



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

Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	09 August 2022
Centre ID:	OSV-0002376
Fieldwork ID:	MON-0035577

About the designated centre

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

Woodview is a designated centre operated by St. Michael's House. Woodview is a community based home with the capacity to provide full-time residential care and support for up to six male or female adults with an intellectual disability. The centre is situated in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, hotel, a large park within a short walking distance, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, registered nurses, care assistants, and a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 9 August 2022	09:10hrs to 14:55hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

The centre comprised a large two-storey house. The house was close to many amenities and services including parks, shops and eateries. The inspector observed COVID-19 signage on the front door, and hand sanitiser and face masks were available at the entrance hall. The house was bright, and generally clean and well maintained. There was adequate communal space as well as a large garden space for residents to use. The bedrooms were individualised and decorated to the tastes of the residents. However, some areas of the premise were found to require cleaning and enhancement to mitigate infection hazards and to meet optimum IPC standards.

The inspector observed positive IPC practices and measures in the centre, such as good governance arrangements, access to personal protective equipment, and staff wore face masks in line with public health guidance. However, other arrangements required enhancement, for example, the standard of some documentation.

The inspector met some of the residents living in the centre. Some residents were attending day services while others were being supported by staff working in the centre with their daily activities, for example, attending medical appointments. Other residents were observed relaxing in the garden. The residents did not communicate their views of the service to the inspector, however appeared content and relaxed in their home. The annual review of the quality and safety of care and support in the centre had consulted with residents and their representatives. The feedback was positive and indicated satisfaction with the service.

Staff were observed interacting with residents in a kind and personable manner. The inspector spoke with different staff members during the inspection including nurses and care assistants. The staff spoken with had worked with the residents for many years and it was clear that they knew them well as they demonstrated good knowledge of their care and support needs. Staff advised the inspector that they felt the quality and safety of care and support provided to residents was very good and that residents' needs were being met to a high standard. Staff had no concerns but advised the inspector that they could easily raise any concerns with the person in charge. Staff told the inspector about some of the community activities that residents enjoyed, such as walks, bowling, mass, family visits, eating out, and going to the cinema. All of the residents had gone on a recent holiday to a beach side town, and staff were supporting some residents to plan further breaks away.

Staff also spoke about some of the infection prevention and control measures in the centre, and had a good understanding on the matters discussed. Staff advised the inspector that a recent outbreak of COVID-19 in the centre had been challenging at

times, but was managed well with good support from the management team.

Staff told the inspector about how residents had been supported to understand IPC and COVID-19 measures through use of easy-to-read information. Residents had also been supported to keep in contact with their families during times of visiting restrictions through use of video technology.

Overall, the inspector found that the centre was operating at a good standard of infection prevention and control (IPC) practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed, however, areas for improvement were found.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, it was found that the registered provider and person in charge had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards, however improvements were required to strengthen the measures.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and supported in their role by a service manager who in turn reported to a Director of Service. The person in charge provided support and guidance to staff in the centre on a day-to-day basis. In the absence of the person in charge, there was a deputy manager within the centre as well as the service manager for staff to contact. Outside of normal working hours, staff could utilise the provider's nurse manager on-call system.

The person in charge and deputy manager were the IPC leads for the centre and had associated responsibilities for the oversight of IPC measures. The provider also had an established IPC team and helpline available to provide ongoing guidance and direction to the centre on IPC matters.

The provider had prepared a suite of written IPC policies, procedures and guidelines which were readily available for staff to refer to. In response to the COVID-19 pandemic, the provider had also developed and circulated specific information on COVID-19 to ensure that staff were aware of the most up-to-date and current guidance to safely manage and reduce the risk of COVID-19. The person in charge had also ensured that staff had access to public health information on COVID-19 and IPC. The provider's IPC team were also sharing learning from IPC inspections to

drive quality improvement across the provider's centres.

The provider and person in charge had implemented systems to monitor infection prevention and control (IPC) arrangements in the centre. A hygiene audit was completed in 2018, however there had been no follow up audit since then. The annual review referenced the COVID-19 pandemic in limited detail, however the recent six-month report on the quality and safety of care and support provided in the centre reviewed IPC in more depth and identified actions for improvement. The deputy manager completed a monthly infection control checklist to identify and mitigate any IPC issues. The person in charge had also completed an IPC self assessment tool to assess the arrangements and identify any areas requiring improvement.

The person in charge had completed a suite of risk assessments on IPC matters including COVID-19 and other infection hazards. The risk assessments identified associated control measures to mitigate the risks. However, the inspector found that further risk assessments required development on other potential IPC risks that presented in the centre.

There was an adequate supply of personal protective equipment (PPE) and it was securely stored.

Staffing in the centre consisted of nurses, care assistants and a social care worker. There were some vacancies in the nursing complement, however the vacancies were filled through permanent nurses working overtime and the use of consistent agency nurses who were familiar with the centre and the residents. The use of consistent agency nurses reduced the risk of infection transmission in the centre. The provider was actively recruiting to fill the vacancies permanently.

All staff were required to complete IPC training to support them in understanding and implementing IPC measures. The inspector viewed a sample of the monthly staff team meeting minutes and found IPC to be a standard agenda item to support staff knowledge, for example, discussions had taken place on IPC plans, cleaning schedules, and IPC risk assessments.

The inspector spoke to some staff about the IPC measures in the centre. The inspector briefly spoke to an agency staff member and they told the inspector about some of the components of their IPC training such as hand hygiene and use of PPE. Permanent staff members spoke about the arrangements for soiled laundry and bodily spills, use of cleaning chemicals, and reporting structures.

