



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

## Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	13 April 2021
Centre ID:	OSV-0003731
Fieldwork ID:	MON-0032636

## About the designated centre

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

Woodview is a residential setting providing care and support for 15 residents over the age of 18 with an intellectual disability. The centre is located within a campus based service located in North Dublin. The centre comprises of a single occupancy apartment which is home to one resident. The other area of the centre contains a number of large dormitory style bedrooms, a number of single bedrooms, two large bathrooms with six toilets, two shower rooms, two bathrooms with a bath, a number of offices and storage rooms, two large open plan dayrooms, two large kitchen come dining rooms, two laundry rooms and laundry storage areas and two small sitting rooms which are used for visitors and as relaxation rooms also. Residents are supported 24 hours a day, 7 days a week by a staff team comprising of a person in charge, clinical nurse manager, staff nurses, care staff and household staff.

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

Number of residents on the date of inspection:	15
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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 - 2015 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 13 April 2021	11:00hrs to 14:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was completed during the COVID-19 pandemic, and at a time when there was an outbreak of COVID-19 in the designated centre. The inspector adhered to national best practice and guidance with respect to infection prevention and control during the inspection.

At the time of the inspection, eleven residents and seven staff members had tested positive for COVID-19. 15 residents usually resided in the centre, but at the time of the inspection 11 residents were present in the designated centre. Four residents had moved to dedicated COVID-19 isolation units within the organisation.

In line with the findings of other inspections in the centre, the design and layout of the centre was not found to be suitable to meet residents' needs. It was evident that efforts had been made to make the centre homely, but despite this the centre remained institutionalised in its design and layout. There was a lack of private space available for the majority of residents who resided in dormitory-style accommodation with multiple occupancy bedrooms. This impacted on residents' privacy and dignity.

It was evident that efforts were being made to ensure residents' privacy and dignity were being maintained. For example, there were curtains between residents' beds in the dormitories and residents had pictures and artwork in their personal spaces. There were also pictures and paintings in common areas which were contributing to the centre appearing more homely.

The centre consisted of three separate areas within the same building. One of the areas was a single occupancy apartment and the other two were units beside each other. The provider had plans in place in relation to the future direction of the service and there were no new admissions to the centre. In recent years the provider had supported a number of residents to transition to more suitable accommodation. They had also reduced the number of registered beds in the centre from 24 to 15. The findings of the last inspection were that one resident's transition from a self-contained apartment in an isolated area of the centre, had not been progressed and the plan for this resident's transition to more suitable accommodation was now linked to a restrictive condition of the centre's registration.

The provider continued to have plans in place to support more residents to move to more suitable accommodation in line with their changing needs, or in line with their wishes and preferences. However, some of these plans had not progressed in line with the proposed timelines due to the pandemic.

Residents living in the centre had lived there for many years and were aged between 55 and 89 years old. During the inspection, the inspector had the opportunity to briefly meet ten residents who were living in one part of the designated centre. Residents appeared comfortable in their home and they also

appeared comfortable in the presence of staff who were supporting them.

During the inspection, residents were observed relaxing after their lunch. They did not express their opinions verbally in relation to the quality and safety of care and support to the inspector during the inspection. A number of residents smiled and greeted the inspector when they visited their home. Staff were observed to be familiar with residents' communication preferences and were picking up on their cues, including their non verbal cues, and were found to be responding appropriately. They were close by and readily available, should residents require any support.

Residents had access to a number of private and communal spaces and were observed to choose whether to spend their time alone or in shared spaces during the inspection. There were large living spaces and smaller rooms where residents could access televisions, radios and other equipment such as arts and crafts and musical instruments. A number of residents were having a rest in their beds, following their lunch. The dormitories were quiet and doors were closed and curtains were pulled around residents' beds to ensure their privacy and dignity were maintained.

A number of residents were also observed relaxing in the day rooms listening to music. The electric fire was lit and residents appeared comfortable, relaxed and content. One resident was observed using a box of musical instruments to choose which instrument they would like to play. They were smiling whilst engaging in this activity.

Another resident appeared very happy to see the person participating in the management of the designated centre, who had previously been the person in charge of this centre. They greeted them with a big smile and told them all about what they had been doing for the morning which included cleaning all around their bedroom. The appeared cosy and comfortable in front of the electric fire.

Each resident in the centre was allocated a keyworker and a co-keyworker to support them to develop their personal plan and to oversee its implementation. Residents are supported to develop their goals and recognise their favourite hobbies, social activities and interests. Prior to the pandemic residents were being supported to engage regularly in activities of their choice, including some in their local community. However, due to restrictions relating to the pandemic they were now engaging in more home-based activities such as; music therapy, beauty therapy, baking and cooking, meditation, hand massages, arts and crafts and chair yoga.

