

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

Issued by the Chief Inspector

Name of designated centre:	Joanstown, Rathowen
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	31 January 2023
Centre ID:	OSV-0004906
Fieldwork ID:	MON-0030274

## About the designated centre

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

This designated centre is a service provided in a large detached bungalow on the outskirts of the nearest small town, which provides residential care to six ladies with an intellectual disability and autism. The centre comprises of a sitting room, a large kitchen diner with a utility room, four single bedrooms and one shared twin bedroom, two of the bedrooms are en-suite. There is also one large shared bathroom and a further WC located in the utility room. Outside there is a large well-maintained garden both to front and rear of the property. Residents living in the centre have a range of support needs and the centre is staffed by both nurses and health care assistants, providing 24 hour staffing cover.

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

Number of residents on the date of inspection:	6
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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 31 January 2023	09:50hrs to 17:50hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, residents were receiving a service that met their needs and was person centred. Some improvements were required in relation to protection against infection. This will be discussed further in the last section of the report.

The inspector had the opportunity to meet all six residents living in the centre. One went out for lunch and to light a candle in a church. Two other residents were supported in their home for the day and received visits from family members. The other three residents participated in an external day programme.

When the residents returned from their day service some of them told the inspector that they had a nice day and they appeared relaxed and contented in each others company. Those spoken with said they were happy living in the centre and that the staff who worked there were nice. One resident spoken with told the inspector how they could raise an issue or concern to a staff member or person in charge if they were unhappy about anything.

In addition to the person in charge, there were three staff members on duty during the day of the inspection. The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences.

The inspector conducted a walk around of the centre, the house appeared tidy and for the most part clean. There were suitable in-house recreational equipment available for use, for example, televisions, sensory objects and games. The inspector observed that personal pictures and homemade artwork were displayed in different areas of the house. For example, some residents and staff members had made a colourful canvas picture to represent the theme of safeguarding.

Four residents had their own bedroom and two residents shared a bedroom. There was evidence provided to the inspector of consultation with the two residents that shared a room and their representatives around that choice to share a room. From the evidence observed it appeared that the residents and their representatives were happy with the arrangement in place. The inspector spoke with one of the residents and they confirmed that they were happy with sharing their room. There was sufficient storage facilities for residents personal belongings in each room. Residents' rooms had personal pictures displayed. Each room was personally decorated to suit the personal preferences of each resident. For example, one resident had a mural on their wall and had their homemade art work displayed along with their life goals which they wanted to work on for the year.

The centre had a large back garden and there were plans to create a fairy garden in it. One resident in particular was very excited at the plans and informed the inspector that they couldn't wait for it to be done.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of family representatives. They indicated that they were happy with all aspects the care and supports provided in the centre. Several families stated that they did not want anything to change. For example, one family member stated they were happy with everything, no change wanted because the service was great.

The inspector also had the opportunity to speak to two family members, each related to a different resident. They communicated that they were very happy with the service provided. Both the centre staff and the person in charge received compliments from the family members. For example, that the person in charge was very dedicated and easy to communicate with. That the staff members were lovely and very welcoming whenever they come to visit. One family member stated that they felt very fortunate to have their relative live in this house.

The provider had also sought resident and family views on the service provided to them by way of six-monthly unannounced visits to the centre and through an annual questionnaire. Feedback received indicated that residents and families communicated with, were happy with the service provided. For example, that staff were very welcoming and friendly.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2021 where an infection protection and control (IPC) only inspection was undertaken. At that inspection while the provider had for the most part governance and management arrangements that were effective in assessing, monitoring and responding to infection control risks, it was observed that some improvements were required to ensure the centre was operating in full compliance with Regulation 27: Protection against infection and associated standards. Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

A statement of purpose had been prepared and made available, it contained all information as required in Schedule 1 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

There was a defined management structure in place which included the person in charge. They provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as medication management and health and safety.

There was a planned and actual roster in place. A review of the rosters demonstrated that the skill-mix of staff was appropriate to meet the assessed needs of the residents.

There were established supervision arrangements in place for staff as per the organisation's policy. The person in charge monitored staff training and development needs. They ensured that staff had the required training to carry out their roles. For example, staff had training in positive behaviour support and epilepsy.

#### Regulation 14: Persons in charge

The provider has appointed a suitably qualified and experienced person in charge. The person in charge worked in a full-time role and demonstrated a good understanding of residents and their needs.

The person in charge was knowledgeable about their legal responsibilities and had appropriate systems in place to ensure the service provided was monitored on an ongoing basis.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meet residents' assessed needs. There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as training in feeding, eating and drinking and clamping of wheelchairs.

In addition, there were established supervision arrangements in place for staff as per the organisation's policy.

Judgment: Compliant

## Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and one assistant director of nursing who in turn reported to the regional director of nursing for the organisation. The assistant and regional director of nursing were the people participating in management for the centre. The person in charge was a registered nurse, who provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. The annual review and the unannounced visits provided for consultation with residents and their family representatives. The person in charge arranged for regular team meetings to occur to ensure there was shared learning and consistency among the team.

There were other local audits and reviews conducted in areas, such as infection prevention and control (IPC), medication management, and health and safety.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose available that was updated as required. It contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had all of the required Schedule 5 policies and procedures in place and available in the centre. They were all reviewed within the last three years.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with regard to protection against infection.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under regular review and demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs and any emerging needs.

The person in charge was promoting a restraint-free environment and there were minimal restrictive practices used within the centre. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy. There was an identified designated officer, and it was found that any concerns in the past of potential safeguarding risks were investigated and reported to relevant agencies. There were no open safeguarding concerns at the time of the inspection. A staff member spoken with was familiar with what to do in the event of a safeguarding concern.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

Visits were facilitated with no visiting restrictions in place in the centre. Additionally, a private area for entertaining visitors was available. Family members communicated to the inspector that they always felt welcome to visit the centre.

