



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

Issued by the Chief Inspector

Name of designated centre:	Castlevew
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0004903
Fieldwork ID:	MON-0030360

About the designated centre

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

Castlevue is a full time residential service that is run by the Health Service Executive. The centre can accommodate four male or female adults over the age of 18 years, with an intellectual disability. Castlevue is a bungalow situated a short distance outside of a town in Co. Westmeath. The house comprises of four bedrooms, one main bathroom and two ensuites, a sitting room, large living room, office space, dining area and kitchen. There is a garden and storage shed to the rear of house and driveway and large lawn to the front. Residents have access to amenities such as shops, religious services, restaurants and hairdressers. Residents are supported on a twenty-four hour basis by a staff team that consists of staff nurses and health care assistants.

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 - 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 1 September 2021	09:30hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing, and the centres' staff team supported them in a way that promoted their views and rights. The inspector observed that the staff team had received compliments from family members regarding the service being provided. The person in charge had also submitted questionnaires to family members; the feedback was also positive.

An appraisal of information demonstrated that the provider and staff team had been seeking to strike a balance between protecting residents from the COVID-19 virus and also promoting their rights regarding engaging in their preferred activities outside of the centre. The inspector was introduced to a resident on their arrival to the centre. The resident was arranging items in their room and chatted with the inspector about some items they had recently purchased. The group of residents in recent weeks had begun to reintegrate themselves back into their local community. Residents had been going shopping, out for coffee or lunch, and meeting family and friends when possible. Staff that interacted with the inspector spoke of how important this was for residents. Some of the residents' family members that spoke with the inspector also referenced the importance of community activities for the group of residents.

The inspector met the other three residents as they were relaxing in the building's dayroom. A staff member supported residents with their breakfast, one resident was knitting, and the other was interacting with the other staff member. The residents appeared relaxed and comfortable in their environment; the inspector also observed warm and friendly interactions between residents and the staff supporting them throughout the day.

A review of residents' information demonstrated that they were receiving individualised supports tailored to their needs. The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. Support plans had been developed for the staff team to follow, and these were under regular review and focused on supporting positive outcomes for the residents.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with three family members; they spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being provided to their family members and that they could, before COVID-19, visit the service whenever it suited. The family members spoke positively of the staff team

supporting the residents and referenced the progress their loved ones had made.

The inspector found that the interior of the residents' home was, for the most part, well maintained and homely. There was space for residents to take time away if they wished and the building was suitably decorated. There were, however, some outstanding maintenance works that needed to be addressed. This will be discussed in more detail in the Capacity and Capability and Quality and Safety sections of the report.

Overall, residents were receiving a service that was catering to their needs.

Capacity and capability

The inspection found that the centres internal management arrangements were effective, the provider, however, had failed to address actions regarding the premises that were identified during the previous inspection that was carried out in 2019. The provider had identified that these works were to be completed by the 31/08/2020. Some enhancements had been made but the works had yet to be fully completed, the impact of this for the residents will be discussed in more detail in the Quality and Safety section of the report.

There was a clearly defined management structure in place. The management team was well established and had ensured that there were appropriate arrangements in place to ensure that the service was effectively monitored. This assured that the service provided to residents was effective and focused on meeting the needs of residents. For example, there were regular audits being completed that were comprehensive and captured areas that required improvement. The provider had also ensured that an annual review of the quality and safety of care and support had been completed. The provider had also carried out audits as per the regulations; written reports on the safety and quality of care and support in the centre were generated following these.

Staff members were receiving appropriate training, including refresher training. The training needs of the staff team were being reviewed regularly, and this had ensured that all training needs were being met. The staff team were also receiving regular supervision, a sample of records were reviewed, and it was found that the process was used as an educational practice to support the development of the staff team.

The inspector reviewed the planned actual staffing rotas. In general, there was a consistent staff team supporting residents. There were staff members on long-term leave, which resulted in the provider having to rely on the use of agency staff regularly. The review of the rotas demonstrated that the same agency staff were being utilised, and as a result, the residents were receiving continuity of care.

The management team were notifying the Chief Inspector of required incidents as

per the regulations. There were also appropriate systems in place to review and respond to adverse incidents.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

The inspection did find that the provider had failed to respond to the identified action from the 2019 inspection. The result of this was that some of the residents could not access all areas of their back garden.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The management team were notifying the Chief Inspector of required incidents as per the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and sought to support them to engage in activities of their choosing. There were, however, some issues with the interior and exterior of the premises.

The centre was previously inspected in 2019. The 2019 inspection found that some of the residents could not access all areas of their back garden. The provider had stated that the garden would be enhanced and works completed to promote safe and easy accessibility for all residents. This inspection found that these works had yet to be completed. There were still a small set of steps that led from the patio area to the main back garden. Residents that were wheelchair users could as a result not access the main part of their back garden. The inspector does notes that some enhancements had been made to the patio area with benches and flowers added. The provider's audits and centres management team had also identified that there were repairs required to presses in the centre's kitchen. There had been a delay in this being addressed, but funding for the repair works had been sourced, and this works were to be completed promptly.

The inspector found through a review of information and observations that the centre was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community. As noted earlier, residents were re-engaging in community activities; there were pictures of residents partaking in the activities and also of residents meeting family members out for food or attending parties.

As noted earlier, the provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centered and reflected the changes in circumstances and new developments for residents. Residents' health care needs were under review and clearly documented, along with the supports required to promote their physical and mental health.

There were arrangements that ensured that the residents had access to positive behavioural support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific and focused on identifying and alleviating the cause of the residents challenging behaviours.

Residents had been assisted in identifying personal goals and were being supported to achieve these. The review of information also demonstrated there had been occasions where goals had been adapted due to the impact of COVID-19. The staff team had held parties or engaged residents in art competitions during these times. The inspector reviewed pictures taken of residents engaging in these activities, and

they appeared to have enjoyed them.

There were systems to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed. There was a center-specific risk register in place that was under review and reflected environmental and social care risks. The provider had ensured that the risk management policy contained the required information as per the regulations; the provider had also developed a number of risk assessments in response to COVID-19.

Infection control arrangements at the centre were robust and reflected current public health guidance associated with managing a possible outbreak of COVID-19. The provider had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable firefighting equipment. Regular fire drills had been completed; these drills had been effective and demonstrated that residents could be safely evacuated in the event of a fire. The staff team had received fire safety training, and the fire fighting equipment and alarm system was being serviced when required.

Regulation 13: General welfare and development

Residents, where possible, were being supported to participate in activities in accordance with their interests, capacities, and needs.

Judgment: Compliant

Regulation 17: Premises

The provider had failed to complete the identified action from the previous inspection. There had also been some delays in other required maintenance works being addressed.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were appropriate fire precautions in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not 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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castleview OSV-0004903

Inspection ID: MON-0030360

Date of inspection: 01/09/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The outstanding maintenance works on the garden commenced on 07.09.21, new drainage and percolated system installed which requires 6 weeks settling. Remaining groundworks will then commence and be completed by 31.10.21 ensuring accessibility to the garden for all residents particularly wheelchair users.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The outstanding maintenance works on the garden commenced on 07.09.21, new drainage and percolated system installed which requires 6 weeks settling. Remaining ground work will then commence and be completed by 31.10.21. Ensuring accessibility to the garden for all residents particularly wheelchair users.</p> <p>Refurbished kitchen will be complete by 15.10.21</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2021