



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

Issued by the Chief Inspector

Name of designated centre:	Hill View Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0001755
Fieldwork ID:	MON-0035456

About the designated centre

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

Hill View Respite and Residential Services is a centre run by Western Care Association. The centre is located in a town in Co. Mayo and provides residential and respite care for up to five male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms and communal areas. The centre also has a self-contained apartment which has its own access point. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 8 June 2022	10:40hrs to 16:35hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and the person in charge. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre comprised a respite centre and a self-contained apartment for one resident who lived there on a full-time basis. On arrival to the centre the inspector met with a staff who was working in the apartment supporting a resident. They were observed wearing a face mask and personal protective equipment (PPE) in line with guidance, and they explained to the inspector that they were currently supporting a resident with their needs and invited the inspector into the living area to wait. The person in charge and regional manager were on leave at the time, and the staff made contact with the person in charge who came to the centre to facilitate the inspection.

The centre could accommodate up to five residents on a residential and respite basis. The centre was located in walking distance to a large town. One resident had their own self-contained apartment and lived there full-time. The other side of the centre had accommodation for up to four residents on a respite basis. The inspector was informed that one resident had been admitted as an emergency admission a few months previously and that as a result respite provision had been suspended pending a move by this resident to their full-time home. Therefore, there were two residents living in the centre at the time of the inspection.

The inspector met with residents throughout the day and residents greeted the inspector on their own terms and spent brief periods of time chatting to the inspector. One resident had attended a healthcare appointment earlier in the day and they were observed wearing a medical face mask on return and disposing of it in the pedal bin in the kitchen. They spoke briefly with the inspector about their plans for the day, and they appeared comfortable in the house and with staff supporting them. They reported that they had another appointment that afternoon. One resident spoke with the inspector in their living room, and they agreed for the inspector to look around their apartment. The resident appeared relaxed and said that they were having lunch. When asked, they said that they liked living in the centre. They were observed talking to the person in charge about staffing, and the inspector was informed that it was very important for the resident to know who was going to be working with them each day. Residents appeared happy and comfortable in their home and in the company of staff members and the person in charge.

The inspector also met with three staff who were on duty supporting residents that

day. Staff were observed to be wearing face masks and PPE as appropriate for the tasks that they were doing. Staff spoken with were knowledgeable about the specific arrangements in place for IPC such as cleaning schedules, laundry arrangements, and about residents' specific care and support requirements for wellbeing and health-related needs. The inspector found that residents' wishes and preferences for laundry arrangements and hand hygiene equipment were respected, and where this could pose a potential risk, the arrangements were kept under review and control measures put in place to mitigate against any risk. For example; one resident had a specific preference for how they stored, laundered and arranged their clothes and it was found that staff respected this and supported the resident in ensuring the safest IPC practices with their preferred arrangement.

The premises appeared clean, bright and airy. The self-contained flat contained two bedrooms and two communal areas. There was also a Jacuzzi bath installed in the bathroom, which the inspector was informed was something that the resident enjoyed. The laundry facilities were contained within the kitchen area and arrangements were in place to ensure safe laundry care and practices. There was a small amount of mould and dampness evident in one corner of the living area, which required further review by the provider in order to address the cause of it satisfactorily. The respite side of the centre comprised five bedrooms and a communal living area which could accommodate up to four residents. There was a utility room which was accessible from the kitchen and dining area. This contained the laundry equipment, cleaning products and PPE supplies. Additional storage of PPE, including a designated supply for emergencies, were located in the staff bedroom cupboards. It was observed that there was ample stock of PPE and the person in charge had arrangements in place for ensuring checks of PPE stock and cleaning products were completed. All stock was noted to have been reviewed with regard to expiry dates.

From the walkaround of the centre, it was observed that in general the centre was clean, bright and homely. It was observed that the provider had put measures in place for IPC arrangements, such as posters on display about IPC and PPE use, notices about cleaning and wall mounted hand gels. There were colour-coded chopping boards and notices on display about cleaning practices throughout the premises. There were easy-to-read notices on display including residents' timetables, food plans and hand hygiene posters. The kitchen areas also included a dining area with tables and chairs, and were noted to be clean and well maintained.

Residents' were reported to enjoy structured time-tables, which included activities in the community such as swimming, horse-riding and shopping. Residents were supported to go on regular visits to their family and to receive visitors to their home. There was evidence that the provider had implemented safe practices around checks for visitors and home visits in line with national public health guidance during COVID-19.

Overall, the inspector found that there were good arrangements in place in Hill View respite and residential for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail

on the findings of the inspection.

Capacity and capability

The inspector found that there were good arrangements in place for the governance and management of the centre. The governance structure ensured that there were clear lines of accountability for staff and the management team. The person in charge worked full-time in the centre, which ensured good oversight and monitoring of IPC measures and safe and person-centred care. The person in charge reported to the regional services manager, who was a named person participating in management (PPIM) of the centre. The provider had appointed a health and safety officer for the organisation who was available to provide support and guidance to the staff and management team.

There were policies and procedures in place for the management, control and prevention of infection. This included: a risk management policy and an 'Infection Control Policy', which clearly outlined roles and responsibilities. In addition, the centre had an IPC folder which included relevant information including a 'Cross Infection precautions and cleaning guidelines' which was specific to the centre and the nature of service provided (respite). This included arrangements and instructions for cleaning bedrooms in between respite breaks, waste management and how to use PPE appropriately.