There was a residents' guide in place and a copy was available to each resident that contained the required information as set out in the regulations.

The premises was homely and for the most part found to be clean. Some areas required a more thorough clean, for example residue was observed on the tile

splash back of a resident's sink in their en-suite. Additionally, some areas were not conducive to cleaning, for example, the surface of the plughole of the bath was peeling. These areas for improvement are being dealt with under Regulation 27: Protection against infection.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspector reviewed matters in relation to IPC management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. However, some improvements were required with regard to cleaning, to ensure all areas were conducive to cleaning, the centre's contingency plan in the event of an outbreak of an infectious illness, and staff training. For example, staff required additional training related to IPC as per public health guidance.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support residents to safely evacuate in the event of a fire.

The inspector observed that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The action with regard to stock control that was identified in the last inspection was addressed by the time of this inspection.

## Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Residents were supported to maintain contact with their family and friends. Furthermore, a private area for entertaining visitors was available. On the day of the inspection, two family members were observed to visit their relatives in the centre.

Judgment: Compliant

## Regulation 17: Premises

The premises was homely with homemade artwork displays and for the most part was found to be clean and in a good state of repair. Some areas required a more thorough clean and some areas required repair to ensure they were conducive for cleaning. Any identified areas are being dealt with under Regulation 27: Protection

against infection.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident which contained the majority of required information as set out in the regulations. Any omitted information was amended and evidence shown to the inspector.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. For example, there was a risk management policy and safety statement in place. In addition, centre specific and individual risk assessments had been developed and control measures in place as required. All equipment used to support residents had been recently serviced. Additionally, the inspector observed that the centre's vehicles were insured, both serviced within the last year and had an up-to-date national car test (NCT).

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre for the most part was maintained in a clean and hygienic condition throughout. There were hand washing and sanitising facilities available for use and infection control information and protocols were available to guide staff.

However, some areas required a more thorough clean. For example, there was black residue on the shower head in the main bathroom. Slight mildew was observed in several areas in the house, for example, around the window of a resident's bedroom and bathroom window and in several areas of the utility room. Some areas required replacement or repair to ensure they could be cleaned effectively, such as there was a gap between the sink and the wall of a resident's en-suite hand basin and there was a build-up of silicone around the plughole of the water closet hand basin.

In addition, while staff were trained in a number of areas relating to IPC they were

not trained in respiratory hygiene and cough etiquette or standard and transmission-based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation as per public health guidance.

Some mops used to clean the centre were inappropriately stored which did not allow for adequate drying of the mop head. In addition, some of the buckets were observed to require further cleaning. The centre's contingency plan required revision to ensure all information was applicable and fully guided staff. For example, it guided staff on how to support residents who were close contacts to restrict their movements, however, this is no longer a requirement. Furthermore, since the last HIQA inspection the centre had not received an audit by an appropriately trained person outside of the centre, to ensure any risks were picked up in a timely manner.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. There was evidence of regular fire evacuation drills taking place which included drills that took place during the hours of darkness and a drill with maximum numbers of residents participating and minimum staffing levels. In addition, each resident had an up-to-date PEEPS in place which outlined how to support them to safely evacuate in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. Since the last HIQA inspection a new stock control system for medication was put in place and maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans

in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. For example, there were plans in place for privacy and dignity, mobility, and eating and drinking. In addition, residents were supported to develop life goals for themselves to work on for the coming year. For example, one resident wanted to undertake a full room make over and another wanted to become a specific type of teacher to help people learn how to use their technology devices effectively, for example, tablet computers.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, each resident had attended an annual medical review in the last 12 months, they had access to a general practitioner (G.P) and a wide range of allied health care services, such as neurology and speech and language therapy.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were some restrictive practices in place, such as bedrails and lapbelts, they were to help mitigate safety risks. Restrictive practices were subject to regular review and oversight.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff were appropriately trained in adult safeguarding. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise. In addition, intimate care plans were in place as required.

Furthermore, there were systems in place to safeguard residents' finances in the centre, for example, the person in charge completed a monthly audit of residents' finances and staff completed daily checks of each resident's money.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. One method by which the centre was demonstrating this was by conducting weekly residents' meeting to ascertain their feedback on the service and choose meals and activities for the week ahead. The inspector observed respectful communication from staff members when speaking with residents. One resident spoken with told the inspector that they make choices about their day and they chose how their room was decorated.

The person in charge had arranged for all staff to receive training in human rights. A staff member spoken with was able to demonstrate how the training made them more conscious of having respectful communication with residents and team members in the centre.

Judgment: 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Joanstown, Rathowen OSV-0004906

Inspection ID: MON-0030274

Date of inspection: 31/01/2023

## 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>Shower head has been replaced</p> <p>Revised cleaning have been implemented to include cleaning of the rubber seal around doors and also external doors.</p> <p>Gap between sink and wall has been repaired.</p> <p>Buildup of silicone around the plug hole has been removed</p> <p>Staff are completing the following IPC programs in addition to the training previously completed:</p> <p>AMRIC Respiratory Hygiene and cough Etiquette AMRIC Standard and transmission based precautions AMRIC PPE Equipment AMRIC Outbreak prevention and Management. All staff will have this training complete by 31.03.23</p> <p>Mop buckets have been replaced and are included in the cleaning schedule. The storage of mop heads will be reviewed to ensure adequate drying. Contingency plan will be reviewed in line with current guidance by 31.03.23</p> <p>Audit will be completed by an appropriately trained person outside the centre by the 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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