prevention and control on multiple occasions in the last year.

The provider had a comprehensive suite of documents pertaining to Covid-19 and IPC processes available for all staff. These included a Covid-19 preparedness planning response document, a contingency plan, a quality improvement plan and a comprehensive cleaning protocol for the entire centre. It was clearly evident that the person in charge reviewed these documents on a regular basis and they were seen very much as 'live' documents. The contingency arrangements in case of an outbreak of an infectious disease were clear and comprehensive in nature and they were further supplemented by accompanying risk assessments.

There was evidence of regular staff meetings taking place but IPC processes and information sharing needed to be more formalised as part of these meetings. The person in charge also discussed how there was a lead worker for IPC identified within the centre and they carried out an auditing function.

There was evidence of regular resident meetings and it was noted that resident rights did feature in these meeting. From reviewing minutes of these meetings it was observed that IPC practices were not an agenda item on a regular basis but in speaking with staff they were clearly able to outline their efforts in key working sessions where various aspects of IPC practices were promoted.

Quality and safety

The staff spoken with all understood the importance of infection prevention and control within the centre and how good practices, policies and procedures kept residents safer and contributed to a better quality life for them. One staff member spoke about how the team had made significant efforts over the past six months to ensure that all aspects of IPC arrangements were embedded within the centre.

The provider had a centre risk management document. There were also a number of risk management documents pertaining to all aspects of Covid-19. All documents reviewed pertaining to risk were under regular review and were updated. However the main risk management document pertaining to IPC needed further review and clarity as the descriptions pertaining to management of waste were not in line with practice in the centre and the same section spoke about storage and medication management.

The provider had a colour coded system in relation for mop use within the centre. It was noted that there was good systems in place in relation to the storage and management of clean and dirty mops. There was a lack of clarity in place in relation to the providers implementation of their own cleaning protocol. One staff member described using paper towels to clean, another said that they used disposable cloths and another stated that all cloths were re-used. There was more clarity needed for staff about the difference between the need for cleaning or disinfecting and sterilisation. There was also further practical guidance needed on what products should be used within the centre.

Good practice was observed in relation to the storage of food in the fridge. All food items opened had been labelled and dates and generally the fridge was clean and maintained to a high standard.

There were two recent admissions to the centre and it was noted that given the type of service offered it was not unusual for a resident to be admitted from a hospital setting. The file of one resident was reviewed and it was noted that there was a transfer in document that did contain important health information, this document arrived some weeks after the resident was admitted. It was further noted that the provider had completed a PCR test for Covid-19 prior to admission. The provider needed to enhance interim measures to ensure that all key information pertaining to infection prevention and control risks were fully understood prior to admission in order to fully protect all residents and staff within the centre. It was noted that all residents had been offered the Covid-19 vaccines and flu vaccines. The residents all had access to variety of allied health professionals.

There was clear guidance in place for the management of laundry. The laundry room was maintained in an organised, tidy and clean condition. Staff spoken with were knowledgeable regarding the laundry instructions and the correct temperatures for laundering clothing. The provider ensured that resident's laundry was washed separately and there were provisions in place for washing soiled laundry.

The provider stated that there was no use of shared equipment within the centre and as such there was much reduced risk of transmitting a healthcare associated infection.

Regulation 27: Protection against infection

The provider was generally in compliance with Regulation 27 (Protection against Infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

Generally the provider had adopted good systems that were clearly operational throughout the designated centre. The full staff team had been trained in various aspects of infection prevention and control. There was regular auditing taking place with the provider carrying out regular self-assessments in relation to Regulation 27 and also Regulation 23 and it's impact on IPC practices. Members of the management and staff team who met the inspector displayed a strong commitment to the importance of IPC practices and their impact on the quality and safety of the residents in the centre.

However there was room for further improvement in the systems adopted and the operational implementation of IPC policies and procedures. The centre had a small number of general building repairs needed to enhance and ensure compliance with IPC requirements and the provider was aware of these and had a plan in place to address them. These included painting in the kitchen and hallway as well as the need to replace flooring in the medication room. The provider had in place a good overall cleaning protocol document but there was a number of gaps observed between it and the actual implementation of the protocol on a daily basis in the centre. There was on-going confusion between the necessity and differences between cleaning and disinfecting. There was a lack of clarity in relation to the use of disinfection wipes and cloths as well as a lack of certain products for use with bodily spillages mentioned in the protocol but unavailable in the centre.

The provider also needed to ensure that IPC practices were reviewed and elevated within the regulation oversight processes such as the Annual Review and also the provider six-monthly visits as to date they did not form part of these processes.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0037698

Date of inspection: 23/08/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">(1) Updated IPC training will be given to all Staff by end of September 2022 and will include a review of staff practices in infection, prevention and control and will include cleaning and disinfecting procedures.(2) IPC processes/procedures will be part of the agenda for Staff and Resident meetings in order to ensure that the health and welfare of the Residents and staff are promoted and protected on a daily basis.(3) The Local Risk Register to be reviewed and to clarify management of waste in the Centre.(4) IPC to be included in the Annual Review and Regulation 23 audits.(5) The vaccination status of all Residents will be included in the Healthcare Plans, Emergency Portable Profile and the Hospital Passports.	

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.	Substantially Compliant	Yellow	30/09/2022