



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

## Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	25 January 2022
Centre ID:	OSV-0003731
Fieldwork ID:	MON-0035721

## About the designated centre

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

Woodview is a residential setting providing care and support for 14 residents over the age of 18 with an intellectual disability. The centre is located within a campus based service located in North Dublin. The centre comprises of a single occupancy apartment which is home to one resident. The other area of the centre contains a number of large dormitory style bedrooms, a number of single bedrooms, two large bathrooms with six toilets, two shower rooms, two bathrooms with a bath, a number of offices and storage rooms, two large open plan dayrooms, two large kitchen come dining rooms, two laundry rooms and laundry storage areas and two small sitting rooms which are used for visitors and as relaxation rooms also. Residents are supported 24 hours a day, 7 days a week by a staff team comprising of a person in charge, clinical nurse manager, staff nurses, care staff and household staff.

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

Number of residents on the date of inspection:	14
--	----

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 25 January 2022	09:10hrs to 17:15hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This unannounced risk inspection was completed following receipt of solicited information relating to the governance and oversight of the designated centre. Overall the findings of this inspection were that residents appeared comfortable and content in their homes. However, in line with the findings of previous inspections in the centre the design and layout of the designated centre was not suitable due to the lack private space available for the majority of residents who lived in dormitory-style accommodation. In addition, improvements were required in relation to the monitoring and oversight of care and support for residents particularly relating to, infection prevention and control, risk management, staffing, and staff training.

The premises of the centre is made up of three areas consisting of a single occupancy apartment and two units consisting of a number of single occupancy and dormitory style bedrooms. In recent years the provider had reduced the number of registered beds, and where 24 residents previously lived in the centre, there were now 14 residents living there.

One resident had transitioned from the centre to a smaller house in the community since the last inspection, and 13 of the 14 residents living in the centre had completed individualised preference and needs assessments to identify their wishes and preferences in relation to future accommodation. Plans were in progress for two residents to move to alternative accommodation, in the months after the inspection. In addition, the provider had recently secured planning permission to build more suitable accommodation for one resident. The provider had a de congregation plan to support residents to transition from the centre, with one unit due to close by the end of 2022. There were no new admissions to the centre and a restrictive condition of the registration of the centre relating to the de congregation plan.

The inspector of social services found that every effort was being made by staff to maintain residents' privacy and dignity, particularly in the shared dormitories. Curtains were observed to be drawn around residents' beds when they were in receipt of personal and intimate care.

Some painting and maintenance had been completed since the last inspection, and more was planned. The areas around residents' beds were personalised and they had some storage for their personal items, and had their photos on display. Efforts had also been made to make the day rooms more homely with soft furnishings, art, and photos on display. However, the premises remained institutionalised in its design and layout.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspector had the opportunity to meet and briefly engage with the 14 residents living in the centre, during the

inspection.

Throughout the inspection residents were observed to receive staff support in a warm, kind and caring manner. Staff who spoke with the inspector were knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and safe in the centre. They all spoke about how important it was to them to maintain residents' privacy and dignity, particularly in the dormitory style bedrooms. They also discussed how important it was for residents to have staff who were familiar to them supporting them, as for some resident due to their communication preferences, and care and support needs it sometimes took them a while to build up a relationship of trust with staff.

Throughout the inspection staff were observed to speak with residents while they supported them and to pick up on residents verbal and non-verbal cues, and to respond appropriately. Residents were supported four days a week by day service staff to engage in activities in the centre. In line with the lifting of restrictions relating to the COVID-19 pandemic plans were in place for residents to have more opportunities to engage in their local community.

During the morning of the inspection, residents were observed to have a lie on, or late breakfast if they so wish. In the afternoon they were observed relaxing watching television, having their hair done, or having a massage. Later in the day, a day service staff was available to support residents to engage in activities in the activity room in the centre, should they so wish.

The majority of residents did not communicate directly with the inspector due to their specific communication needs and preferences, but some smiled at the inspector or gave them a thumbs up when they visited them. When the inspector visited one area of the centre a resident was chatting with staff and gestured for the inspector to join them. They told the inspector they were happy, showed them their new haircut and told them who had cut it for them. They then continued to chat and laugh with staff.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall the findings of this inspection were that residents appeared comfortable living in the designated centre, but that their privacy and dignity were being compromised due to the design and layout of the centre. Staff were knowledgeable in relation to residents' needs and preferences, and motivated to ensure they were happy and safe. However, improvements were required in relation to the monitoring and oversight of care and support for residents, the premises and its impact on residents' privacy and dignity, infection prevention control practices, risk

management, staffing numbers and training. These improvements were required to ensure that residents were safe and in receipt of a good quality and safe service.

There were some management systems in place, but they were not proving fully effective. Improvements were required in relation to the oversight and monitoring of the centre by the provider. The management structure was clearly defined, but improvements were required to the implementation of management systems to ensure the service provided for residents was safe, appropriate to residents' needs, and consistently and effectively monitored. The provider had completed an annual review of care and support in the centre; however, it did not include the views of residents or their representatives. In addition, the provider had not completed a six monthly review in the centre since June 2020.

