

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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0036303

About the designated centre

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

Parkview House is a designated centre operated by St. Michael's House, an organisation providing services to people with an intellectual disability. Parkview House aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for four individuals with intellectual and physical disabilities. The centre consists of a five bedroom bungalow with a separate building on site used as a multipurpose activities room for residents and comprises a separate visitors area. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. Parkview House is managed by a Social Care Leader and the staff team comprise of one nurse and social care workers. The centre is supported by a multi-disciplinary team. Access to a psychologist, psychiatrist, social worker, medical officers, occupational therapists, physiotherapist, speech and language therapist, dieticians and specialist nurse supports are available on a referral basis. Parkview House has a mini-bus which is used to transport residents to and from outings and activities of their choice.

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
Wednesday 15 June 2022	10:20hrs to 14:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

This centre comprised of a two-storey house in a large town in Co. Meath. The house can accommodate up to five residents, with five individual bedrooms, four of which are on the ground floor. There is a large accessible bathroom on the ground floor, and a fully equipped bathroom on the first floor. There was a modest size kitchen and dining area, which at the time of inspection was undergoing a remodel. This was a required action from a previous inspection.

On arrival to the centre, all residents were absent as they were at day services or arranged activities. Some residents attended local day services and one resident had an individualised day service provided from the centre. Due to the works occurring in the kitchen, the residents had plans to have dinner in local restaurants and were not due to return to the centre until later that evening. For the duration of the works, the person in charge had made arrangements to facilitate the safe preparation of snacks in the dining room and designated an area in the utility room for washing and drying dishes.

The inspector was shown around the house by the person in charge, and observed that the premises were modern, clean, and free from clutter. They were also warm, bright, and provided a comfortable home for residents. All residents' bedrooms were well equipped and nicely decorated, with personal items and soft furnishings. One resident bedroom was due to be painted in the days subsequent to the inspection, and there were sample paint swatches on the wall from where the resident was supported to choose their preferred colour.

There was a large garden to the rear of the premises, which had been landscaped to ensure accessibility for all residents. The inspector was informed that residents and their families had contributed to the planting of flower beds, and the garden provided a pleasant space for residents and their families to enjoy.

Residents were supported by a team of social care workers who were managed by the person in charge. There were arrangements in place to ensure that staff followed current public health measures in relation to long-term residential care facilities. For example, there was information and facilities available to promote good hand hygiene and appropriate use of personal protective equipment (PPE). The person in charge was observed to sanitise their hands at regular intervals over the course of this inspection, and was wearing appropriate PPE.

A review of records found that residents participated in regular residents' meetings where they discussed their plans, the operation of the centre, and engaged in learning and development opportunities in areas such as hand hygiene, use of PPE,

and staying safe in the community.

The inspector found that residents were facilitated to receive visitors in line with prevailing national guidance. There were no restrictions in relation to visitors at the time of inspection, and there was evidence that the visitors' arrangements were regularly reviewed to ensure residents could meet with their friends and family, or contact their families by phone or video call where appropriate.

Overall, inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. There was ample information provided to residents in relation to infection prevention and control (IPC) matters.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the achievement of a service that was in compliance with the National Standards.

Capacity and capability

It was found that the governance and management arrangements were ensuring infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place to ensure that care and support practices were consistent with the National Standards.

The provider had developed a range of policies and procedures in relation to infection prevention and control. These had informed effective local procedures that were overseen by the person in charge. Staff had access to a comprehensive range of training opportunities, and had undertaken training in areas such as hand hygiene, standard and transmission based precautions, and breaking the chain of infection. There were arrangements in place to ensure staff engaged in refresher training and developed and maintained the required knowledge to implement effective infection prevention and control measures.

The provider had also ensured that practices which support good IPC were subject to regular audit and review. For example, the provider had commissioned an environmental hygiene audit to be carried out by a suitably qualified person. This audit had identified areas in which IPC practice could be optimised, and it was found that the person in charge had implemented the suggested actions. The person in charge had completed a self-assessment questionnaire, published by HIQA, which reviewed the centre's preparedness for an outbreak of COVID-19.

