



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

## Issued by the Chief Inspector

Name of designated centre:	Woodview 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2021
Centre ID:	OSV-0004683
Fieldwork ID:	MON-0033754

## About the designated centre

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

Woodview 2 is a chalet located on the campus of the provider in Co. Westmeath. The centre can accommodate two residents, either male or female aged 18 years and older. The purpose of the centre is exclusively to function as a care facility for residents of other centres on the organisation who are suspected or confirmed as having cases of a communicable disease. It is not a residential centre for long term residents.

The building design is appropriate for two residents to isolate, and has sufficient private and communal space including a kitchen/dining room, two double sized bedrooms, two bathrooms, a laundry room and a storage room. There is a clean room for staff with a separate entrance to the location. To the rear of the house is an enclosed garden and a walkway around the grounds.

The staffing levels will be appropriate to support the individual needs of the residents in accordance with their assessed needs, including 24-hour support.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	0
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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 - 2015 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 21 July 2021	10:30hrs to 13:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

The provider has applied to register this centre for the sole use as an isolation unit should the need arise. The centre is currently unoccupied, so the inspector did not have the opportunity to have conversations with residents, or to observe residents in their daily lives. However, interviews with both the person in charge and the person participating in management, together with a review of the documentation provided evidence that the organisation was prepared to receive residents should the need arise, and had established practices to ensure that the right of residents were upheld, and their voices would be heard.

Arrangements had been made to consult with residents and to ensure an efficient complaints procedure. The person in charge outlined a system of informal key worker meetings (that were already in place for residents in their homes in other centres operated by the provider), that would be continued in this centre should residents have to relocate. There was a clear complaints procedure in place and an accessible version of the procedure was available to residents. Other information had been prepared in an accessible version for residents.

The centre is a unit on the grounds of the campus of the provider, and would not be suitable as a long term home for residents (given that residents availing of a service with this provider all now living in community). However, this inspection reviewed compliance with the regulations based on the statement of purpose submitted by the provider, which allowed for use of this service only as an isolation unit if the need were to arise.

Given these constraints, the premises were reviewed by the inspector, and it was found that the premises were suitable for this purpose for the most part, although the maintenance of the centre required attention. Paintwork was scuffed and worn, there was damage to plasterwork and some of the flooring was damaged. While there was a functional kitchen, it was furnished with a makeshift table and chairs. There were two bathrooms to allow for individual use should there be two residents availing of the isolation unit at any one time, and clearly defined separate bedrooms for short term residential use.

There was both a main entrance and a separate entrance with the facility for a clean room leading directly to the staff room. Arrangements were in place for the disposal of waste, including clinical waste if required.

The person in charge outlined ways in which the staff would support residents in maintaining dignity and privacy, and how their choices in daily life would be facilitated. Any limitations to residents normal activities would be supported by the staff, and there were arrangements to ensure sufficient staffing numbers and skills mix.

There were clear strategies in place to ensure that residents would be supported to

maintain their relationships with their families and friends during their short term stays in the centre, including Internet access to facilitate communication.

The person in charge described the steps that would be taken to facilitate personalisation of bedrooms, and ensuring that the possessions of residents that were important to them would be transferred to this facility during their stay.

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 the quality and safety of the service being delivered.

## Capacity and capability

There is a clear management structure within the organisation, and a competent and appropriately experienced person in charge is in position. The inspector found that governance and management strategies which are effective in other designated centres operated by the provider would be utilised in this centre, and that a system of monitoring the care and support of residents would be employed.

The centre was managed by a suitably qualified and experienced person in charge, who had good systems for monitoring and review of needs and support requirements for the residents.

Strategies to ensure a competent and knowledgeable staff team were also outlined, and assurances were given that the numbers and skills mix would be appropriate, including the redeployment of staff familiar to the residents to minimise disruption.

The organisation has demonstrated an effective system of audit and supervision of staff, which would be continued in this centre. These include regular team meetings, one-to-one supervision meetings and clear communication and reporting strategies.