The person in charge facilitated the inspection and had the qualifications, skills and experience to fulfill the role. Prior to January 2022 they were working in this centre on a full time basis and had good systems for the oversight and monitoring of care and support for residents. Then in January 2022 they commenced in a new role as a clinical nurse manager 3 (CNM). At the time of the inspection they were holding the position of person in charge, on call manager for eleven designated centres, and person participating in the management of six designated centres. While the inspector found that that were still available by phone to support residents and staff, and visiting the centre as regularly as they could. However, due to competing demands, this arrangement was not suitable long term. The provider was in the process of recruiting to fill the person in charge position at the time of the inspection.

Staff meetings were occurring regularly and there was a daily safety pause where risk, safeguarding and other topical issues such as COVID-19 were discussed at handover. A number of audits were completed in the centre and there was evidence of follow up and completion of the majority of actions.

There were a number of staff vacancies in the centre, and while recruiting to fill these the provider was attempting to ensure continuity of care and support for residents. However, due to a number of staff being on extended unplanned leave, there was a reliance on relief and agency staff to cover a large number of shifts.

Staff were in receipt of regular formal supervisions to support them to carry out their roles and responsibilities. A number of staff told the inspector about how supportive the person in charge was and about how they were still making every effort to make themselves available to them despite no longer being based in the centre. For the most part, staff had completed training in line with the organisations policy and residents' assessed needs. However, a number of staff required fire safety, manual handling, safeguarding and feeding eating drinking and swallowing difficulties training.

## Regulation 15: Staffing

Staffing numbers were not in line with the centre's statement of purpose. There was a CNM2 and CNM1 vacancy and the provider was recruiting to fill these. In addition to the vacancies there were three staff on extended unplanned leave, and as a result there was a reliance on relief and agency staff to cover a large number of shifts.

There were planned and actual rosters and they were well maintained.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

For the most part, staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs. However, a small number of staff required refresher training. For example, two staff required fire safety, one staff required manual handling, and one staff required refresher safeguarding training. In addition, 29% of staff required feeding eating drinking and swallowing difficulties training, in line with residents' assessed needs.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The person in charge had systems for oversight and monitoring in the centre. However, the interim arrangement of them proving oversight in addition to their other responsibilities as PPIM/on call manager was not suitable long term. The provider was recruiting to fill the person in charge, and a CNM1 post for the centre at the time of the inspection.

The provider had completed an annual review in 2020 but it did not capture the views of residents or their representatives. In addition, the provider had not completed a six monthly review since June 2020.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of



the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that improvements were required in relation to the oversight of care and support in the centre. A number of non-compliance's with regulations were identified in relation to the premises, residents' rights, infection prevention and control, and risk management. These improvements were required to ensure that a quality driven, safe service was provided to residents.

Overall, the inspector found that improvement was required in relation to the maintenance and upkeep of the centre. In addition, the design and layout was not suitable to meet residents' needs or the requirements of Schedule 6 of the Regulations. For example, there was not adequate private accommodation for residents and rooms were not of a suitable size and layout to meet residents' needs, and a number of bathrooms required works to ensure they were of a suitable standard. There were also areas where large unused items were stored in the centre.

The provider's risk management policy contained the required information as set out in the regulations. The provider was in the process of implementing new systems and documentation in relation to risk management and this had not yet been fully implemented in this centre. The risk register had not been reviewed in the centre since September 2020. The inspector acknowledges that work had been completed to ensure the majority of general and residents' individual risk assessments were reflective of current risks and control measures. However, there was an absence of some risk assessments such as one relating to a presenting risk relating to medication management. In addition, the inspector observed an occasion where the control measures in a residents' risk assessment, assessment of need, and feeding eating and drinking and swallowing guidelines were not fully implemented.

There were infection prevention and control policies and the provider had adapted their policies and procedures and developed contingency plans for use during the COVID-19 pandemic. Staff had completed a number of infection prevention and control related trainings. There were adequate supplies of personal protective equipment (PPE) and systems for stock control and ordering. There were cleaning schedules in place but these were not being consistently completed, and areas of the centre were not found to be clean during the inspection. In addition, a number of surfaces were damaged which was impacting on the ability to clean and disinfect them.

The provider had ensured there was appropriate equipment and that each resident had a personal evacuation plan in place. There were suitable arrangements for detecting, containing and extinguishing fires and systems to ensure fire equipment

was regularly serviced, tested and maintained. Fire evacuation procedures were on display, and fire drills were occurring regularly.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding was discussed regularly at residents' meetings, safety pauses, staff supervision and staff meetings.

