



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

## Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0005283
Fieldwork ID:	MON-0036455

## About the designated centre

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

The provider of the service describes the designated centre as an adult residential service which aims to offer a homely environment to seven adults with supports tailored to meet their specific needs. It aims to offer high-quality, evidence-based care in line with a person's assessed needs and wishes, with a focus on involving family and relevant professionals and therapists. The designated centre comprises of two properties in close proximity to each other. These properties are located in the suburbs of a large city. One property is a large house split into two levels and comprising one first floor apartment accommodating one resident and a large ground floor accommodating three residents. Each resident has a single en-suite bedroom. The ground floor consists of two living room areas, three single en-suite bedrooms, a utility room, a staff office and a dining room / kitchen. The first floor apartment consists of a living room, dining room / kitchen and bedroom en-suite. There is also a staff sleepover bedroom en-suite. There is a fully enclosed private rear garden and a gated front car park. The second property is a bungalow comprising of three single bedrooms en-suite, a staff sleepover room, a kitchen / living / utility room. This property is wheelchair accessible and its front and rear gardens are well maintained. The staff team comprises of social care workers and health care assistants. Residents had direct access to the local community. The provision of external day services to residents was on hold at the time of inspection.

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

Number of residents on the date of inspection:	7
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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 15 June 2022	09:15hrs to 13:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival and exiting both houses that make up this centre, in the hallways where staff, residents and visitors entered there was an area to sanitise hands, take temperature and sign the visitor's book. Staff were observed adhering to these practices as they entered the premises over the course of the day and in one area of the centre where a resident lived independently there were suitable arrangements also in place.

The centre comprises two houses with one house sub-divided into two large apartments. The two houses are located a short walk apart on the outskirts of Waterford city and each has access to a garden and outdoor space. This centre is registered for a maximum of seven individuals and seven residents are currently living between the locations. On the morning of the inspection in the first house there were three residents present when the inspector arrived. Later in the day another resident who lives in the second house came to spend their day with peers in the first house, bringing with them the dog who lives in the second house. This resident also complied with health checks prior to crossing between houses. Each resident had their own bedroom with access to their own bathroom. Within both properties residents had access to a number of communal areas such as, kitchens, dining areas and sitting rooms.

The inspector met with the residents present, the staff team and the local management of the centre over the course of the day. The staff team were observed to be aware of each residents' individual communication requirements and used both verbal and non-verbal cues to support understanding of daily routines. The residents were at all times observed to be treated in a caring and respectful manner. The person in charge and staff team ensured the inspector was provided with information to best guide them while engaging with residents.

On the day of inspection a number of the residents were accessing day services and one resident was supported to attend a dental appointment. The inspector joined residents in the kitchen as they completed jigsaw puzzles and had a cup of tea together. They explained that they liked their homes and that they helped around the house. The residents asked the inspector about HIQA and explained that they did not like COVID-19 but that things were better now. Another resident enjoyed some quiet time watching television in the morning before they went out. The

inspector observed a resident bringing a plate into the kitchen and the staff prompted them to place it in the dishwasher. Residents were involved in aspects of maintaining their home and had responsibility for certain tasks that they liked to complete.

On the day of inspection the inspector found that aspects of the premises required review and these impacted on the staffs ability to comply with infection prevention and control practises. These included areas of flooring that were lifting and areas that required paint and repair. In the staff office there was mould and staining on the wall where it appeared there had been a leak. While the provider had self identified the maintenance required it was outstanding on the day of inspection. The issues in relation to the premises was contained to one house while the other was newly refurbished.

Staff were observed wearing personal protective equipment (PPE) as required and using the hand washing facilities and hand gels. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the providers' policy on infection prevention and control. These relate to storage of cleaning equipment, maintenance of premises as stated above and protocols or guidance in some areas was required. These are further detailed below.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service. The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the current inspection found that the provider has established a good structure of infection prevention and control systems and supports for its designated centres. Within this centre there were clear and effective management systems in place with a full time person in charge in place who while they also had

responsibility for another centre was present in each house daily. The centre availed of the provider systems such as access of information and guidance specific to infection prevention and control. In addition the staff in the centre were supported by the provider having established links with Public Health, and an out-of-hours on-call system.

From speaking with staff members and the person in charge, it was clear that there was a good knowledge of supports in place and a good awareness of the procedures to follow in the event of a suspected or confirmed case of COVID-19 impacting this centre. There had been an outbreak of COVID-19 within this centre and the inspector on reviewing how the providers systems had been applied was assured that the surge plan that had been in operation had supported the safe provision of care and support for the residents. Plans were also clear on how to support residents on return from hospital and supporting them in returning to full health if unwell. As such the inspector was assured that, appropriate contingencies were available to support the running of this centre during the COVID-19 pandemic.

The provider had an Infection Control policy in place and while it had not been updated since late 2020 the provider used appendices to ensure their guidance was current and up-to-date. Systems were also in place to monitor the services provided to residents from an infection prevention and control perspective. These included audits in areas such as hand hygiene, vehicle management and environmental cleanliness. In addition clear systems in place to manage the transition between the residents who used the other house during the day. However, based on the findings of this inspection some improvement was required in order to ensure that some key issues identified were actioned quickly. For example, the inspector raised concerns regarding the maintenance of some areas of the premises. Those involved in the management of this centre were aware of this issue and discussed the possible options that were being considered however, no time line was in place for this work to be completed.