There was a clear governance and management structure that outlined lines of accountability in relation to IPC. An IPC lead worker representative had been

appointed in the designated centre. This person, in conjunction with the person in charge, carried out a monthly infection control check, which was found to proactively identify areas for quality improvement. Staff had access to specialist advice and information from a person with expert knowledge in relation to IPC. An on-call management system was in place for staff to contact outside of regular working hours.

Risks in relation to infection prevention and control had been identified and assessed. There were suitable control measures in place for any identified IPC risk, and there was sufficient staff available to meet the needs of residents and to safely provide care and support. The person in charge carried out staff supervision meetings in line with the organisation's policy. A review of supervision records and team meeting notes found that staff discussed infection prevention and control matters and where necessary, brought concerns or suggestions to the person in charge. There were clear contingency plans in place to ensure that continuity of care could be maintained in the event of staff absences associated with infection control risks.

Quality and safety

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider demonstrated a commitment to meeting the National Standards, and this is demonstrated in the findings of the inspection.

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. There was evidence that a good quality and safe service was provided to residents. Residents had access to a range of accessible information as well as training and development opportunities to enable them to take a lead role in keeping themselves safe.

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated to reflect changes in national guidance. Each personal plan included guidance regarding the steps to be taken in the event of an outbreak of an infection.

Residents had access to a range of healthcare services, in accordance with their assessed needs. There was a document available for each resident which contained important healthcare information, including infection status, that could be shared with healthcare providers when required.

The inspector completed a walk-around of the premises and found that it was suitably designed and laid out to meet residents' assessed needs. The provider had implemented some actions from a previous inspection compliance plan, for example, new furniture had been purchased for the living room and the kitchen was undergoing a full refit at the time of inspection. While the kitchen was being finished, there were suitable arrangements in place to maintain good food-hygiene

practices, and residents were having evening meals in local restaurants for the short duration of the building works.

There was a utility room that was used in the management of laundry, and this was clean and tidy, with clear designated areas for clean and dirty linen. There were suitable hand-wash facilities available in the utility area. Some items used for cleaning were stored in this area, and these were stored neatly and in a manner that minimised cross contamination.

The house was in a good state of repair and was clean and tidy throughout. There were arrangements in place to monitor the daily cleaning of the premises as well as enhanced cleaning arrangements that were implemented in the event of a confirmed or suspected outbreak of infection. There was clear guidance in place to inform cleaning practices, and these were in line with the provider's own policy. Staff spoken with were clear regarding how spills of blood or body-fluids were to be managed, and there were suitable facilities and equipment available.

From a review of risk assessments and support plans, it was evident that consideration was given to standard precautions in daily practices, such as personal care, environmental hygiene and management of laundry. There were adequate supplies of personal protective equipment stored in the centre for routine daily use. In the event of an outbreak, additional PPE was available.

There was minimal equipment used in the centre, in line with residents' assessed needs. Any large equipment was found to be designated to a single person, with clear arrangements in place for cleaning. A review of smaller equipment, such as thermometers, found they were clean and in a good state of repair. Staff were clear as to how these pieces of equipment should be cleaned and decontaminated.

The provider had prepared a comprehensive outbreak management plan that was to be implemented in the event of an outbreak of infection.

Regulation 27: Protection against infection

The inspector found that the governance and management arrangements facilitated effective IPC practices. The provider had implemented effective systems that ensured the service provided was regularly audited and reviewed. Staff in the centre were suitably trained and experienced and there were clear lines of accountability and responsibility in relation to infection control matters.

Overall, the arrangements in place ensured IPC practices were in adherence with the National Standards. Residents had access to timely, relevant, and accessible information. The premises were clean, tidy, and well maintained. There were effective cleaning arrangements in place for facilities and equipment.

The provider had clear contingency plans, and outbreak management plans in place

to be utilised in the event of an outbreak of infection.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant