



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

## Issued by the Chief Inspector

Name of designated centre:	Church View
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 February 2022
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0035847

## About the designated centre

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

Church View is a designated centre that provides 24-hour residential nursing and healthcare support to adults with intellectual disabilities. The bungalow is located in a small town in Co. Westmeath. Residents have access to local amenities such as shops and cafes. The house comprises five bedrooms, one main bathroom, one shower and toilet, a sitting room, kitchen, and sunroom.

**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 8 February 2022	10:30hrs to 16:30hrs	Eoin O'Byrne	Lead
Tuesday 8 February 2022	10:30hrs to 16:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control. The inspection was completed over one day. Inspectors met with four residents and spoke with staff throughout the inspection.

The inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were supported to engage in activities of their choosing, and the centres' staff team supported residents in a way that promoted their views and rights.

On arrival at the residents home inspectors were introduced to two residents. Both residents appeared comfortable in their surroundings and said hello to the inspectors. One resident was relaxing and listening to their preferred music, whilst the other resident was watching television in a separate living room. The inspectors observed other residents move freely through their home throughout the day.

Inspectors found information regarding infection prevention and control measures and best practices in various locations throughout the resident's home. It was also found that resident meetings were used to provide residents with up to date information regarding infection prevention and control and ensure residents were informed regarding the COVID-19 pandemic and restrictions that had been implemented for periods.

Inspectors were given a tour of the premises by a staff team member. The premises was suitably clean, a review of records and policies also demonstrated that there were appropriate systems to maintain this. The premises was free from clutter, and there was a relaxed and homely atmosphere. There were a number of hand washing facilities where both soap and hand sanitiser were located.

The inspector observed a significant staff presence in the centre and that resources had been allocated to meet the needs of the group of residents. Staff were observed to be washing or sanitising their hands in accordance with public health guidance. Staff members were wearing appropriate personal protective equipment (PPE) and changed this according to current guidelines.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures concerning infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

## Capacity and capability

This inspection found that the governance structures had assured that the provider had ensured effective and quality infection prevention and control practice. The service was led by a person in charge who was the lead person regarding the management of infection prevention and control within the centre. The service was nurse-led, with a staff nurse leading day and night duties. There were clear lines of authority with tasks allocated to individual staff each day.

There were also clear lines of authority regarding the provider's on-call management process; there were arrangements in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents per the regulations. The review of these found that infection prevention and control were covered.

As mentioned above, the review of records demonstrated systems in place to ensure that the service was clean. There were day and night duty cleaning tasks and enhanced cleaning practices for certain parts of the residents home. On the day of the inspection, the staff team were observed to engage in these tasks. Inspectors were also informed that designated cleaning staff had been assigned to the staff team.

Inspectors found that the provider had ensured policies and procedures regarding infection prevention and control. These policies were in date. Policies were also developed in response to the COVID-19 pandemic, which reflected best practices. Inspectors found that the provider had developed a well-prepared contingency plan. The plan clearly outlined appropriate responses to an outbreak of infection or other emergencies, the plan listed appropriate practices relating to identifying, managing, and controlling potential outbreaks.

Inspectors found improvements required regarding the review of and learning from infection prevention and control concerns or outbreaks. There had been an outbreak of COVID-19 amongst staff team members in early 2022. The provider and person in charge had yet to complete a review of the outbreak. However, the person in charge gave inspectors a detailed account of the steps taken by the staff team and effective proactive measures that were taken by the team to ensure that the virus did not spread to residents. The person in charge stated that a review of the outbreak would be completed and potential learning identified and shared.

Records did demonstrate that there were systems in place for the person in charge and the staff team to seek guidance from specialists in infection prevention and control practices. There was evidence of the staff team following such information and implementing management plans as per the guidance. There was effective information sharing regarding infection prevention and control. The provider and person in charge had also provided staff with up to date information regarding the

COVID-19 pandemic. A safety pause was completed each day that was focused on sharing information and promoting best practices.

Inspectors interacted with all staff members during the course of the inspection. They were found to be well informed regarding infection prevention and control practices. They were also observed to engage in effective practice throughout the inspection. Inspectors spoke in detail with two staff team members regarding infection prevention and control practices. Both staff members demonstrated effective knowledge and awareness. One of the staff members referenced the centre's outbreak management plan and referenced the staff teams roles effectively.

They spoke of receiving up to date information from the person in charge and that they had been provided with appropriate training. Inspectors reviewed a sample of staff training records and found that the staff team had been provided with appropriate training.

It was found that there were enhancements required regarding the capturing and documentation of all practices the staff team were completing regarding infection prevention and control. Staff members had adopted appropriate practices, for example, around the effective cleaning of hoist slings or the cleaning of vehicles between each use. These practices were, however, not being documented. This was brought to the attention of the person in charge, who devised recording sheets that would be used going forward to capture the effective practices.

During the inspection, it was observed that the provider had not ensured that all aspects of the exterior and interior of the residents' home had not been appropriately maintained. The review of records demonstrated that there had been delays in the provider responding to the required works. The impact of this on infection prevention and control practices will be discussed in full detail in the next section of the report.

## Quality and safety

During the walk around the residents' home, it was observed, as noted above, that there were some required works to ensure that all aspects of the residents home were well maintained. Kitchen counter tops and presses had been damaged due to general wear and tear. The damage to these areas meant that they could not be appropriately cleaned despite the staff team's best efforts. The inspectors also found that a shower tray had been damaged in one bathroom and that rust had formed. This area could also not be cleaned appropriately due to the damage.

Despite this, the inspectors found that the care to residents was provided in a clean and safe environment that minimised the transfer of healthcare-associated infections. There were arrangements in place for cleaning and disinfecting of the premises. The review of the existing practices regarding the management of residents' laundry demonstrated that it was appropriate. Staff members and the

person in charge also confirmed the arrangements with the inspectors.

There was a schedule of audits in place that included infection prevention and control and hygiene audits. Records demonstrated that these audits had been completed in recent weeks and identified any areas that required improvements.

Inspectors reviewed a sample of residents' information and found that individual support plans had been developed for residents in response to the COVID-19 pandemic. These plans outlined how best to support each resident and also captured their needs regarding isolation if required. Risk assessments had been developed regarding infection prevention and control issues. These were under regular review and contained appropriate control measures. There was evidence of residents being supported to access allied healthcare professionals when required.

There were systems to test and record signs and symptoms of infection in line with national guidelines for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control the spread of possible infections. As noted earlier staff had access to appropriate PPE. There were adequate supplies of appropriate PPE and there was a weekly delivery to ensure this was maintained.

## Regulation 27: Protection against infection

The provider had adopted a number of procedures in line with public health guidance in response infection prevention and control. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding these measures, infection control risks were identified. Inspectors found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. As noted above, there was damage to the kitchen counter tops and presses. There was also damage and rusting to a shower tray. These areas could not be appropriately cleaned.

As noted above there were also some improvements required regarding the documentation of all tasks being completed concerning the management and completing of infection prevention and control practices.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Church View OSV-0002477

Inspection ID: MON-0035847

Date of inspection: 08/02/2022

## 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>The provider will ensure the kitchen counter tops will be replaced. Kitchen counter tops will be replaced by 22nd March 2022. The press/dresser located in the kitchen space has been removed on 14th February. Damage and rusting to shower tray will be replaced by 22nd March 2022.</p> <p>A review of the outbreak of COVID-19 amongst staff team will be completed and potential learning identified and shared.</p>	

## 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	22/03/2022