



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0002481
Fieldwork ID:	MON-0035465

## About the designated centre

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

The Health Services Executive operates this centre. It provides full-time residential care and support to four adults with disabilities in a community-based house located in Co. Westmeath. The house is near a large local town and a number of villages. The house is staffed on a 24/7 basis by a person in charge and a team of staff nurses and health care assistants. Each resident has their own bedroom (some en suite). The communal facilities include a well-equipped kitchen/dining room, one large sitting room, a small TV room, a laundry facility and three communal bathrooms. There are very well maintained private gardens to the front and rear of the property with adequate private parking (and on-street parking) to the front of the house. Transport is provided so that residents can access a range of community-based amenities such as shops, shopping centres, restaurants and hotels.

**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 (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 2 March 2022	10:15hrs to 16:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control. The inspection was completed over one day. The inspector met with four residents and spoke with staff throughout the inspection.

The inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were engaging in their chosen activities, and the centres' staff team supported residents in a way that promoted their views and rights.

On arrival at the residents' home the inspector was introduced to a resident who was having their breakfast. The staff member supporting the resident was well known to the resident and helped the inspector to interact with them. The inspector was introduced to the other three residents later in the day. The inspector observed the residents move freely through their home and appear comfortable in their environment. Residents were also observed to be supported to engage in activities in their community.

The inspector observed a notice board in the sitting room with information regarding infection prevention and control measures. It was also found that resident meetings were used to provide residents with information regarding infection prevention and control and ensure residents were informed regarding the COVID-19 pandemic.

The inspector observed that there were suitable staffing levels in place. The staff members interacted with those they supported in a warm and considerate manner. The inspector found that the provider had ensured that the staff team had access to appropriate PPE. There was a system in place to ensure that this was maintained. Despite this, the inspector observed that staff members were not wearing the prescribed respirator masks (FFP2) as per Health Protection and Surveillance Centre guidelines. These masks were readily available for the staff team to wear, but they were instead wearing surgical masks. The person in charge addressed this issue on their arrival.

Inspectors were given a tour of the premises by the person in charge. For the most part, the premises was suitably clean; the inspector observed that there was enhanced or deep cleaning required in some areas. However, the sitting and living rooms and kitchen areas were clean. A review of records demonstrated that there were appropriate systems to maintain this. Daily and nighttime cleaning schedules had been devised, as well as an enhanced cleaning schedule. The tasks on this schedule were completed four times per day.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures concerning infection prevention and

control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

## Capacity and capability

The inspector found that the existing governance arrangements were not ensuring that all infection prevention and control practices were effective. The inspector found throughout the inspection that there were aspects of practices that required improvement. The systems to monitor and report on infection prevention and control activities required enhancement and, in some instances, had not been completed.

The person in charge had been identified as the infection prevention and control lead person for the service. They, along with the provider, had identified roles and responsibilities for the staff team to follow to ensure that there were effective infection and prevention control practices. The inspector observed that these were not always followed.

As noted earlier, the inspector observed that residents were being supported to access their local community. Residents were being transported via the services vehicle. A resident returned from an appointment, and another resident entered the vehicle a few moments later. The inspector sought assurances that the car had been sanitised between uses as per guidance. The staff member the inspector spoke with could not confirm this at the time. Furthermore, the inspector found that there was no system to record if the vehicle was being sanitised. The inspector does note that they observed the car being sanitised between uses after the inspector raised the concern.

The inspector also observed that a resident's nebuliser mask had been left out on the countertop in the utility room after use. The inspector sought assurances around the cleaning of the mask and found that there were no records of the mask being cleaned between uses. This did not demonstrate effective medical device management or decontamination practices. There was a brief protocol for staff to follow regarding the cleaning of the mask but no evidence to show that it was being completed. There were, therefore, improvements required to ensure that the management of control measures of infection prevention and control risks were appropriate.

The inspector interacted with the staff team on duty. The staff team comprised staff nurses and care assistants. An appraisal of the staff roster showed that staffing levels were maintained at safe levels. The inspector was also provided with staff training records. They demonstrated that the staff team had been provided with appropriate training specific to infection prevention and control practices.

