



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

## Issued by the Chief Inspector

Name of designated centre:	Castleview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0004903
Fieldwork ID:	MON-0035924

## About the designated centre

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

Castlevue is a full time residential service that is run by the Health Service Executive. The centre can accommodate four male or female adults over the age of 18 years, with an intellectual disability. Castlevue is a bungalow situated a short distance outside of a town in Co. Westmeath. The house comprises of four bedrooms, one main bathroom and two ensuites, a sitting room, large living room, office space, dining area and kitchen. There is a garden and storage shed to the rear of house and driveway and large lawn to the front. Residents have access to amenities such as shops, religious services, restaurants and hairdressers. Residents are supported on a twenty-four hour basis by a staff team that consists of staff nurses and health care assistants.

**The following information outlines some additional data on this centre.**

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
Wednesday 9 November 2022	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor and inspect the provider's arrangements concerning infection prevention and control (IPC). Overall the inspection found appropriate IPC measures in place to protect residents. However, issues were identified regarding the premises and surface damage which impacted the staff's ability to clean these areas effectively.

The inspector was introduced to all four of the residents. The residents were observed to be comfortable in their home and supported by staff members who knew their needs and non-verbal communication cues. The inspector had limited interactions with the residents. One resident did, with the support of a staff member, chat with the inspector about shopping and things they like to do.

The residents were observed to take the time to relax in their bedrooms or the main living area. Some residents were watching television, others were watching a show on their tablet devices, and another was knitting.

Residents in this centre were vulnerable with regard to their health care needs which resulted in them having reduced activities outside of their home during the recent COVID 19 pandemic. Since restrictions had been lifted and residents had been protected with an immunisation program, the provider had identified this as an area that required improvement. The inspector saw evidence to show that this had been achieved. A review of a sample of residents person centred plans showed that residents had attended music events, gone out for lunches, gone on day trips and attended beauty salons. Residents were also supported to maintain links with family and friends, and some had been supported to identify goals regarding this.

The house manager gave the inspector a tour of the premises. It was found that while the premises were clean, there were aspects of the house that required repair and decoration. This impact will be discussed in more detail in the quality and safety section of the report. There had also been a period where there was a reduction in the oversight of IPC practices.

Care plans had been developed for residents in response to the COVID-19 pandemic. Residents also received updates regarding the pandemic and IPC practices via resident meetings.

In summary, the inspection found that the residents received appropriate care and support regarding IPC measures.

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

Overall, this inspection found appropriate infection prevention and control practices in place. However, there were improvements required to the premises. This will be discussed in more detail in the quality and safety section of the report.

The review of information identified that there had been a period where there had been a reduction in the assessment and oversight of IPC practices in the centre. There were now, however, clear governance and management arrangements in place.

In recent weeks a new house manager had been appointed and they were responsible for managing IPC practices. There was evidence that audits focused on IPC had recommenced. The audits identified the issues with the premises, and these matters had been escalated to senior management. A member of the provider's senior management team informed the inspector that steps were being taken to address the issues and that funding requests had been submitted. However, these matters remain outstanding at the time of this inspection.

A review of staffing rosters found that the provider relied heavily on agency staff to ensure safe staffing levels were maintained daily. Staffing numbers were kept to a safe level to ensure that IPC practices were completed. The staff team, including agency staff members, had been provided with appropriate training regarding IPC measures. The provider had ensured that the staff team were completing the required IPC practices daily.

The roles and responsibilities of staff were clearly defined, and staff carried out their daily duties. For example, as mentioned above, the residents' home was clean. The inspector found that there were suitable arrangements in place to maintain this. There were records that captured the cleaning duties that the staff team completed during the day and night shifts. An appraisal of these showed that the documents were well maintained and that the tasks were being conducted as per the provider's guidance.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents as per the regulations. Some aspects of the reviews and reports were focused on IPC practices in the service. Further documents demonstrated that the provider had developed a range of policies and procedures concerning IPC practices.