Overall, residents appeared relaxed and content during the inspection. The centre was found to be warm and clean and there were sufficient staff who were familiar with residents needs to support them. Residents were isolating at the time of the inspection, and it was evident that every effort was being made to ensure they were happy and safe and supported to enjoy best possible health. Concerns remained regarding the suitability of the premises. The provider was aware of these and had plans to support residents to transition to more suitable accommodation in line with

their wishes and preferences.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

This risk inspection took place due to there being a significant outbreak of COVID-19 in the designated centre. While a large number of people living and working in this centre had been affected, the inspector found that the provider was working with Public Health and implementing their recommendations to mitigate the risks associated with the transmission of COVID -19. The provider and local management team were maintaining oversight of care and support for residents, and were found to have made every effort to ensure that residents were supported to isolate, whilst being supported by staff who were familiar to them.

As this designated centre is situated on a campus, a decision was made to complete mass testing for residents and staff across the campus the day before this inspection. The results from this mass testing had all returned as not detected for COVID-19. This indicated that the pods created by the provider and the infection prevention and control measures implemented in this centre were effective in ensuring that further internal transmission on the campus did not occur.

The provider had arrangements in place to ensure continuity in the governance and oversight of the designated centre. The person in charge was on leave at the time of the inspection and there were a number of persons participating in the management of the designated centre (PPIM) and a service manager readily available to residents and the staff team should they require it. One of these PPIM's was the previous person in charge of the centre and was very familiar with residents care and support needs as they had worked with them all for a number of years. In addition to this local management team, a clinical nurse specialist in infection control was also available to provide additional, support, should it be required. They had recently and completed an audit, and area specific training with staff.

There were systems in place to ensure that residents could access allied health professionals in line with their assessed needs. Members of the management team and members of the multidisciplinary team were meeting regularly and available to support residents and staff in the centre as required.

A comprehensive retrospective review had been completed by the service manager, in an attempt to ascertain how and when the transmission of the virus had occurred in the centre. This review included discussions with staff in relation signs and symptoms, and a review of which residents staff had supported when on duty, what days they worked and who they had been in contact with, where they had their breaks and with whom, whether they had travelled abroad, had they shared any lifts

to work, and whether there was anyone in their home presenting as unwell.

The inspector viewed documentary evidence to demonstrate that the provider was regularly engaging with the Health Service Executive and the Department of Public Health. It was also evident that they had followed and implemented their recommendations. Some examples of the measures being implemented included those which already formed part of the centre's contingency plans. For example; the implementation of full high level PPE, closing the centre to visitors, increased environmental cleaning, and close monitoring of residents' health status.

The inspector found that there were sufficient numbers of staff available to support residents with their assessed needs. Staff were observed assisting or chatting with residents throughout the inspection. The provider had created pods and allocated specific staff teams to each area of the designated centre. These staff teams consisted of regular staff, seven redeployed staff and regular agency staff. At the beginning of the outbreak, the provider had increased staffing numbers during the day and night should residents require any additional support. However, as residents were not presenting with any significant changes to their care and support needs, staffing levels had then returned to normal.

Staff were regularly accessing training and refresher training in line with residents' assessed needs. They had also completed additional training in infection prevention and control, including area specific training in the use of personal protective equipment (PPE). Staff who spoke with the inspector were aware of their roles and responsibilities and motivated to ensure residents were happy, safe and staying busy during the pandemic.

Overall the findings of this inspection were that the provider was monitoring the quality and safety of care and support for residents, particularly during the outbreak of COVID-19 in the centre. They were ensuring that there were implementing their contingency plans and the recommendations of Public Health. They had taken the necessary steps to ensure that there were sufficient staffing resources and supplies available during the outbreak.

#### Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience to manage the centre. They were on leave on the day of the inspection, but the inspector found that they had systems in place to ensure the effective governance, operational management and administration of this designated centre.

Judgment: Compliant

#### Regulation 15: Staffing



The findings of this inspection were that the provider had maintained sufficient numbers of staff during the pandemic to ensure that residents were supported in line with their assessed needs.

The provider had redeployed a surplus of staff to mitigate the impact of staff absence due to sick leave, and to ensure residents were in receipt of continuity of care. There was evidence of minimal use of regular agency staff.