For the most part, the inspector was assured that the staff team were well informed

regarding infection prevention and control measures. However, the discussions with staff identified that they were not fully aware of the isolation plans for all residents. In some cases, the responses were not in line with the current plans. Improvements were required to ensure that the staff team had access to and reviewed the appropriate information. The inspector sought to review staff team meeting minutes where infection prevention and control practices were discussed. These were, however, not available for review.

There was a schedule of audits to be completed monthly; however, there was no planned infection prevention and control audit. The person in charge informed the inspector that they completed weekly reviews of such practices in the centre, but there was no evidence to corroborate this. The person in charge had completed the self-assessment tool developed by HIQA. The document was last conducted on 20.01.22. While the review had been carried out, it failed to identify areas that required improvement, such as those listed above.

In some cases, requested information was not available for review on inspection as the person in charge could not access the documentation. The provider did, however, submit documents for review post-inspection. There was, however, a need to improve the existing monitoring and recording arrangements.

The provider had completed six-monthly reviews of the quality and safety of care provided to residents; the provider had also completed an annual review for 2021. An appraisal of this information found that the annual review did not effectively report on infection prevention and control activities. The inspector does note that the most recent six-monthly audit completed on 07.12.21 included a review of infection prevention and control practices. The review identified a number of areas that required improvement that were due for completion by 01.02.22. Some of the identified actions had been addressed. However, a number were still outstanding and will be discussed in more detail in the Quality and Safety section of the report.

The inspector reviewed a contingency plan developed to respond to the COVID-19 pandemic. While the plan was specific to the service, it required updating as aspects of the information no longer reflected current guidance. This was brought to the attention of the person in charge.

There had been an outbreak of COVID-19 amongst staff members and some residents in early 2022. The person in charge had completed a review of the measures taken in response to the outbreak. However, the provider and the person in charge had yet to identify potential learning from the review. The inspector reviewed the information and found that the response to the outbreak had been appropriate and in line with guidelines at the time of the outbreak.

Overall the inspector found improvements were required to ensure that effective systems were in place to ensure that infection prevention and control practices were appropriate. The provider did not demonstrate adequate systems to monitor and report on infection prevention and control activities or to identify opportunities for improvements regarding the safety and quality of care provided to each resident.

## Quality and safety

The person in charge supported the inspector to review the premises. The inspector found that there were areas that required improvement. In particular, three of the bathrooms used by residents required deep cleaning. The inspector observed staining and dirt in areas of the bathrooms. The inspector also found that inappropriate bins were present in two of the bathrooms and that one did not have a cover. This did not demonstrate appropriate infection prevention and control practices.

There were parts of the handrails on the stairs damaged due to wear and tear, the damage impacted the staff team's ability to clean the areas effectively. The inspector also found that the handles on presses in the utility room had been damaged and again could not be effectively cleaned despite the staff team's best efforts.

The inspector found that the provider had developed policies and procedures for infection prevention and control practices. However, the most up to date policies were not readily available for staff members to review. The person in charge rectified this promptly. As noted earlier, some enhancements were required regarding guidance given to staff and also around the recording of infection prevention and control procedures. As discussed earlier, some improvements were required to ensure that staff members had suitable knowledge of outbreak management plans and were adhering to guidance regarding the wearing of respirator masks (FFP2).

There were systems to test and record signs and symptoms of infection in line with national guidelines for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control the spread of possible infections. There were adequate supplies of appropriate PPE, and there was a weekly delivery to ensure this was maintained.

During interactions with staff members and the person in charge, the inspector was assured that there were appropriate practices regarding the management of residents' laundry. Staff members informed the inspector of how contaminated laundry was managed during the outbreak and the regular laundry practices. The inspector did note that there was minimal guidance for staff to follow regarding laundry management. The inspector was also assured that there were appropriate arrangements for managing clinical waste. There were clinical waste bins available to the staff team if required and a system in place where an external stakeholder would collect the waste.

