



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

Issued by the Chief Inspector

Name of designated centre:	47/48 Towerview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0005397
Fieldwork ID:	MON-0035922

About the designated centre

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

Towerview offers full-time residential care for up to nine female residents with an intellectual disabilities. The residents are supported twenty-four hours by a team of staff nurses and care assistants. The centre comprises two adjoined two-storey semi-detached houses and an attached one-storey, two-bedroom apartment. Both houses have three bedrooms, one kitchen/dining room, one sitting room and one small office and bathroom. The apartment contains two bedrooms, one sitting room/kitchen, one utility room and one bathroom. The houses are situated in a quiet residential centre close to the local town. Residents have access to local restaurants, cafes and shopping centres.

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
Tuesday 20 September 2022	10:15hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control (IPC). The inspection was completed over one day. The inspector was introduced to two residents and interacted with staff throughout the day.

One resident was relaxing in their room with the support of a staff member. The resident was having their nails painted and appeared to be enjoying the activity. The resident said hello to the inspector but sought to return to their preferred activity. The second resident briefly said hello to the inspector and carried on with the household tasks they were engaging in. Both residents appeared at ease in their home. The other residents were engaged in activities away from their home, including doctor and hair appointments. Through the review of information and observations, there was evidence that residents were supported as much as possible to be the lead decision-makers in their daily lives. Residents' care plans were under regular review and, overall, reflected their changing needs.

The inspector observed appropriate interactions between the residents and those supporting them. There were adequate staffing numbers on duty. The inspector found that the provider had ensured that the staff team had access to appropriate personal protective equipment (PPE). There was also a system in place to ensure that this was maintained.

This inspection was focused on the provider's IPC arrangements. The inspection found that there were improvements required across a number of areas. The provider completed audits, but these audits did not identify actual or potential IPC risks. For example, neither the staff team nor the provider had identified that mould was growing in a resident's bedroom before the inspection.

Furthermore, tasks were assigned for completion daily. However, during the walk through the resident's home, there was evidence that some cleaning tasks had not been completed. The inspector also noted that some cleaning documentation records had gaps where it needed to be clarified if the cleaning practices had been completed. The impact of these findings will be discussed in more detail in the later stages of the report.

The provider had responded to the significant concerns raised following an inspection of the service in November 2021. Upgrades had been made to bathroom areas in the two houses, and there was a plan to complete works in the apartment area. The inspector did find that again there were improvements required to the maintenance of the residents home. This will be discussed in the quality and safety section of the report.

In summary, the inspection found that arrangements pertaining to IPC and the oversight of the completion of tasks required improvement for the service to comply

with the regulations.

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

Capacity and capability

There was a management structure in place led by the person in charge. The person in charge was also the lead person regarding IPC practices. The staff team consisted of the person in charge, nurses, and care assistants. Each day the staff nurse on duty delegated tasks to care assistants and was responsible for ensuring that tasks were completed.

Through observations and the review of information, the inspector found that the existing governance and oversight arrangements relating to IPC were inadequate. The inspector found that the required cleaning in a bathroom had not been completed. The cleaning records regarding equipment such as hoists and blood pressure monitors had significant gaps despite the guidance that, at minimum, the equipment was cleaned weekly or after each use. The inspector also found that there were improvements required to the storage of mop buckets. The buckets were being left in the back garden between uses which posed an infection control risk. This was brought to the attention of the person in charge, who sought to rectify the issue.

A review of information found that a house cleaning schedule/environmental audit had been completed monthly. The inspector found that the audit was limited in that the auditors had failed to identify all IPC risks present in the centre. This was brought to the attention of the person in charge and a member of the provider's senior management. The senior manager identified that enhancements had been made and a suite of audits had been developed. However, these audits had yet to be implemented in this service. The senior manager stated that this would be rectified.

A COVID-19 response plan had been developed by the provider that was specific to the service. The inspector reviewed the document and found that some aspects required updating but that overall, the document had been updated regularly and contained adequate information to guide staff members in the event of an outbreak.

Four staff members were on duty at the time of the inspection, as per the roster. A review of the current and archived rosters demonstrated that the provider had ensured that, safe staffing levels were maintained daily.

A review of staff training records did identify that there were gaps in training for some staff members. Two staff members, for a number of months, had not completed the required training specific to IPC. The person in charge had raised

these concerns through supervision, but the training had yet to be completed. There were, therefore, improvements required to ensure that all staff members had completed the necessary training.

The inspectors discussed IPC practices with two of the staff team. Both staff members had a good understanding of IPC practices and provided appropriate responses in regard to escalation pathways and the day-to-day management of IPC concerns.

Quality and safety

As stated above in the service description, the premises comprised two two-storey semi-detached houses and an extension/ apartment added to one of the houses. The person in charge supported the inspector in reviewing the premises. The inspector found that there were areas that required improvement.