Residents were consulted with and participating in the planning and running of the designated centre at weekly resident meetings where they discussed areas such as, the impact of COVID-19 on their lives, activities, fire, complaints, safeguarding, the availability of advocacy services, rights, and menu planning. However, improvement was required in relation to protecting residents' privacy and dignity due to the design and layout of the premises including dormitory-style shared bedrooms.

### Regulation 17: Premises

Overall, the design and layout of the centre did not meet the number and needs of residents or the requirements of schedule 6 of the Regulations.

A number of areas had been painted prior to the inspection and more painting was planned. However, there were cracks in floor coverings, and damage to walls and tiles which required repair. In addition, there were a number of surfaces such as counter tops in the kitchens, and the kitchen press doors which were peeling and damaged.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The inspector found that there was limited oversight of risk in the centre. The risk register had not been updated since September 2020 and was not fully reflective of the risks in the centre on the day of the inspection.

For the most part, general and individual risk assessments were developed and reviewed as required. However, as previously mentioned the inspector observed an occasion during the inspection where the control measures in a residents' assessments were not fully implemented which presented a risk for the resident.

Judgment: Not compliant

## Regulation 27: Protection against infection

The provider had developed policies and procedures around infection prevention and control and had developed contingency plans for use during the COVID-19 pandemic. There was information available and on display for residents and staff and there was good stocks of PPE. The inspector viewed evidence that staff had completed a number of infection prevention and control related trainings.

There was documentary evidence to show regular cleaning, but from reviewing a sample of cleaning records and found they were not being consistently completed to demonstrate cleaning in line with the policies and protocols of the centre. A number of areas were not found to be clean during the inspection. These included, shower fittings, hand basins, a shower tray, window sills, and dressing trolleys. In addition, there were a number of damaged surfaces which impacted on the ability to adequately clean and disinfect them. For example, there were chipped and missing tiles/wall coverings in bathrooms/shower rooms, a crack in the shower floor, and damage to kitchen press doors and counter tops.

Judgment: Not compliant

## Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre, and there were adequate means of escape and emergency lighting in place. There were systems to ensure fire equipment was regularly serviced, tested and maintained.

The evacuation plan was on display and residents' had personal emergency evacuation plans in place. Fire drills were occurring regularly in the centre, including times when the least amount of staff and the most amount of residents were present in the centre.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Safeguarding was discussed at the daily safety pause, residents' meetings, and at staff meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents could access information in the centre on complaints, rights, and on how to access advocacy services. Residents' meetings were occurring regularly and one resident from the centre attended meetings and represented their peers on the advocacy group on the campus.

As previously mentioned due to the design and layout of two of the units, residents' privacy and dignity was compromised. There was a lack of private space available for the majority of residents as they resided in dormitory-style bedroom accommodation.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Woodview OSV-0003731

Inspection ID: MON-0035721

Date of inspection: 25/01/2022

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment of all current vacancies is ongoing to ensure staffing is in line with current Statement of Purpose . Regular relief and agency staff support current vacant positions	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training needs of all staff have been completed. Staff have been scheduled to complete all mandatory training. As training records is a life document, a designated person has been assigned to oversee and co-ordinate. The person will liaise with PIC and training department to facilitate staff access to training identified.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Six monthly unannounced Provider review for the centre was completed on 17th February 2022. All areas requiring improvement will have an action plan implemented to ensure standard is maintained. The provider is in receipt of questionnaires completed by residents and their families which captured their views. The questionnaire will inform annual review of 2021, which will be completed by July 2022. Recruitment of CNM2/PIC has commenced to ensure oversight and governance of the centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Current premises has an active de-congregation plan in situ. Same currently under review and will be updated to reflect foreclosure of the whole premises by 2022.	

<p>INPNA's have been completed for all persons. St. Joseph,s Admissions meeting scheduled for current vacancies. De-congregation and transition plans will be implemented and communicated to all relevant parties. Snag list completed for outstanding maintenance works. Works have been identified that will be completed for interim period until closure of the premises is achieved .</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The risk register has been reviewed and will be fully reflective of the risks in the centre. Systems will be implemented to ensure the assessment, management and review of all risks in the centre. Control measures identified in residents risk assessments and care plan action plans will be fully implemented by all staff. Risk management will be included in all staff meetings.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  Snag list completed and identified urgent works to be completed have been compiled and forwarded to the Maintenance Department. Infection control and prevention, particularly with regard to effective cleaning of the premises will be discussed at staff meetings. Audit of cleaning schedule will be completed monthly by PIC and feedback to be provided to staff for learning purposes.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Provider has reviewed the current premises with senior management. De-congregation plan has been reviewed and strategy to be implemented to facilitate de-congregation. Alternative accommodation will be provided in line with individuals will and preference and the existing premises will close.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/08/2022

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	31/08/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2022
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	30/04/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(2)(a)	The registered provider, or a	Not Compliant	Orange	17/02/2022

	<p>person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 26(2)	<p>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>	Not Compliant	Orange	30/03/2022
Regulation 27	<p>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</p>	Not Compliant	Orange	30/03/2022

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/08/2022