



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

Issued by the Chief Inspector

Name of designated centre:	Mountain View
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0007982
Fieldwork ID:	MON-0036065

About the designated centre

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

Mountain View a full-time residential service is provided to a maximum of four residents with Intellectual disability, and/or Autistic Spectrum Disorder and/or Challenging Behaviour and/or Physical / Sensory Disability, over 18 years of age and under 65 years of age. The service will operate 365 days a year. The provider aims to work with residents and as appropriate their families so as to provide residents with a safe home, with person-centred care and support linked to the local community in which the centre is located. The staff ratio in Mountain View is at an appropriate levels to meet the needs of every individual and this takes into account staffing on nights/evenings/weekends etc. The staffing ratio will particularly reflect the mix of adults in the service to ensure appropriate safeguarding. The premises are a dormer type house located in a rural setting. Each resident is provided with their own bedroom and share communal, dining and sanitary facilities. The design, layout and available space were suited to the intended purpose and the individual and collective needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 5 July 2022	09:30hrs to 15:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was a focused inspection intended to review the effectiveness of infection prevention and control (IPC) practices and procedures within this designated centre. Evidence obtained would be reviewed to ensure these were consistent with relevant national standards. The inspector was able to meet with two of the three residents during the inspection. The inspector also had the opportunity to meet with the appointed person in charge, the team leader and staff members on the day of inspection. Areas for improvement observed during this inspection related to for example, cleaning practices, governance and management, and risk.

On arrival to the centre, the inspector observed all staff present in the sunroom having a morning break. No staff member present was wearing facemasks and social distancing was not maintained. This practice was not in accordance with the provider's COVID-19 contingency plan or infection control policy. This was highlighted to the team leader upon entering the centre and requested for this to be addressed. When contacted the person in charge came to the centre for the duration of the inspection.

Upon entering the centre the inspector was requested to complete a COVID-19 questionnaire to provide assurances of no symptoms or close contact with a confirmed case. The inspector adhered to infection control measures throughout the inspection. Following the initial discussion with the team leader regarding the use of personal protective equipment (PPE) staff were observed using these effectively and in the correct manner.

The designated centre was well ventilated and homely. It was decorated with personal items reflective of the residents living in the designated centre. Some areas of the centre however were found to be unclean. This included a currently vacant room. A sink in one bathroom was blocked, with management unaware of this until highlighted by the inspector. Where areas of the centre had been reported to be cleaned, visible dirt remained present on the floor for example. Whilst cleaning schedules were in place these were generic and did not incorporate guidance specific to the centre. For example, within the sunroom washable furniture was in place. Whilst the inspector was informed these were cleaned weekly these were not included in the schedule and no evidence of any cleaning of these was maintained.

The provider had ensured an ample supply of cleaning products was present in the centre. These were stored in a safe manner within the utility room. However, no list of approved products for cleaning/disinfecting and no guidance for staff on how to use available products were present. Communal areas of the centre had been cleaned on the previous shift. Yet, the floors presented as greasy with cleaning product remaining present. Staff meetings held had highlight specific cleaning needs of the centre such as bathroom shower drains and vehicles. These areas had not been included in a cleaning schedule.

Residents met with appeared comfortable in their centre and in the company of staff. Staff reported residents were happy to return to social and community outings such as home visits since the easing of national restrictions related to COVID-19. Residents were supported to engage in activities throughout the day of the inspection.

in summary the resident appeared comfortable in their environment with improvements required to ensure all areas of IPC were appropriately implemented and effectively monitored by members of the governance team. 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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents in the area of IPC.

Capacity and capability

This was an unannounced inspection to review the systems in place for ongoing monitoring of IPC measures within the centre. Key areas of focus on this inspection included staffing, monitoring of IPC practices by the provider and the leadership, governance and management of the centre. Improvements were required to ensure the capacity and capability of the provider to maintain oversight of Regulation 27: Protection against infection.

The registered provider had put in place a clear governance structure to the centre. The person in charge was suitably qualified and experienced to fulfil their role. They reported directly to a person participating in management appointed to the centre. At the centre level, the person in charge was supported in their role by an appointed team leader. It was found though that there was a need for increased communication between members of the governance structure to ensure a consistent approach to support was in place. For example, when the inspector queried as to why a hand sanitiser was in place differing reasons were given by two members of the management team.

The registered provider had ensured the development and implementation of a number of monitoring systems relating to IPC within the centre. A weekly environmental cleanliness audit was completed. Similar areas requiring action were identified, including dust on skirting boards and door handles requiring cleaning in a number of these audits. However, no action plan was in place following completion of these audits to address these and to prevent re-occurrence. A hand hygiene audit was completed by the person in charge and team leader and a Health Information and Quality Authority (HIQA) self-assessment IPC tool was also completed on a quarterly basis. Where actions were identified to be addressed, no goals were set out to ensure these were achieved. This included the cleaning of the carpet in the centre. IPC was reviewed in a small degree within the provider's annual review of service provision for the centre. A review of relevant notifications was completed but

no actions within the area of IPC were highlighted.

The registered provider had ensured appropriate staffing was in place within the centre to meet the assessed needs of the residents. All staff had received training in the area of IPC incorporating hand hygiene, the use of PPE and breaking the chain of infection. Whilst one member of the centre's management team stated that the provider developed training had been identified as the required mandatory training, another member of the centre's management team stated a different course was required. Clarification was required to ensure a consistent approach to training needs of staff. While the registered provider had set out the required staffing levels for the day time within the centre's COVID-19 contingency plan, safe staffing levels at night were not present. A risk assessment was forwarded to the inspector after the inspection to evidence the staffing levels had been reviewed outside of the contingency plan.

