



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Meadowview Bungalows 3 & 4
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	17 February 2023
Centre ID:	OSV-0005175
Fieldwork ID:	MON-0037218

About the designated centre

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

The centre provides a residential service for 12 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 and behaviours which challenge. The centre is based in a congregated setting a short drive from a small town in County Meath. The centre consists of two bungalows that can accommodate six residents in each bungalow. Each resident has their own bedroom and each bungalow has three communal areas for residents to spend time in. Each bungalow has a dining area, kitchen, laundry room and two communal bathrooms, an office and a WC. The centre is staffed by a full time person in charge, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Friday 17 February 2023	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 (IPC). 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.

The centre was two large and spacious bungalow on a campus based setting which accommodated room, 12 residents. Each person had their own room which they personalised to their preference if they so chose.

The inspector observed on arrival at the centre that the provider had put systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available in the front hallway, including hand sanitising equipment and masks available in this station. Visitors were asked to comply with current guidelines during the visit to the centre, and visitor screening forms were completed and maintained.

The inspector conducted a 'walk around' of the centre. There were various spacious communal areas, and some residents who preferred not to be in these areas had their own living room next door to their bedroom, to facilitate their preference. The centre was visibly clean throughout, and hand hygiene facilities were readily available.

Residents were engaged in various activities throughout the day, and were assisted by staff in leisure activities, personal care, and in communication. There was easy read information available to residents, including information about infectious diseases, and strategies in place to minimise the risk of such diseases.

Various strategies to ensure effective communication were evident, including pictorial representation IPC issues and social stories, some of which included photos of the residents themselves, for example washing their hands correctly.

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 recent 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 normal activities.

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 had clear oversight of the centre, and was involved in monitoring the quality of care and support on a daily basis. She supervised the staff team on a daily basis, together with a system of regular formal supervision conversations. She was knowledgeable in relation to the care and support needs of residents, and in ensuring their quality of life.

Monitoring in the centre included the required six-monthly unannounced visits on behalf of the provider, and, in addition, a detailed IPC audit had been conducted. Any required actions identified in this audit had been completed, or were underway.

Where there had been an outbreak of an infectious disease, a detailed post outbreak review had been documented. This review outlined the sequence of events and the measures taken, including meetings held, immediate action through to closure of the outbreak and terminal cleaning. A section on review and learning gave an overview of all aspects of the outbreak and the strategies employed.

All required policies in relation to IPC were in place, and had been regularly reviewed. There was a contingency plan which included the steps to be taken in the event of an outbreak of an infectious disease, which together with the individual risk assessments for each resident, gave clear guidance as to the management of any outbreak, and the minimising of the risks posed to residents.

There was a consistent and competent staff team in place in the designated centre. The numbers and skills mix of staff were appropriate to meet the needs of residents, including nursing and social care staff. As many residents had medical or nursing needs, there was a team of nurses so that the person in charge could ensure that there was always a nurse on duty.

There was a named IPC lead on duty on the day of the inspection who could clearly outline their role in relation to oversight of equipment availability and cleaning for example, including the regular cleaning of high touch areas.

All staff engaged by the inspector were knowledgeable about their role in the care and support of residents, and when asked about specific IPC issues answered competently, and explained their role in the management of various situations which might arise to ensure that residents were safeguarded, as far as practicable, from the risks associated with infectious disease.

Staff training was up to date, including training in IPC issues, and the person in charge undertook a weekly review of training records. Regular team meetings were held, and discussions at these meetings included IPC issues, and also general cleaning items were raised here.

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.

Each resident also had a detailed 'hospital passport' in place which gave clear information to receiving staff should the resident be required to transfer to hospital.

Communication with residents had been prioritised, and each resident had a 'communication passport' as part of their personal plan, which outlined the ways in which they communicate. There was evidence throughout the course of the inspection of various strategies being employed to ensure the understanding of residents, including social stories and visual representation of information. Regular residents meetings were held whereby issues relating to IPC were discussed, including any public health guidance.

The centre was clean throughout, with some minor exceptions as outlined in the final section of this report. Together with the general daily cleaning, a weekly deep clean was undertaken by housekeeping staff. Cleaning checklists were maintained, and a weekly checklist had recently been introduced which included such items as mattress cleanliness.

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 were evident.

However, some issues of maintenance required attention as follows:

- Whilst it had been identified that 'kick boards' were required at the bottom of kitchen presses, and the underneath the presses has not been cleaned, and debris had gathered.
- One or two items of furniture had damage to the protective coverings, meaning that cleanliness could not be ensured, including the arms of a sofa, and the 'bumpers' in use to protect residents where bedrails were in use.
- Surfaces in the worktops in a kitchen and utility room were damaged, also meaning that hygiene could not be ensured, and flooring in two of the rooms also.

However, the good practices throughout the centre meant that the risk to residents from any infectious disease was minimal.

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 Meadowview Bungalows 3 & 4 OSV-0005175

Inspection ID: MON-0037218

Date of inspection: 17/02/2023

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> <p>A review of cleaning schedules has being completed by the person in charge to support staff to maintain a high level of infection prevention and control practice.</p> <p>The kick boards in kitchen areas are now in place.</p> <p>The bumpers have being replaced to protect the bedrails .</p> <p>The Sofa has been replaced in the communal area.</p> <p>A review of Flooring issues identified by the inspector has taken place and has been notified to maintenance department for repair .</p> <p>The Person in charge completes a review of the environment weekly and escalates any issues identified to the Assistant Director and maintenance department.</p> <p>An IPC audit is scheduled to take place 6 monthly.</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 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	31/05/2023