



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

Issued by the Chief Inspector

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| Name of designated centre: | Forest View |
| Name of provider: | St John of God Community Services CLG |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 May 2023 |
| Centre ID: | OSV-0008377 |
| Fieldwork ID: | MON-0038887 |

About the designated centre

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

Forest View is a detached bungalow located on the outskirts of a town in Co Louth. It can cater to the needs of four adults with an intellectual disability. There are four bedrooms, two of which have ensuite bathrooms. The house offers a sitting room, kitchen/diner, living room, main bathroom and large bathroom. The house is within a short distance of a pharmacy, shops, butchers, barbers and pubs. The house is staffed twenty-four hours by staff nurses and care assistants.

The following information outlines some additional data on this centre.

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| 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 |
|-------------------|----------------------|--------------|------|
| Monday 8 May 2023 | 09:00hrs to 13:00hrs | Eoin O'Byrne | Lead |

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day, and during this time, the inspector spoke with the residents and met with the staff. In addition to discussions held, the inspector observed the residents' daily interactions and lived experiences.

There are four residents living in the service and the inspector had the opportunity to meet and chat with three of these residents throughout the inspection. Through the review of records and discussion with residents and staff, the inspector was assured that residents were supported to engage in regular activities outside their home. Residents went out for lunch and dinner with their peers and staff members. Some residents received visitors in their homes, and there were no restrictions in place.

One of the residents showed the inspector around their home, showing the inspector their bedroom and their games console. The resident engaged in their preferred activities throughout the morning, listening to music and using their console when they wanted to.

A second resident who communicated non-verbally showed the inspector pictures of their family members. The resident was very active in their home, moving from their room to the kitchen and sitting room. The resident also relaxed in another living area at different times. The inspector was informed that the resident had plans to attend a local football match that evening.

The third resident was introduced to the inspector after they had completed their morning routine. The resident appeared happy in their environment and in their interactions with the staff members. The resident also communicated in a non-verbal manner. However, staff members were aware of the resident's communication needs and promptly responded to their requests. The resident relaxed in the kitchen and sitting room at different stages. The resident requested to engage in activities on a number of occasions, and these were responded to by staff, and the resident appeared to be very content.

The inspector found that residents had been provided with information regarding IPC practices. Residents were given information on effective hand hygiene cleaning and other areas through weekly staff meetings. However, some of the residents had limited understanding of IPC interventions.

While residents' were observed to be happy and engaging in their preferred activities, this inspection found that the provider had failed to ensure that IPC arrangements were appropriate. The impact of this will be discussed in the following two sections of the report.

Capacity and capability

This service opened in December 2022. The review of records identified that the management and oversight of the service provided to residents were not effective for a period. This included IPC practices.

The provider had developed an auditing system to ensure that IPC practices were effectively monitored. Weekly and monthly audits were to be completed. The inspector sought to review these and found that these audits had not been conducted as prescribed between January and mid-April. The management team during this period had not completed the available audits to assess, monitor, and review its performance in relation to IPC practices and control measures.

The inspector reviewed the current and previous staff roster. There were adequate staffing numbers and a consistent team supporting the residents comprising staff nurses and care assistants. There were sufficient staff numbers to ensure that the daily tasks assigned regarding IPC measures were completed daily.

The inspector reviewed the staff team's training records concerning IPC training. There were a number of staff that had failed to complete the required refresher training. Staff members were given a deadline to complete the necessary training by the end of February, but records showed that this had not been achieved.

Changes have been made at the management level in recent weeks. A new person in charge and house manager had been appointed to run this service. The inspector was informed that since their appointment, they had raised the training issues with the staff team and had addressed some of the deficits. There was also evidence since their appointment that the required audits and reviews had been completed leading to increased oversight of the service provided to the residents. For example, the new management team developed an updated service's contingency plan. The plan reflected up-to-date information and how best to support residents if they were to contract the COVID-19 virus.

The inspector asked a staff member where they accessed information regarding IPC measures. The staff member showed the inspector an online format. A review of a sample of information indicated that the provider had ensured that the staff team had access to relevant information regarding IPC practices. The provider had developed an extensive catalogue of standard operating procedures to guide staff in delivering and managing IPC practices.