In a laundry room, the skirting boards under the sink were badly damaged and, as a result, could not be appropriately cleaned. Surface damage was found to a resident's chair in their bedroom. Again the damage meant that the chair could not be appropriately cleaned.

As discussed earlier, the provider had responded to actions from the previous inspection and had installed two new bathrooms. The works were completed in August of this year. The inspector found that one of the shower trays required enhanced cleaning as dirt and stains were observed. There was also an inappropriate bin located in the bathroom,

The inspector found mould had begun to form on the ceiling of a resident's bedroom and despite the providers auditing system this had not been identified during the auditing process. The provider did respond when the inspector made them aware, however, the inspector was not satisfied that effective IPC awareness or control measures were in place. In addition the inspector also found that the same resident's bathroom required a deep clean.

The inspector reviewed a sample of residents' meetings. IPC and COVID-19 were listed as a re-occurring topics for discussion. However, a review of a sample of meeting records did not demonstrate that this was taking place. There were, therefore, some improvements required to the documentation of meetings.

The person in charge had developed daily tasks and a cleaning task folder. A review of the records showed that tasks were being signed off as completed daily. Following observations as discussed above, there were some improvements required to standard-based precautions, such as ensuring that all areas of the residents' home were clean.

The inspector reviewed team meeting records and saw that there had been

occasions where planned meetings had not occurred. Meetings that had taken place had discussed IPC practices and control measures, but there was a need to ensure meetings were held consistently.

The inspector found appropriate guidance regarding waste and laundry management available to the staff team. An IPC folder also contained up-to-date and relevant information for staff. There was also guidance regarding general environmental cleaning available for review. The person in charge had also ensured that practices regarding appropriate sharps management were sufficient.

Covid-19 care plans and risk assessments had been developed for residents. The inspector reviewed a sample of these and found they were under review and appropriate. Residents were supported to access allied healthcare professionals when required. Health care plans had been developed for residents that captured their colonisation history along with their vaccinations.

Overall, residents were receiving a service that was supporting their needs. However, improvements were required regarding the staff team's awareness and completion of IPC practices.

Regulation 27: Protection against infection

The inspection found that the provider had not ensured that effective IPC practices were being employed at all times in the residents' home. The existing governance and management arrangements were found to be lacking. The provider and person in charge did not have adequate oversight of all IPC tasks. This led to a number of concerns being identified during the inspection process.

The existing arrangements regarding auditing IPC practices and control measures were ineffective. They had not identified IPC risks such as mould growing in a resident's bedroom, damage to surfaces and the requirement for enhanced cleaning in areas such as communal bathrooms and another resident's bathroom.

Improvements were required to ensure that the staff team appropriately completed all assigned tasks and that all staff members were completing necessary training when needed.

Overall the provider had failed to ensure that oversight regarding IPC, audits, and IPC practises in the centre were appropriate.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for 47/48 Towerview OSV-0005397

Inspection ID: MON-0035922

Date of inspection: 20/09/2022

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>The Audit Arrangements in the Centre pertaining to IPC have been reviewed with a new suite of Audits commenced and will be completed monthly. A member of the provider’s management team will complete a quarterly audit of the Centre to ensure IPC standards are maintained.</p> <p>The IPC task folder has been reviewed to ensure all areas requiring cleaning are captured. The PIC and shift leader will review the cleaning and associated documentation at the end of each shift to ensure it is carried out effectively with staff required to sign cleaning records to verify their adherence to the cleaning procedures and frequency.</p> <p>The provider’s management team are meeting with the staff to outline each member’s roles and responsibilities in respect of IPC in a performance review format. Training is planned to support the staff team to carry out their duties in line with IPC recommendations. A plan is in place to rotate the staff teams throughout the two houses to ensure all members of staff have adequate supervision.</p> <p>All staff are now up to date with training within the Centre. Staff members who were previously not compliant with mandatory trainings have scheduled performance review meetings to ensure compliance with professional development plans in line with the Staff Training and Development Policy.</p> <p>A deep clean of the Centre has been completed.</p> <p>The bins throughout the house have been reviewed and replacements implemented where necessary.</p> <p>The mould present in one room has been treated. A plan is in place to review the room each morning to ensure the air vent and windows are opened and to ensure that wet</p>	

clothes are not being placed on the radiator under the area. An MDT for the resident accommodated in the bedroom is scheduled in which the PIC will discuss further measures to support the resident in maintaining her room in accordance with her preferences.

Where one residents chair although new had sustained surface damage this was replaced immediately.

An alternative storage area for Mop buckets has been implemented.

Residents meeting have been reviewed. Training has been scheduled for staff to support them to conduct positive, effective and person centred weekly meetings with residents to obtain their views.

A schedule of staff meetings have been set on a monthly basis. Staff who are unable to attend a meeting will review the minutes. Staff will be required to sign to advise they have read and understand the minutes.

Skirting boards in the laundry have been replaced. Re-flooring of identified floor areas within the centre is due to take place in early October.
Painting of the Centre is scheduled to take place in November.

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	15/10/2022