As noted above, the communal areas of the residents' home were observed to be clean. The inspector reviewed records that demonstrated that cleaning duties were signed off as completed during day and night shifts and enhanced cleaning practices of high touch areas being completed. However, as noted earlier there were some



improvements required to the level of cleaning being carried out in some areas. The inspector did observe a member of the staff team completing the enhanced cleaning tasks during the inspection. The inspector also saw that some maintenance tasks had been completed following requests from the person in charge. However, there was again no formal records of maintenance requests or a system to document when tasks were completed.

A review of a sample of resident meeting records demonstrated that the COVID-19 pandemic and infection prevention and control practices were discussed as part of the weekly meetings. Residents were supported to gain information on the pandemic and steps being taken to safeguard them.

Residents were being supported to access allied healthcare professionals when required. The person in charge had developed care plans and isolation plans for residents in response to the COVID-19 pandemic. Communication passports had also been designed for the group of residents. The services risk register was reviewed, and it contained risk assessments relating to infection prevention and control and specifically the COVID-19 virus.

## Regulation 27: Protection against infection

The provider had adopted a number of procedures in line with public health guidance in response to infection prevention and control. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding these measures, infection control risks were identified.

The inspection found that a number of areas did not demonstrate best practices in infection prevention and control. There were improvements required to ensure appropriate arrangements for the review of and learning regarding infection prevention and control risks in the service.

The existing structures did not assure the provider and person in charge that tasks were being completed appropriately.

Audits focused on infection prevention and control practices were not being conducted on a regular basis, and assessments that had been completed were not identifying all areas that required improvement.

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>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Hillview OSV-0002481

Inspection ID: MON-0035465

Date of inspection: 02/03/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All staff within the Centre will adhere to the appropriate PPE guidelines. Fit test for FFP2 masks has been completed and staff are aware of their obligation to ensure they are using the appropriate respiratory masks.</p> <p>A deep clean of the Centre has been completed.</p> <p>An Audit of the cleaning schedule has been devised and completed as appropriate to ensure all areas are cleaned effectively and records of areas cleaned maintained.</p> <p>An infection control Audit system was carried out by the IPC link practitioner and will be carried out monthly thereafter.</p> <p>A Quality Improvement Plan has been devised in response to this audit and the Self-Assessment Guide.</p> <p>A systematic review of the monitoring arrangements in respect of IPC has been completed by senior management whereby a streamlined suite of IPC monitoring and audit documents have been devised for the service. Timelines for completion and the escalation of risks to senior management are outlined.</p> <p>A team meeting has been arranged for the Centre in line with the quality improvement plan to outline/delegate IPC roles and responsibilities to the staff team as appropriate. The staff team meeting Agenda Schedule has been amended to ensure all IPC focused items are discussed i.e. isolation plans, findings of audits actions required.</p> <p>A safety pause guidance has been implemented into the daily shift handover schedule to:</p> <ol style="list-style-type: none"> <li>1. Enhance communication, prioritise residents’ safety and experience and embed quality improvement in daily practice.</li> <li>2. Enable the staff team to proactively anticipate any risks to the quality of residents’ care; prioritise and plan actions based on resident need and available resources.</li> </ol>	

3. Attend to team morale. The safety pause will actively promote staff to review contingency and isolation plans as appropriate.

Guidance and recording documentation have been implemented into the daily schedule to ensure the following:

- Centre vehicle is sanitized immediately after each use.
- cleaning and sanitizing of medical equipment

The service provider will ensure a robust Annual review will be completed with effective reporting on infection prevention and control activities.

The Contingency plan for the Centre has been reviewed and updated by the PIC and has a schedule of review timelines set for follow up reviews.

A learning notice has been completed in respect of the most recent outbreak in the Centre in conjunction with the IPC link practitioner.

A deep clean of bathroom areas has been completed.

Bins have been replaced where required, hand rails on the stairs have been repaired.

The press doors in the utility room will be replaced.

A review of all IPC guidance within the Centre was completed to ensure staff have access to the most up to date guidance.

A maintenance log has been implemented whereby all requests and responses to same are recorded. An escalation pathway of outstanding works which are not been dealt with in a timely manner has been developed.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	25/04/2022