Overall the provider demonstrated that there would be effective systems in place to ensure a good quality and safe service to residents during their stay in the centre.

## Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who had good systems for monitoring and review of needs and support requirements for the residents. The person in charge was known to the residents in the local designated centres operated by the provider who might potentially avail of a short term service in the centre.

Judgment: Compliant

### Regulation 15: Staffing

There were plans in place to redeploy staff familiar to residents should they be relocated to the centre. Access to relevant professionals would be maintained, and skills mix planned to be in accordance with the needs of residents.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of good quality and safe service to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The document clearly outlined the purpose and function as an isolation unit only, and not as a long term residential centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of all required notifications to be submitted to HIQA and the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had developed an effective complaints procedure and plans to ensure that residents knew their right to raise complaints.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

#### Quality and safety

The person in charge and the person participating in management outlined the methods to ensure appropriate care and support to residents in a manner that would respect their rights and promote their wellbeing.

Any potential residents would already have a comprehensive assessment of needs, which would be updated to reflect their changing needs. They would continue their access to arrange of healthcare professionals, and personal plans would continue to be implemented. A detailed personal planning template was reviewed by the inspector, and was found to facilitate assessment of both healthcare and social needs, and required regular review.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and fire doors, all of which had been certified by a competent professional. A detailed personal evacuation plan was already in place for each resident within the organisation. There were plans to conduct regular fire drills and to document and monitor the effectiveness of these.

The provider had ensured that there were systems in place to respond to safeguarding concerns. There was a detailed policy relating to the prevention, detection and response to allegations of abuse, and assurances were given that all staff would be in receipt of up to date training in this area.

A risk register had been developed to include local and environmental risks, and a template whereby individual risk assessments for any potential residents would be included in this register.

A detailed infection control policy and contingency plan was in place which referred to the current public health guidelines. The centre was laid out in a way that could facilitate isolation of two residents, and there were facilities for clean areas for staff.



An infection control policy was in place and recently reviewed, and a detailed contingency plan had been developed to give clear guidance to staff, and outlined the plans to manage staffing numbers without depleting the numbers in other designated centres operated by the provider.

### Regulation 17: Premises

The centre is located on the provider's campus, which no longer supports any residential services as residents have all moved to homes in the community, and is not appropriate to support the welfare of residents as a full time home. However, the purpose of the centre is to provide an isolation unit for residents of other designated centres of the organisation in the event of an outbreak of contagious disease, and the layout of the centre is suitable for that purpose.

There is outstanding maintenance work required in the chalet. Some of the flooring is damaged, scuffed and in disrepair, and the paintwork throughout requires repair and repainting. Various fixtures and fittings require repair or replacement. The chalet is not fully furnished in preparation for accommodating residents.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements of the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

There was an infection control policy in place, together with a contingency plan in relation to COVID-19. The facilities in the centre were suitable to ensure appropriate infection control practices.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had safety precautions in place, including, fire detection and containment arrangements, emergency lighting and equipment. Fire drills were planned and a template for recording these was available. A personal evacuation plan was in place for each potential resident which would be updated in relation to this centre and any changing needs.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans already in place for any potential residents, and plans to update these in the event of relocation to the centre. A policy was in place to guide staff in the development and review of personal plans, including updates to meet any changing needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had effective systems, policies and procedures in place to protect the residents from abuse. There was an evidence based policy in place in relation to safeguarding of residents.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Woodview 2 OSV-0004683

Inspection ID: MON-0033754

Date of inspection: 21/07/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC will ensure that the designated centre is kept in a good state of repair and any outstanding maintenance work is carried out. The person in charge will ensure that any fixtures and fittings that are damaged will be replaced. The person in charge will also ensure the premise is suitably decorated and fully furnished. The person in charge will liaise with the operations manager and maintenance department regarding the painting of the premises and the other maintenance works.</p> <p>Date of completion: 30th November 2021</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2021