Staff were supported to attend monthly team meetings. These were facilitated by the person in charge and team leader. Whilst IPC was a standing agenda item guidance for staff was not clear. An area relating to the cleaning of residents' bathrooms was raised at each team meeting. However, the rationale for the need for increased cleaning of this area was not provided and there was no monitoring by the governance team to ensure that this was actively addressed by the staff team.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included an IPC policy which provided standard infection control guidance which was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre. Should any additional support or guidance be required the governance team communicated with other members of the governance team within the provider or through external agencies such as the Public Health team.

Quality and safety

Mountain View provides full time residential supports to three young adults. Supports are provided within a large dormer type house located in a rural community. The premises overall presented as warm and homely. Each resident had a private bedroom space which they had been supported to decorate in accordance with their wishes and interests. Residents were supported to maintain social relationships during the current pandemic. Questionnaires were completed prior to home visits and on return to the centre to minimise the risk of infection. Social stories and visual aids were used to communicate with residents in some areas of IPC including testing for COVID-19, 6 step hand washing and social distancing.

The registered provider had ensured the provision of PPE for use within the centre. This included surgical face masks. There was also an ample supply of the PPE required during an infectious outbreak. The team leader monitored the stock and

expiration dates of stock present within the centre. Additional stock was maintained onsite. During the COVID-19 pandemic the provider had developed a contingency plan. This included such areas as governance, staffing and individual support needs of residents. Staff spoken with were aware of the plan and actions to take in the event of a suspected or confirmed case of COVID 19. The contingency plan was to be utilised in conjunction with a provider social care surge capacity plan which set out specific individual support needs.

The person in charge developed daily cleaning schedules to address cleaning needs of the centre. These were found to be generic in nature and did not reference specific cleaning needs of the centre. For example, a "cubby hole" located off the hallway was not included in the schedule. The cleaning of the activity room located upstairs did not incorporate the cleaning of the fridge or sink present. Where specific cleaning was discussed as being required specific guidance was not present for staff to adhere to. During the walk around of the centre it was noted that a current vacant bedroom was unclean. Dead flies were present on the windowsill and dust was present. Within team meetings it was noted that there was a requirement to ensure all vehicles were cleaned. No documentation was maintained of this cleaning and no guidance for staff on how and when to clean the vehicle.

Within the centre there was no list of approved list of cleaning products or guidance in the preparation of products to ensure effective cleaning and disinfection as required. Flooring in communal areas which had reported to have been cleaned were found to be greasy leading to a risk of falls, with a layer of cleaning product remaining present. One resident's bedroom which staff had reported to have been cleaned was also found to be unclean. Dust was present on the skirting boards and dirt residue on the floor.

The inspector observed facilities were available for staff, visitors and resident to sanitise their hands. One sanitising unit in the upstairs of the house was found to be empty. The inspector was informed that this was so due to a risk of a resident linked to hand sanitiser and ingestion of same. This risk was not present within the centre's risk register and not addressed for all other hand sanitisers' present throughout the centre. A number of identified IPC risks were addressed within the risk register. These included the use of face masks for residents, and staff contingencies in the event of an infectious outbreak. The person in charge completed regular review of risk and also incorporated outbreak review in the risks identified to ensure appropriate learning was in place.

Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. These included but are not withstanding:

- The governance and management arrangements in this centre had not ensured that there was effective monitoring of infection prevention and

control practices in the designated centre.

- Review of cleaning schedules to ensure these were centre specific
- Effective supervision of staff ensure adherence to best practice at all times including the correct use of PPE.
- Increased guidance for staff in the area of cleaning. This included the correct use of cleaning products.
- Review of risk register to ensure all IPC environmental and individual risks are identified and addressed.
- Increased oversight of IPC measures in place, including the implementation of action plans to reduce the risk of re occurrence.
- Safe staffing levels to addressed within COVID 19 contingency plan.
- Clarification on mandatory training needs in the area of IPC.

Judgment: Not 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	Not compliant

Compliance Plan for Mountain View OSV-0007982

Inspection ID: MON-0036065

Date of inspection: 05/07/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Resilience are committed to providing care in a manner and in an environment that reduces the opportunity for the transmission of infection. A person-centered approach is taken respecting the dignity, privacy and needs of the residents.</p> <p>In order to ensure quality care and capture all centre-specific tasks, weekly and daily cleaning schedules and associated standard operating procedures have been reviewed and expanded. List of approved products, safety data sheets and guidelines on how to use the products have been put in place and are accessible to staff team. There are weekly health and safety audit in place. Management will ensure that any actions identified in the audits are actioned and guidance provided to staff team in completing the actions.</p> <p>There are risk assessments for the centre and each resident in place and they are reviewed on a regular basis. The management will ensure that all health and safety risks are outlined and control measures implemented to mitigate these risks.</p> <p>Contingency and surge capacity plans for the centre have been reviewed and updated to include minimum staffing levels both for day and night-time.</p> <p>There is a Policy on Infection and Prevention Control in place which is accessible to all staff. All staff are trained in Infection Prevention and Control. A management meeting has been organised and mandatory training for staff has been clarified. Infection Prevention and Control is a regular item on supervision and team meeting agenda. Management will ensure that any issues identified are addressed and an action plan put in place. The importance and responsibility of each staff member for implementing public health guidelines have been discussed with staff team. Correct use of PPE and maintaining social distancing will be monitored by the management and discussed with</p>	

staff individually and collectively on a regular basis.

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.	Not Compliant	Orange	25/09/2022