The inspector spoke briefly with a staff member and did not have the opportunity to discuss IPC practices with them. The inspector did speak with the person in charge and the house manager throughout the day. They both demonstrated that they had the required knowledge regarding IPC practices and measures required to safeguard residents from healthcare-related infections.

In summary, the inspection found a period where the governance and management arrangements were ineffective. The service provided to residents was not monitored appropriately during this time, and this posed potential risks to residents.

The provider had responded to this and had placed a new management team in place. The new team demonstrated that they were aware of their responsibilities and had begun to address the deficiencies in monitoring the service. The person in charge was identified as the person responsible for managing IPC practices in the residents' home and was taking steps to ensure that IPC practices were appropriate.

Quality and safety

As noted above, the residents moved into their current home in December 2022, prior to the move, the residents' homes had been refurbished to ensure it met their needs. The inspector found that the resident's home was clean, well-presented and in good repair.

Staff were assigned cleaning duties each day; records show that the assigned tasks were completed and that IPC measures were part of the staff members' daily routines. Staff were observed to follow standard-based precautions throughout the inspection.

As mentioned earlier, staff members had access to various information regarding IPC practices. There was guidance regarding cleaning and disinfecting, laundry and also waste management. The guidance was found to be appropriate, reflecting best practices. The inspector also found that information was shared regarding IPC practices during staff meetings. These meetings were necessary for effective communication between management and staff. However, there had been no staff meeting since February. This was discussed with the house manager, who stated that there was a plan to hold one in the coming weeks.

The inspector reviewed a sample of care plans for residents regarding the COVID-19 virus, including isolation plans. The review found that one resident's care plan had not been updated since their transfer to the service in December 2022. The isolation plan related to the resident's previous home and did not guide staff on how to support them now.

The inspector reviewed two other plans and found that they had been updated and reflected the residents' current living arrangements. Isolation management plans had been devised for both. For one resident, the plan stated that the resident had the potential to not isolate in their room and there was limited information on how staff members should react and support the resident if this were to occur. There were, therefore, improvements required to the plan.

The review of care plans demonstrated that residents' healthcare needs were under close supervision. Residents, when required, had accessed members of the

provider's multidisciplinary team and external healthcare professionals. Care plans had been devised to promote the best outcomes for the residents. The person in charge identified that, if required, the infection status of residents would be recorded in daily notes along with care plans.

The inspector sought to review risk assessments that had been developed for residents and the service regarding IPC measures. The person in charge could not locate these risk assessments. Therefore, the provider failed to ensure that risk identification and management systems were appropriate.

Regulation 27: Protection against infection

Prior to the inspection the inspector found that the governance and management arrangements were ineffective. The service provided to residents was not monitored appropriately during this time, and this posed potential risks to residents. The provider had responded to this and had placed a new management team in place. The new team demonstrated that they were aware of their responsibilities and had begun to address the deficiencies in monitoring the service. The person in charge was identified as the person responsible for managing IPC practices in the residents' home and was taking steps to ensure that IPC practices were appropriate.

However, while improvements had taken place the inspector found the provider had failed to ensure that:

- audits specific to monitoring IPC practices and control measures had been completed
- training specific to IPC had been completed by all staff members
- risk assessments focused on IPC practices and control measures had been completed
- all residents' care plans relating to IPC practices were updated to reflect their current living arrangements
- isolation plans developed for residents contained information to best support each resident.

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 Forest View OSV-0008377

Inspection ID: MON-0038887

Date of inspection: 08/05/2023

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>Audits specific to monitoring IPC practices and control measures are in place and are completed both weekly and monthly. 08-05-23</p> <p>Training specific to IPC completed by all staff members, Completed 06-06-23</p> <p>Staff Meeting was held on 31-05-2023</p> <p>Risk assessments focused on IPC practices and control measures have been completed on 03-06-2023</p> <p>All residents' care plans have been audited and information relating to IPC practices have been updated to reflect their current living arrangements, completed 06-06-2023</p> <p>Isolation plans have been updated for all residents on 18-5-2023 and contain information on how to best support each resident.</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 | 06/06/2023 |