A contingency plan had been developed called the COVID-19 response plan. This plan was under review and presented information clearly and concisely. The information was appropriate to prepare staff for managing a potential outbreak. There was an IPC information folder available to staff, and it was also found that IPC was discussed at team meetings

The inspector spoke with two staff members. Both staff members were aware of

standard-based precautions and were implementing them daily. A staff member spoke with the inspector about laundry management procedures, and another told the inspector about the on-call management arrangements and the steps they would take in response to emergencies or an outbreak scenario.

In summary, the inspection found that IPC practices were adequate, that the provider had ensured that staff members had been provided with appropriate training and that their actions safeguarded residents from contracting healthcare-associated infections.

## Quality and safety

During the walk around the residents' home, it was observed, as noted above, that there were some required works to ensure that all aspects of the residents' home were well maintained. The damage to these areas meant they could not be appropriately cleaned despite the staff team's best efforts.

While the residents' home was clean, some areas posed IPC risks. There was damage to the flooring in the main bathroom and two residents' en suites. The flooring was torn, and the damage to the surface meant that the areas could not be appropriately cleaned from an IPC perspective. The floor in the main bathroom was also stained, with rusting evident on the flooring.

There was further damage to the flooring in a resident's bedroom, the hallway, the sitting room, and the kitchen presses. The provider had identified this before the inspection and was in the process of seeking funding to replace the flooring.

The previous inspection was completed in 2021, issues with the kitchen area were identified in this inspection, and there was evidence that the provider had made efforts to repaint presses from an IPC perspective. However, on the day of this inspection, the presses were again damaged with scrapes and chips in the paint on a number of the presses. This damage meant that the high-touch areas could not be appropriately cleaned.

Regarding the staff team's practices, the inspector found evidence that, per the provider's guidelines, IPC shift huddles were completed with staff members at the beginning of each shift. Tasks were allocated between the staff team, and as mentioned earlier, there was evidence that IPC tasks were completed and also part of the daily routine, including the cleaning of equipment.

There were also arrangements in place for cleaning and disinfecting the premises. As discussed earlier, an outbreak contingency plan was developed for the service. The plan captured the enhanced cleaning and decontamination practices required in case of suspect or confirmed cases or outbreaks of infections.

The staff team completed testing and recording of signs and symptoms of infection

for residents, staff members, and visitors. This was carried out to facilitate prevention, early detection and control of the spread of possible infections. Staff had access to appropriate personal protective equipment (PPE). There were adequate supplies of PPE, and the inspector observed staff members wear appropriate PPE.

Residents were supported to access allied healthcare professionals when required. Residents were also provided information regarding the COVID-19 pandemic and IPC measures employed in the service. Inspectors reviewed a sample of residents' information and found that individual support plans had been developed for residents in response to the COVID-19 pandemic. These plans outlined how best to support each resident and also captured their needs regarding isolation if they were to contract the virus. Risk assessments had been developed regarding infection prevention and control issues. These were under regular review and contained appropriate control measures.

While some improvements were required to the resident's home, the inspection found that IPC practices were overall appropriate.

### Regulation 27: Protection against infection

The inspection found that effective IPC practices were employed by the staff team supporting the residents. The staff team had been provided with appropriate training and were completing their assigned tasks daily.

Despite this, parts of the residents' home required repair or refurbishment. The damage to surfaces in the bathrooms, kitchen area and flooring throughout the building impacted the staff team's ability to clean the areas effectively. This issue posed an IPC risk to the residents and the staff team.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Castleview OSV-0004903

Inspection ID: MON-0035924

Date of inspection: 09/11/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Full Internal painting will be commenced on 05.12.22 and will be complete by 09.12.22</p> <p>Flooring throughout bedrooms, ensuites, wc, hall and kitchen will be complete by 31.01.23</p> <p>Kitchen will be replaced by 31.03.23</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	31/03/2023