Aside from the audits reviewed by the inspector, other documentation such as staff training records were read. These indicated that all staff members working in this designated centre had undergone relevant training in areas such as COVID-19 and hand hygiene. Staff members spoken with during this inspection demonstrated good knowledge in such areas, particularly in terms of the symptoms of COVID-19 to watch out for. The provider and person in charge have systems in place to ensure there is oversight of the quality of care and support provided and formal supervision is in place for all staff. The person in charge ensures that infection prevention and control forms part of the standing agenda within supervision in addition to the agenda in staff team meetings.

## Quality and safety

There was evidence that infection prevention and control practices were being carried out in the designated centre. The centre was clean and staff were observed completing tasks to ensure that they followed the cleaning schedules in place. This required support by the provider to ensure it could be effectively completed by replacement of flooring and painting being completed. The inspector acknowledges that these had been identified by the provider and were scheduled for completion although no dates were available for this.

From documentation reviewed during this inspection, it was seen that matters related to COVID-19 and infection prevention and control had been considered from a risk management perspective. General COVID-19 and other health care associated disease risk assessments were in place for the designated centre overall and for individual residents. The risk assessments that were in place outlined various control measures that were intended to prevent residents contracting COVID-19 although for other diseases such as Legionnaires disease these were not completed. The risks to residents resulting from the dog being present in both houses had also been considered with staff clear on management of faeces in the gardens and on use of alginate bags for washing the dog bed. However, no written processes were in place that provided guidance to staff unfamiliar with the systems that staff had developed.

As highlighted earlier, areas for improvement were identified regarding the storage of cleaning equipment and other items. For example, no hanging system or otherwise was in place for the storage of mops this meant mop heads were left damp inside buckets. One resident was noted to unpack their belongings onto the floor of their room daily however, the person in charge and staff team were sensitively supporting them in gradually reducing the amount on the floor while ensuring the room was cleaned daily.

Multiple bins were available throughout the designated centre, most of which were operated by a foot pedal. There were clear systems in place for the management of waste including clinical waste. One house in the centre had a large utility room and the apartment also had separate individual facilities for laundry. In the other house the utility room was small and poorly laid out which resulted in staff having minimal surfaces to place laundry although they did manage to ensure that they kept clean and soiled linen apart.

While not specifically part of this focused inspection, the inspector noted a number of fire safety works that were required. On arrival to the centre the inspector noted that the door to the staff office was held open by filled containers and prevented from closing, in addition a resident's bedroom door was propped open. Fire containment was identified as a concern. Some of the concerns were amended on the day of inspection however, the majority require further work. The person in charge discussed these practices with the staff team and assurances were sought from the provider following the inspection.

It was evident that infection prevention and control practices were discussed with the residents in a way that was accessible to them. Social stories and other communication supports had been developed and used with the residents in key working sessions and throughout routine daily activities. Resident meeting minutes



were also reviewed by the inspector and seen to include topics such as cough etiquette and hand washing.

## Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was visibly clean on the day of the inspection and cleaning schedules were in place. The staff team were guided by up-to-date appendix as part of the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, some improvement was required in the following areas some of which had been self-identified by the provider with plans were in place to address same.

- The care of the pet dog was clearly outlined in care plans and risk assessments and the inspector found that their bedding and belongings were clean. However, there was no guidance available for staff to know how often bedding or food bowls were to be washed or records of when they had last been cleaned. Guidance on how these items were to be cleaned including separation of these items from residents was also required although the inspector acknowledges that the core staff team were individually endeavouring to ensure that the presence of a pet did not impact on infection prevention and control practices.
- In one of the apartments in one house, a bathroom upstairs identified for staff use did not have adequate hand drying supplies with a fabric towel available which would be used by a number of staff and the disposable paper towel dispenser was empty.
- Bathrooms not in regular use throughout both houses did not have systems in place to ensure that water was run in taps and showers to reduce the risk of water borne infection.
- In both houses cleaning equipment was stored in utility rooms. The system for storage of mops and buckets in particular was inadequate as mops were placed wet inside buckets and not afforded an opportunity to dry and water gathered and pooled inside buckets as a result.
- The size and layout of the utility room in one house posed challenges from an infection prevention and control perspective which was not helped by limited storage facilities.

Judgment: Substantially 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	Substantially compliant

# Compliance Plan for Meadowview OSV-0005283

Inspection ID: MON-0036455

Date of inspection: 15/06/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"><li>-the cleaning of the dogs bed and food bowls will be included in the associated care plan and risk assessment and the cleaning schedule for the service will be updated to include these items by 31st July 2022.</li><li>-The empty paper towel dispenser is filled and the hand towel removed. Completed 15th June 2022.</li><li>-The cleaning schedule for the service will be updated to include daily running of taps/showers in empty bathrooms by 31st July 2022.</li><li>-The storage of mops in both houses will be reviewed to ensure that they are correctly stored and allowed to dry. To be completed 31st August 2022.</li><li>-The layout of the utility room and how it is used will be reviewed and systems put in place to ensure that infection prevention controls are in place and that there is adequate storage available in the centre. To be completed by 31st August.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	31/08/2022