The centre had experienced a COVID-19 outbreak earlier in the year. Staff and residents affected recovered well, and the inspector was advised that the outbreak was managed well with good support from the provider. However, the management and outcome of the outbreak had not been formally reviewed to identify any potential learning that could enhance the centre's outbreak plans.

Quality and safety

There were no recent admissions or discharges in the centre. The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet their needs. Residents had timely access to a wide range of multidisciplinary team services, such as dietitian, occupational therapy, physiotherapy, speech and language therapy and positive behaviour support. Residents had also been supported to avail of national health screening programmes.

The person in charge had ensured that residents' needs were assessed which informed the development of personal care plans. The inspector viewed a sample of care plans and found that infectious risks, where known, were noted with associated interventions to be followed. However, some of the care plans required revision to accurately reflect all of the associated interventions. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

Residents had been supported to understand IPC and COVID-19 measures through discussions and use of easy-to-read information at residents meetings. The inspector viewed a sample of the residents meeting minutes and found topics such as good hygiene and COVID-19 to have been discussed. Residents' rights were also discussed at residents' meetings. During times of visiting restrictions, staff had supported residents to maintain contact with their families through video technology.

While the centre was generally well maintained, some areas required cleaning and upkeep. In the dining room, painting was required, and some of the window sills and door frames required cleaning. High dusting was also required to clear cobwebs. Medical equipment was inappropriately stored on a window sill and was observed to be dusty. Other equipment used by residents, such as commodes, shower chairs and trolleys were clean. Flooring in the main bathroom had slightly detached from the wall which presented an infection hazard. The maintenance of the laundry room was not conducive to good IPC, for example, counters were cluttered, fan was dirty, hand washing facilities were inadequate, and clean and dirty mop heads were stored in close proximity which presented a risk of cross contamination.

Although there was dedicated cleaning staff, nursing and care staff also completed cleaning duties in addition to their primary roles. There was a good stock of cleaning chemicals with associated safety data sheets. Colour coded cleaning equipment such as mops and buckets were used as a measure against risk of cross contamination of infection. Cleaning schedules were in place, however required enhancement to include other duties such as the cleaning of the vehicle and washing machine, and for the replacement of equipment used for a limited time. The recording of interventions to reduce the risk of legionella also required improvement.

There were good arrangements for the safe management of laundry and waste.

However, the inspector observed a yellow waste bin that had not been properly fixed which presented an infection hazard.

The person in charge had developed a detailed plan to manage potential outbreaks of infections including COVID-19, vomiting bug, and flu. The plan included guidance for residents self-isolating, access to PPE, waste arrangements, escalation arrangements, maintaining communication with families, and hygiene measures.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving effective care and support in line with their assessed needs, and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, improvements were required to strengthen the IPC procedures and meet optimum standards.

The provider had prepared written policies and procedures on IPC matters which were readily available for staff to refer to. Staff also had access to IPC and COVID-19 guidance issued from public health. There was an IPC team available to provide guidance and support to the centre.

Staff working in the centre were trained in infection prevention and control precautions and measures, and had a good understanding of the IPC matters discussed with the inspector. IPC and COVID-19 was discussed at staff meetings to ensure staff were aware of IPC precautions implemented in the centre. Residents had been supported to understand IPC and COVID-19 measures through easy-to-read information and discussions at residents' meetings.

The person in charge had good oversight of IPC in the centre and IPC audits and risk assessments had been carried out to identify IPC hazards and areas for improvement. Some risk assessments required further development. The person in charge had developed detailed plans to be following in the event of an infectious disease presenting in the centre.

There was an adequate supply of personal protective equipment (PPE), and cleaning chemicals (with accompanying safety data sheets) to be used in the centre. Some areas of the premises required cleaning and attention to mitigate infection hazards. The maintenance of the utility room required more consideration to support good IPC practices. Records including cleaning schedules also required enhancement to ensure effectiveness.

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 Woodview OSV-0002376

Inspection ID: MON-0035577

Date of inspection: 09/08/2022

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> <p>In response to the area of substantial compliance found under Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • IPC / Hygiene Audit was requested and will be carried out by 30.11.2022. • Service manager reviewed annual report and expanded the information on the Covid-19 pandemic. • Risk assessments have been reviewed and updated in line with IPC guidelines and to reflect measures in place for prevention of legionnaires disease, the use of individual laundry baskets and detailing how soiled laundry is managed • Cleaning schedules have been updated to reflect recording of interventions to reduce legionnaire's disease, the cleaning of the washing machine, door frames, High dusting, cleaning of fans and window sills. • Cleaning schedule is in place for the use of the house vehicle. • Yellow waste bin has been repaired. • The management and the outcome of the Covid 19 outbreak was reviewed by the CNSp Infection Prevention & Control support and at staff meeting in August 2022 • Care plans have been updated to reflect all associated IPC interventions accurately. • Medical equipment is appropriately stored and cleaned with a schedule in place for the changing/ replacement of equipment that is used for a specific time in line with manufacture guidance. • Laundry room has been de-cluttered and cleaned, with designated places for clean and dirty mop heads; assigned hand washing facilities are available. • The regular cleaning and de-cluttering of the laundry room added to the cleaning schedule. • Painting of the dining area has been approved and is scheduled to take place by 30.11.2022 • The main bathroom floor is scheduled for repairs and will be completed by 30.11.2022 	

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 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	30/11/2022