There was a risk management procedure which had been implemented. There were health and safety related risk assessments completed including; risk assessment for COVID-19 and 'contact with waste products'. Residents had personal risk management plans which included assessments for healthcare risks and outbreaks of infections. These were found to be kept under regular review. The person in charge was appointed as the IPC lead for the centre. Contingency plans and an outbreak management plan had been developed in the event of a COVID-19 outbreak.

There were a range of regular audits carried out in the centre relating to health and safety and IPC, which demonstrated good oversight and monitoring on an ongoing basis. These included; infection prevention and control audits, PPE stock audits and health and safety audits. There were also daily checklists in place for cleaning and arrangements in place for 'deep cleaning' of the centre to be carried out and signed off when completed. The PPIM on behalf of the provider completed unannounced six monthly audits as required in the regulations, with the last one having taken place in early June 2022. The audit carried out by the PPIM also included a review of the IPC practices in the centre. The audits were found to be effective in identifying actions for improving the premises, with some actions noted to be completed. For example; the introduction of no touch/ pedal bins had been identified in a recent IPC audit and was noted to have been implemented.

There was an online system in place for the reporting of maintenance issues, and

there was evidence that the person in charge was using this system to follow up on outstanding maintenance issues. However, some maintenance actions remained outstanding, such as the successful resolution of the issue causing mould and dampness in the living area of one part of the centre.

The centre operated a social model of care and was staffed with social care workers and support workers. The staffing arrangements included one staff working with each resident and providing sleepover cover each night in both the apartment and respite side of the centre. There was a manager on-call system for out-of-hours should this be required. This included the person in charge and PPIMs.

Staff had access to training as part of their continuous professional development. This included training in donning and doffing personal protective equipment (PPE), Hand Hygiene and IPC. Records reviewed found that all staff had completed the necessary training identified by the provider to ensure knowledge about IPC measures.

The centre had systems in place to ensure timely communication to staff about IPC. This included a communication book which was noted to contain important communications regarding centre-specific arrangements and reminders about IPC arrangements and maintenance. In addition, team meetings were held which regularly reviewed IPC arrangements and relevant national guidance.

Overall, the inspector found that there were good systems in place for IPC arrangements with regular auditing of the service. This promoted good oversight and monitoring to ensure IPC arrangements were safe and effective.

Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted effective and safe care. Residents were supported with their individual preferences and choices around personal care, laundry arrangements and general day-to-day activities.

Residents who required supports with health-related needs had comprehensive care and support plans in place to guide staff in how to provide safe and effective care. Residents were supported to understand, and be fully involved, in their healthcare needs. There was evidence that residents' assessed needs were kept under regular review and that residents were supported to access any healthcare appointments and allied healthcare professionals as required. For example, one resident informed the inspector about going to attend a healthcare appointment the day of inspection, and they appeared relaxed and supported by staff. The inspector was informed about the good relationship between one resident and their General Practitioner who was available for advice as required. Residents had access to vaccination programmes and testing for COVID-19 as required.

The personal and intimate care plans in place for residents were found to be comprehensive and person-centred. For example, it was noted that one resident required supports with one aspect of personal care and grooming, and it was observed that there was an easy-to-read visual notice located in the bathroom to support the resident with this. In addition, residents' meetings were held regularly and the inspector was shown a suite of easy-to-read guidance and social stories that were available to support residents with understanding health and IPC topics.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring effective measures were in place to promote the safety for all on an ongoing basis. There were a number of cleaning products available in the centre, and a notice for colour codes for mop heads and chopping boards. Expiry dates and notices were observed on the wall mounted hand gel dispensers. The centre appeared well ventilated and well maintained. However, in one location an issue with damp and mould in the corner of one living room which had been identified and reported through the online system, had not been fully addressed and remained unresolved at the time of inspection.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19. Staff were provided with public health and other COVID-19 related information, as required. The person in charge had completed HIQA's self- assessment for preparedness for COVID-19, and this was found to be under regular review, with actions for improvement identified. There was a risk assessment and outbreak management plan developed for the risk of COVID-19. This included arrangements for isolation of residents if required, and the arrangements for staffing the centre in the event of staff shortages.

There was evidence that a review from a recent outbreak in one location of the centre took place, and that the learning from this resulted in action points to further support the contingency plan. For example, it was noted that the 'rapid induction folder', which was a folder outlining key and relevant information for any new staff who may be required to work in the centre, required more comprehensive information regarding residents' routines and preferences. This would ensure that residents would be provided with the best possible supports during any future potential outbreak affecting staffing. The meeting notes from this review demonstrated a willingness by staff and the management team to learn from incidents in order to ensure effective care and support is provided at all times to residents.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. One area of the centre required further review to ensure that the issue causing mould and dampness was rectified. Improvements in these would enhance the good practices in place in the centre to promote effective and safe IPC measures.

Regulation 27: Protection against infection

In one location an issue with damp and mould in the corner of one living room which had been identified and reported through the online reporting system for maintenance of the centre, had not been fully addressed and remained unresolved at the time of inspection.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Hill View Respite & Residential Services OSV-0001755

Inspection ID: MON-0035456

Date of inspection: 08/06/2022

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The works associated with the mould inside the front door will be completed on the 08/07/2022	

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.	Substantially Compliant	Yellow	08/07/2022