



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

Issued by the Chief Inspector

Name of designated centre:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0037657

About the designated centre

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

Orchard Vale apartments provides a residential service for a maximum of five adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties. The centre comprises two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen/living area, bedroom and en-suite bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen/living area. The centre is staffed by direct support workers with each shift being overseen by a team leader. The centre is located in a rural congregated setting, a short drive from a town in Co.Meath.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 18 August 2022	10:30hrs to 16:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. During the course of the inspection the inspector visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

On arrival it was evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available at the entrance, including hand sanitising equipment. Visitors were asked about their health status in accordance with current guidelines.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean throughout, and hand hygiene facilities were readily available. Some minor maintenance issues were evident during this process, however the person in charge told the inspector that these had already been identified and maintenance requests were in progress, and provided evidence of this. There were one or two cleaning issues identified as outstanding by the inspector, and these were rectified during the course of the inspection.

The inspector had the opportunity to meet residents, some of whom were willing to have a chat with the inspector. Residents spoke to the inspector about their daily lives, and about how the recent pandemic had affected them. Some people spoke about having been supported to engage in the same courses as their support staff, and said they had completed courses on hand hygiene.

Residents explained to the inspector the need for masks, and for hand hygiene. One resident demonstrated to the inspector how they sanitised their hands. Residents spoke about having to self-isolate and explained that staff had supported them. Some people said that staff had been supportive to them, and that they had understood the need for self-isolation. They spoke about the activities that they had undertaken during both lockdowns and periods of self-isolation. Residents said that they had felt well supported by staff, and knew why any restrictions were in place. They described various activities that they had been supported to undertake during community lockdowns and self isolation.

Residents had been supported in various activities during community restrictions, and all efforts had been made to ensure that they continued to have a meaningful day. Activities had now been resumed, and there were plans to introduce further activities. Residents also had various homebased activities that they enjoyed, some people did arts and crafts and some created artwork and maintained a portfolio.

Residents were regularly consulted and kept up to date in relation to the recent public health guidance. Information in relation to vaccinations had been made

available and clear to them, so that informed consent could be given or withheld.

Each resident had their individual living space, some of which were self contained apartments. All the personal spaces were personalised, and included as many or as few personal items as residents chose.

Staff described the steps that they had taken throughout the public health crisis, both in protecting residents and in managing an outbreak when it did occur. Residents had been supported to access different areas of the garden whilst self-isolating, and all efforts had been made to ensure that they were comfortable and occupied.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with of an outbreak of infection. The provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. The person in charge was identified as the Infection and prevention Control (IPC) lead person in the centre.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to various aspects of IPC, including waste management, visitors and cleaning protocols.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, and which had been implemented when there was an outbreak in the centre. The information was current, and staff were familiar with the information included in the plan. This plan included guidance in the eventuality that the staff team would be depleted.

The required self-assessment had been completed, and there were appropriate risk assessments and management plans in place, including individual risk management plans for each individual resident. Staff members engaged by the inspector were familiar with the guidance in these documents.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. The outbreak had been well managed, and staff could describe the steps they had taken to ensure the comfort and well-being of residents, and to prevent the spread of infection. A formal written post outbreak review had been completed, and the contingency plan had

been updated to include the learning from this outbreak.

A detailed audit of IPC issues was regularly undertaken in the centre, and this audit included consideration of all areas of infection control. Any required actions had been completed, or were within their timeframes and being monitored. Cleaning checklists were maintained to ensure the upkeep of hygiene standards in the centre.

An annual review had been prepared in accordance with the regulations, and the views of residents and their families or representatives had been sought and included. An overview of the management of the pandemic was included. Six-monthly unannounced visits on behalf of the provider had been undertaken, and any required actions identified in relation to IPC had been either completed or were within their agreed timeframes.

Staffing numbers were appropriate to meet the needs of residents, and had been successfully maintained during the recent outbreak. All staff members engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC. Whilst information in relation to current staff training was not available on the day of the inspection, assurances were provided shortly after the inspection that all staff training was up-to date. This information confirmed that all staff had been in receipt of all mandatory training, including training relating to IPC.

Regular staff team meetings were held, and the discussions at these meetings included the current public health situation and up to date guidelines, and current best practice. Meetings of the management team were also regularly held, and any current IPC issues were discussed at these meetings.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included an individual risk assessment including guidance as to the management of prevention of infectious disease, including for example, vaccination and self-isolation if required.

There had been an outbreak of COVID-19 in the centre, and these personal plans and risk assessments had been implemented.

Goals had been set with residents in relation to the maximising of their potential, and steps towards achieving some of these goals were underway.

Where residents required positive behaviour support, there were detailed support plans in place. Some behaviours posed a significant IPC risk in the centre, and the support plans addressed these issues. Staff were very familiar with the guidance in the plans, and could describe the implementation of the guidance. Particular challenges during the recent outbreak posed by these behaviours had been

prioritised, and it was clear that all efforts had been made to minimise the risk, and that the interventions had been successfully implemented.

There was an intimate care plan in place for each resident which included information specific to infection control, together with guidance around delivering personal care to residents.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident, and included communication needs and support requirements.

Communication with residents had been prioritised, and consultation with residents was undertaken regularly in an individual basis. These individual meetings were person centred, and a variety of items were discussed, including current IPC guidelines. A record was kept of the meetings and any comments made by the residents, or of their decision not to participate on any particular occasion.

The centre was clean and hygienic throughout, with one or two minor exceptions. These exceptions had been identified by the provider for the most part, and some minor issues identified by the inspector were rectified immediately. However, all other areas were clean, and regular cleaning schedules were implemented and recorded.

There were sufficient stocks of PPE in the centre, and a regular stock control management system in place. Staff described in detail the management of donning and doffing of PPE during the recent outbreak in the centre, together with other additional precautions that had been implemented at that time.

Regulation 27: Protection against infection

Overall the provider had put in place systems and processes that were consistent with the national guidance and standards and has supported staff to deliver safe care and maintain a good level of infection prevention and control practice.

Strategies were in place for the management of an outbreak of an infectious disease, and practices to prevent and manage any outbreak and to ensure the safety of residents were evident.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant