

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

Issued by the Chief Inspector

Name of designated centre:	Hillview Manor
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0002438
Fieldwork ID:	MON-0039940

About the designated centre

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

Hillview Manor provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of seven residents with six bedrooms in the main house and a one bedroom apartment situated adjacent to the main house. The centre is surrounded by a large garden area, it is in walking distance to local amenities and public transport links. The centre aims to support residents to experience life in a home like environment and to engage in activities of daily living typical to those which take place in many homes, with additional supports in place in line with residents' assessed needs. Residents are supported by a person in charge, team leader and support workers in line with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
Thursday 11 May 2023	11:00hrs to 16:30hrs	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 walked around the centre, met with residents and staff and had an opportunity to observe the everyday lives of the residents.

The centre was a large and spacious home for seven residents, six in the main house, and one person in an apartment. The apartment is made up of a bedroom, kitchen/living area and bathroom. In the main house there are five bedrooms upstairs, each with an en-suite bathroom, and one bedroom downstairs. The resident in the downstairs bedroom has the sole use of the main bathroom.

The house and apartment were nicely furnished and equipped, and there was a pleasant outside garden area. It was evident throughout the inspection that residents were being supported to engage in activities according to their preferences, and that there were familiar staff on duty to support them.

On arrival it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available on entrance, including hand sanitising items. Current public health guidelines in relation to visitors was being implemented, so that there were no restrictions on visits, other than visitors being asked if they had any symptoms of an infectious disease.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean, and well maintained for the most part. There were some outstanding items of maintenance to be addressed however, most of these had been identified and the appropriate requests and orders made to rectify any issues.

There was easy-read information readily available to resident throughout the centre, in relation to current information, rights and making complaints, as well as all aspects of infection prevention such as hand hygiene and information about vaccines.

There were various communal areas, including a large kitchen dining area and pleasant sitting room, and private living spaces for residents in accordance with their assessed needs.

Residents were all at home when the inspector arrived, and throughout the day each of the residents invited the inspector to see their personal living space, and some people had a chat with the inspector, some of the chats being about areas of interest to them. All of the residents' bedrooms were personal to them, and contained their personal possessions, including photographs and items relating to their hobbies and interests. It was clear that residents kept their own rooms as they

chose, with as many or as few personal items as they preferred.

Residents all appeared to be content and occupied as they chose, and there was a pleasant atmosphere which indicated that people were comfortable in their home. Residents spoke about the support they received from staff, and some people mentioned that they received advice about some of the choices that they made, but that ultimately the choice was theirs.

Some residents had contracted an infectious disease during the recent pandemic, but due to the nature of their individual support needs, could not tell the inspector the sequence of events or what had happened during that time. However, records had been maintained by the staff and person in charge, which indicated that appropriate care and support had been offered to residents, and that all public health guidance in relation to managing an outbreak had been adhered to.

Following the lifting of community restrictions, residents had returned to their previous chosen activities, and were again involved in various activities in the community. Residents spoke to the inspector about some of these activities, and again it was clear that their right to make their own choices was respected.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with of an outbreak of infection, and that the provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they had now returned to engaging with the community.

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. There was a competent and consistent staff team in place, and all staff engaged by the inspector were knowledgeable about the needs and abilities of residents, and about their responsibilities in relation to the management of infectious disease, and about the current public health guidance.

Policies and procedures were in place in accordance with current best practice, and included guidance in relation to IPC and the management of infectious diseases. There was clear guidance for staff in these policies, and again, staff were familiar with them.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, and which had been implemented when there was an outbreak in the centre. This contingency plan had been regularly reviewed in light of updated public health guidelines and had been

updated a couple of weeks prior to the inspection.

An outbreak of an infectious disease had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. A detailed post outbreak review had been completed which outlined the sequence of events and the steps taken by the provider and the local staff team. Recommendations and learning were documented, and good practice acknowledged.

An annual review had been prepared in accordance with the regulations, as had six monthly unannounced visits on behalf of the provider. These reviews included a detailed review of IPC practices, including staff training, current hygiene practices, vaccination programmes and the availability of accessible information for residents. Any required actions identified in these processes had been monitored until complete. In addition, the required IPC self-assessment had been completed, and various additional audits had been undertaken.

There was a consistent and competent staff team, and staff numbers and skill mix were appropriate to meet the needs of residents. All staff engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC. A planned and actual roster was maintained, and there was an identified IPC lead on each shift.

Staff were well supported, both on a daily basis and by a formal supervision process. Communication with staff and management was evident, and there was an effective communication system between daily staff shift changes. Daily task allocation included stock control of personal protective equipment and hand hygiene products, as well as daily cleaning tasks.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. These included person centred plans in the event that a resident should contract an infectious disease.

There were also detailed healthcare plans for conditions which might result in an IPC issue for residents if not well managed, and it was clear that these plans were being implemented.

There was a 'hospital passport' in place for each resident which outlined the important information to guide the receiving staff should the resident need to be admitted to an acute service. This included information about the health status of the resident, and the best ways of communicating with them.

The personal plans included goals for residents in order to maximise their potential in accordance with the requirements of the regulations. Activities had now been

expanded to include more varied involvement in the local community, and residents were involved in community activities on the day of the inspection.

Residents were consulted with regularly, both as a group and individually. Weekly residents' meetings were held, although some people chose not to attend these. Each person had an identified keyworker, and together with residents' meetings there were regular 'keyworking sessions' where all aspects of care and support were discussed, including IPC issues.

The premises were appropriate to meet the needs of residents, and there were various communal areas. There was sufficient space to ensure safe entry and exit and appropriate areas for the donning and doffing of PPE should it be required. The centre was clean throughout, and there had been a deep clean of the centre following an outbreak of infectious disease.

However, there were some maintenance issues outstanding which meant that cleanliness and the highest level of hygiene could not be ensured, as outlined in the last section of this report.

Regulation 27: Protection against infection

Appropriate practices were in place and public health guidelines had been followed throughout the recent public health crisis, and the provider and the staff had implemented processes to ensure that residents were protected from the risks associated with infectious disease.

Residents who had contracted an infectious disease had been offered a high level of care and support that was appropriate both to their individual needs and to the situation at the time.

Some outstanding maintenance issues had been identified by the provider, and arrangements had been made to rectify them. The inspector saw the request correspondence, and the agreed dates for the commencement of work.

However, issues which had not been identified were the damaged flooring in two areas of the house, where the raised gaps in the flooring meant that the provider could not ensure effective cleaning of these areas.

However, overall there was evidence of good IPC practices, and that residents had been well supported throughout the pandemic, and to return to their preferred activities now that restrictions were lifted.

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 Hillview Manor OSV-0002438

Inspection ID: MON-0039940

Date of inspection: 11/05/2023

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>A review of the premises was completed, and any maintenance issues were escalated to the maintenance department. Any actions identified have been investigated and a time bounded plan has been put in place. This plan will be monitored through monthly Governance meetings.</p> <p>Floor in Bedroom This floor has been measured and will be replaced by 31st August 2023</p> <p>Wooden Floor in entrance hall This floor has been measured and will be replaced by 31st August 2023.</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	31/08/2023