



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	04 October 2022
Centre ID:	OSV-0001837
Fieldwork ID:	MON-0035514

## About the designated centre

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

Hillview House provides residential services to up to six adults with a primary diagnosis of intellectual disability and who have mild to moderate support needs. The centre can also support residents with mental health needs. There are six en-suite bedrooms and one single bedroom. There is a large, well-equipped kitchen with an adjoining dining area, a comfortable living room, and a large recreation/hobby room among other facilities. Residents participate in individualised day service programs. The house is located in a rural setting and is provided with transport. A social model of care is provided in this centre, and residents are supported by a combination of social care workers and support workers on a 24-hour basis.

**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 4 October 2022	10:30hrs to 15:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with National Standards on Infection prevention and control in community settings. The inspector met and spoke with two staff but residents were not present in the centre, as they had attended their day service and were not due for return until the evening. The inspector observed and spoke with staff of their experiences and knowledge of residents in the centre. Staff spoken with were very knowledgeable and spoke about residents with respect and regard throughout the inspection.

The centre consisted of one large bungalow that was located in a rural area close to a large town. There were six residents living in the centre. Each resident had their own bedroom with an en-suite bathroom. All bedrooms were personalised and decorated to the residents individual taste and preferences. The person in charge spoke about the importance of residents preferences respected in their private living space. The house had a large kitchen, living-room, dining area, utility room, laundry room, storage rooms, communal bathroom facilities. The centre was also equipped with specialised equipment for residents use, such as, wheel chairs, and electronic chair weighing scales. At present the centre did not require any additional specialised seating, bedding or shower equipment. Outside of the bungalow there was large garden area to the front and rear of the centre which included a seating area. Activities were planned for the spring to maximise the garden space and use for all residents.

The centre was in a good state of repair on the day of inspection. The furniture was clean and free from any damage. The floors were clean and intact with no wear or discolouration evident. In addition, the person in charge spoke about recent painting work that was completed and the inspector found that this ensured the centre maintained a clean and well kept appearance. The inspector also found that the person in charge maintained a thorough checklist of maintenance monitoring in the centre. The inspector found that on review of this documentation, all actions were addressed in a timely manner. Overall, the inspector noted that there was suitable indoor and outdoor living space in this centre, which was well maintained and managed by the provider and management team.

The inspector found this centre to be clean, tidy and well kept throughout. Surfaces were free from dust and debris throughout the centre. There was no discolouration or residue noted in any bathroom facilities. All specialised equipment was maintained, cleaned and stored appropriately in the centre. The person in charge spoke about practices in place in the centre and showed the inspector the clean room facility, hand hygiene stations, personal protective equipment (PPE) storage. In addition, there were ample pedal bin facilities throughout which were clean and monitored effectively. All hand sinks throughout the centre had hand soap, paper towels, and towel dispensers with operating pedal bin facilities. PPE was stored in the storeroom within the house and staff spoken with stated that stocks were

regularly monitored and replenished when needed through a requisition form. There was also emergency stock available in a nearby head office.

There were signs at various points throughout the centre that gave information to residents, staff and visitors on steps that they should take to protect themselves from infection. At the front door of the centre there were signs that informed visitors that face masks should be worn in the centre. There were posters that provided guidance on hand hygiene and posters that showed about putting on and off PPE. Cleaning checklists were in place for morning and afternoon cleaning routines and residents also had a schedule for daily cleaning tasks for their rooms. The person in charge advised that the provider had ensured that additional duties were undertaken by a cleaning company and this showed on the day of the inspection. In addition, staff spoken with stated that this enabled them to spend time with residents supporting them as per their assessed needs.

Staff spoken with talked about all the residents in a respectful, friendly and caring manner. They spoke about residents preferences and activities they enjoyed. Staff spoke about the planning and excitement about upcoming Halloween and the inspector observed decorations displayed throughout the centre. Staff spoke about how residents enjoyed planning and decorating the centre for any seasonal event. Staff also spoke at length about residents individual support needs and recent changes that had occurred and the impact of these changes in the centre. Staff also stated that residents were aware and informed about current guidelines for the management of COVID-19, the need for mask wearing and the importance of hand hygiene practices. Staff also spoke about vaccination status and plans ahead for residents and staff to receive recommended boosters and this would be planned ahead.

Overall the inspector observed that the centre was very clean and in a good state of repair. Some maintenance work was already completed and the centre was very well maintained with clear guidelines for any further or required work for the centre. There were adequate hand hygiene facilities throughout the centre. Staff adhered to hand hygiene guidelines and wore appropriate PPE. Residents were reported as knowledgeable on steps that they would take to protect themselves from infection and examples were provided, such as residents reminding visitors when attending or whilst out in their local community. The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

## Capacity and capability

The provider had developed policies, protocols and guidance documents for staff in relation to infection prevention and control. There were defined lines of

accountability and escalation in relation to infection management and control. The provider maintained oversight of the infection prevention and control arrangements in the centre through the use of comprehensive audit tools. There were adequate staffing arrangements in the centre to support residents and to complete necessary tasks relating to infection prevention and control.

There were clearly identified management structures and clear lines of accountability in the centre. Staff in the centre reported to the person in charge. The person in charge escalated issues that could not be addressed to a more senior manager as required. The person in charge had overall responsibility for the management of infection prevention and control in the centre. The person in charge would link in with their line manager for further guidance and direction through community resources if needs, such as local public health. The person in charge spoke about the management team, the supports that were in place and how responsive the management team were since the commencement of the pandemic and ensuring that residents and staff were supported throughout and this was ongoing.