There were nursing staff available at all times and staff were allocated to certain areas to reduce risks associated with crossover and transmission. Staff demonstrated a good knowledge of residents' needs and preferences, and were observed assisting residents in a discreet and respectful manner.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policies. In addition, they had completed a number of training courses in line with residents' assessed needs. They had also completed a number of infection prevention and control related trainings, including area specific infection prevention and control training with the clinical nurse specialist.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there were arrangements in place to ensure that care and support for residents was closely monitored during the outbreak of COVID-19 in the centre.

The provider had taken the necessary steps to ensure that there would be sufficient staffing resources and supplies available in the centre. They were found to be implementing their contingency plans.

They were regularly engaging with Public Health and taking the necessary steps to implement their advice and recommendations.

Judgment: Compliant

## Quality and safety

There were management systems in place to ensure that care and support for residents in the centre was being closely monitored, especially during the outbreak of COVID-19. Members of the local management team, predominantly the service manager, were liaising with Public Health. As previously mentioned there was evidence that they were following up, and implementing their recommendations. Guidelines on the Prevention and Management of COVID-19 were available to staff in the centre, and there were guidelines in place to ensure that staff were sharing information about COVID-19 regularly with residents.

There were systems in place to support residents to isolate or cohort, with dedicated staff available to support them. There was also systems in place for on-going monitoring of residents and staff to identify signs or symptoms of COVID-19. Testing arrangements for the detection of COVID-19 were being done in alignment with public health advice. A number of staff were trained to take swab samples and were supported by the National Ambulance Service during serial testing in the centre.

The provider had demonstrated that they were being responsive and following their contingency plans, prior to the outbreak. They were supporting residents to isolate in one of their isolation centres should they become symptomatic, or following their discharge from hospital. For example, the resident who was first to test positive for COVID-19 had returned a not detected test for COVID-19 on 29 March 2021, and at this time was being supported to isolate in one of the dedicated isolation centres. They then had another test completed, and it returned a positive result on the 31 March 2021.

Once the provider became aware of the first positive case of COVID-19 in the designated centre, they liaised with Public Health and given the high levels of COVID-19 in their local community, arrangements were made for mass testing to be completed in the designated centre. As a result of this testing, it was found that a number of residents and staff tested positive. Those who tested positive were found to be either pre-symptomatic or asymptomatic, at that time. Following this, a decision was made to repeat testing every 72 hours for residents and staff who received a not detected result. This testing also included the regular agency staff working in the centre.

Residents and the vast majority of staff had received COVID-19 vaccines at the time of this inspection. 13 residents had been fully vaccinated in February 2021, and the remaining resident had received their first vaccine. Seven staff had been fully vaccinated and the remaining staff who chose to partake in the COVID-19 vaccination programme, had received their first vaccine.

There were sufficient supplies of PPE available in the centre and there were systems in place to source more if required. As previously mentioned, staff had completed additional training in relation to infection prevention and control the use of PPE. Plans were in place to repeat area specific infection prevention and control training

after the inspection.

Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Good hand hygiene practice and the correct use of PPE was observed on the day of inspection. There were cleaning schedules in place and from the sample reviewed by inspectors, they were being fully completed regularly. Regular touch point cleaning was occurring throughout the designated centre. There were safe laundry and waste management arrangements in place

There was systems in place for on-going monitoring of residents' health status. They could access a general practitioner or other allied health professionals in line with the organisation's contingency plans. Information on how to access these supports were readily available to staff. Residents had their healthcare needs assessed and care plans were developed as required.

### Regulation 17: Premises

As previously mentioned, the design and layout of the centre was not suitable to meet the number and needs of residents in the centre. The provider was aware of this and had plans in place to support residents to transition to more suitable accommodation.

Judgment: Not compliant

### Regulation 27: Protection against infection

The part of the premises visited during the inspection was found to be clean. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. These cleaning schedules included regular touch point cleaning.

The provider had policies and procedures in place to guide staff in relation to infection prevention and control. A number of additional policies and procedures had been developed relating to COVID-19. There were contingency plans in the organisation and area specific contingency plans which were being reviewed and adapted in line with the outbreak of COVID-19 in the centre.

The provider was in regular contact with representatives of Public Health and implementing their recommendations. Staff had completed training in infection prevention and control and there were adequate stocks of PPE, and systems in place to source more if required.

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 - 2015 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
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant

# Compliance Plan for Woodview OSV-0003731

Inspection ID: MON-0032636

Date of inspection: 13/04/2021

## 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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider is acutely aware of current unsuitability of premises. Service Plan has been submitted to Chief Inspector on 13/10/20 for reduction in numbers and closure of areas (Woodview Park & Sacred Heart apartments ) Service Plan is underway and is on plan for completion, re –Woodview Park for Dec 2022, re –Sacred Heart Apartment for August 2023.	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/08/2023