There were a number of policy and guidance documents available to staff in the centre to inform best practice in relation to infection prevention and control in the centre. These documents gave staff clear information on good practice in relation to hand hygiene, standard precautions, transmission-based precautions, sharps management, laundry management and waste disposal. There were staff sign-off sheets that indicated staff had read and understood these documents. There were copies of recent publications and public health guidelines available. Additional policies in the centre gave guidance to staff on local arrangements for managing infection prevention and control. For example, the site specific safety statement gave information on how to dispose of sharps bins and clinical waste in the centre. The statement identified a named individual who could be contacted to collect and disposed of these items when required.

Staff were also guided by the risk assessments in the centre. The person in charge maintained a risk register that comprehensively assessed the risks to residents, staff and visitors. This included risk from biological agents, risks associated with exposure to bodily fluids, and risk from exposure to sharps. These assessments identified control measures to reduce the risks and were regularly reviewed. The risk register also identified the risks to staff from the use of certain chemicals and cleaning products.

The centre had a specific plan in place to guide staff on how to respond to a suspected or confirmed case of COVID-19. The plan was reviewed within the required time-frames and was signed by all staff. This indicated that they had read and understood its content. The person in charge reported the plan was scheduled for review in the coming weeks. The plan gave guidance on how and where staff/residents should isolate if they become symptomatic of COVID-19. There were also named senior managers who could be contacted in the event of staff shortages and the staffing contingency plan that was in place should this occur. Specific tasks relating to the prevention of COVID-19 in the centre were also allocated to named

individuals.

The provider maintained oversight of the measures taken to prevent the spread of infection through a number of audits. The person in charge completed monthly and quarterly audits that examined practices that were in place to reduce the risk of the spread of infection in the centre. The inspector reviewed the audits completed in the previous two quarters and found them to be comprehensive. The audits included review of the cleaning practices in place, hand hygiene practices and facilities. Actions identified were recorded and persons responsible identified with a target date for completion of all actions outlined. This included actions identified in the provider's six-monthly unannounced reports, and the annual review into the quality and safety of care and support , There was evidence that issues identified were progressed and addressed. For example the relocation of the water tank in the centre.

The staffing arrangements in the centre were monitored and reviewed. The person in charge maintained a planned and actual roster. This showed that there was an adequate number and skill-mix of staff on duty to support the residents with their assessed needs. The availability of additional cleaning staff also ensure there was adequate staff on duty and available to support all residents as required.

Staff training was reviewed in the centre. It was evident that all staff had completed mandatory training as required which were all in date presently. Additional bespoke training was also provided and the person in charge maintained an accurate record of training requirements and any additional training needs when they arose, for example, dementia training. Staff spoken with referred to the resource of on-line training that had commenced with the on-set of the pandemic. They stated that this was a useful resource and also for time management. An overview of training was recorded on a training matrix. The person in charge reported that this was monitored and updated on a quarterly basis. The person in charge also had certificates for modules or courses completed by each staff member. All of these records were available to the inspector on the day of the inspection. The person in charge had plans in place for additional training requests for staff due to the changing needs of some of the residents.

## Quality and safety

The inspector noted good practice in relation to the arrangements that were in place in the centre to manage infection prevention and control. This included good practice in relation to cleaning in the centre and maintenance of cleaning records. record keeping and guidance in relation to the care if residents regarding infection prevention was clear and up to date.

Residents were supported to take steps to protect themselves from infection.



Information was given to residents in relation to infection prevention and control at their weekly residents' meetings. This included use of hand gel and cough etiquette. Residents were given information about their General practitioner (GPs) and knew that they would be seen by the GP if they were feeling unwell.

A sample of residents' personal plans were reviewed during the inspection. Detailed medical histories were kept for each resident. Care plans were routinely updated. Some plans related specifically to care that carried an increased risk of infection, for example, intimate care and skin-care. These plans advised staff to ensure that they followed good practice in relation to hand hygiene. Residents had access to wide variety of health professionals and records of their appointments and reports were recorded. Residents' care plans recorded their vaccination status. Hospital passports were completed and recorded in the personal plans. hospital passports gave relevant information to alert hospital staff. The person in charge reported that if a resident required admission to hospital, staff or family would also accompany the resident to hospital and provide a handover of information regarding the resident. In cases where residents had to be admitted to hospital, staff in the centre phoned the hospital daily to remain informed of the residents' care and nay alerts regarding any infection risks.

Overall, there were good practices in the centre in relation to infection prevention and control. The centre was kept very clean and tidy. Maintenance was monitored and managed by the person in charge and staff team and any actions identified were addressed in a timely manner. Records relating to the residents' medical needs were well documented. There was learning identified or shared between centres in the organisation in regard to an outbreak of COVID-19. This information was shared appropriately and sensitively between services within this organisation to promote good practice.

## Regulation 27: Protection against infection

There was good management and oversight of the service in relation to infection prevention and control. The provider maintained oversight through a number of comprehensive audit tools and steps that were identified were addressed. There were clear lines of management and accountability in the service with specialist input from clinical specialists in infection prevention and control, when needed. There was adequate information available for staff in the centre in the form of policies, guidance documents, risk assessments, cleaning checklists and staff training. Staff were knowledgeable on the steps that should be taken to protect residents from the risk of infection. Residents were provided with information and support to keep them safe from the risk of infection. Information was recorded and shared to relevant staff to ensure that the risk of infection to residents was reduced. The centre was clean and tidy and was in a good state of structural repair.

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