



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

Issued by the Chief Inspector

Name of designated centre:	Ox View Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0004431
Fieldwork ID:	MON-0036176

About the designated centre

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

Ox view community houses can support 13 male and female residents aged over 18 years with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high. This service is a combination of residential and respite care. Respite care is provided on the basis of planned, recurrent short stay placements. This centre comprises three houses in residential settings on the outskirts of a town. Most of the houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents are supported by staff teams which include the person in charge, nurses and care assistants. Staff are based in the centre whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 31 March 2022	10:00hrs to 15:55hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. Inspectors met and spoke with residents and staff throughout the inspection. In addition, the inspectors observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre consisted of three separate buildings; two detached two-storey houses on the edge of a town and a bungalow in a rural location a few kilometres outside of the town. Some residents lived in the centre full-time and other residents stayed in the centre on a part-time basis. Each resident had their own bedroom. A number of the bedrooms were en-suite and shared bathrooms were also available. Each house had a kitchen-dining room, separate sitting room and a utility room. There was also an office space for staff in each house. The inspector visited all three buildings on the day of inspection. All three houses were nicely decorated and had a pleasant, homely feel. Where televisions were on, it was noted that they were tuned to stations that had been chosen by the residents.

On arrival at the centre, it was noted that there was a COVID-19 station at the front door. Hand sanitizer, masks and a bin for discarding used masks was available. There was a sign-in sheet for contact tracing and staff completed temperature checks with visitors. There was a sign on the visitor's book encouraging visitors to be mindful of COVID-19 symptoms. There was also a sign in relation to social distancing. The person in charge reported that this sign was out of date and would be replaced. Additional signage relating to the prevention of infection was located throughout the centre. Easy-to-read signs were placed on noticeboards in the centre that described the symptoms of COVID-19 and good practice when coughing or sneezing. There were picture-based signs outlining the steps to good hand hygiene in some bathrooms. Picture-based signs specific to the needs of individual residents were also noted in bathrooms. These provided reminders and guidance to residents. The names, photographs and contact details of the local infection prevention and control team was also on display on noticeboards.

The inspector completed a walk around of the centre and observed that the centre was largely clean and tidy. Large surfaces, such as walls and floors, were visibly clean. Surfaces and countertops were clean and free from dust. The furniture was clean and in good structural repair. However, improvement was required in some areas of cleaning. Dust was noted on some blinds and harder to reach areas in the centre. The vent in a bathroom was dusty and required cleaning. There was black coating on the tiling of one en-suite shower and along the seam between the flooring and tiling in one bathroom. There was soap residue on a bath chair in one bathroom and a number of wall stickers were peeling with visible adhesive.

Overall, the centre was in good structural repair. Some areas that needed

improvement were noted on inspection. This included numerous radiators that were chipped and rusted meaning that they were harder to wipe clean. This had been identified by the person in charge and reported to the maintenance department. It was also noted that the wall covering in one bathroom was broken. Wooden shelves in some bathrooms were damaged. A medicine cabinet had been removed from the kitchen in one house and the walls required repainting as a result. Pedals on two kitchen bins were broken and the bins needed to be replaced.

Some improvement was required in relation to the storage of equipment in the centre. Good practice in relation to the storage of personal protective equipment (PPE) was noted in one house. PPE was ordered from central stores as needed and stocks were kept in closed cupboards in the centre. However, in another house it was noted that hand gel and additional PPE stocks were stored in an outside shed but not clearly labelled. They were stored with items that were due for disposal and with gardening equipment. In two kitchens, paper hand towels were stored in open baskets next to the sink rather than hand-towel dispensers. This was not in keeping with best practice in relation to infection control. Mops in one house were kept outside the back door. This meant that they could not be fully dried between uses in line with best practice.

The inspector met with five residents on the day of inspection. Residents were engaged in their daily routines and activities throughout the inspection. On arrival at the centre, a resident was receiving medication via a nebuliser in a communal room. Two residents were happy to speak with the inspector about their experiences living in the centre. Both said that they were happy in the centre and that they felt safe there. Residents were very well informed of the precautions that should be taken to protect themselves and others from COVID-19. One resident talked about wearing a mask in public 'to protect myself and others' and that staff helped them to wash their hands when needed. They talked about the need to isolate in their rooms if they had symptoms of COVID-19. They said that staff wore masks in the centre to protect the residents.

Staff were noted interacting with residents in a positive and friendly manner. Staff spoke about residents respectfully. Staff were observed completing cleaning tasks at various points throughout the day of inspection. Staff wore face masks and appropriate PPE throughout the inspection.

Overall, it was noted that the provider had taken steps to implement infection prevention and control measures for residents, staff and visitors. The centre was generally clean but inspectors noted areas that required attention to ensure that the environment and facilities were maintained in optimum condition.

The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

Capacity and capability

Overall, there were clear governance structures in this centre. The provider had some policies and guidance documents in place to give staff information on best practice in relation to infection prevention. However, improvement was required in this area and in relation to staff training in infection prevention and control, and residents' risk assessments.

There were clear lines of accountability in the centre and issues were escalated to more senior management as appropriate. There was a local infection prevention and control team who could be contacted for guidance as needed. This team contained infection prevention and control specialists and provided guidance to the person in charge and staff if an outbreak occurred in the centre. The governance structure and process for escalation was communicated to staff during their supervision sessions. The supervision sessions also included discussion about the use of PPE, the Health Information and Quality Authority (HIQA) self-assessment framework, the national standards and a review of the health and safety folder containing policies and guidance relating to infection control.

The number and skill mix of staff in the centre were appropriate to ensure the safety of residents in relation to infection prevention and control. Nursing support was available in the centre at all times. Information in relation to senior management cover for out of hours was available to staff. A housekeeper was employed in one house on a part-time basis and recruitment of an additional housekeeper was underway in the other houses. Staff were knowledgeable on good practice in relation to the prevention of infection and could identify the appropriate hand hygiene and PPE required for specific tasks. However, formal staff training required improvement. A review of the training matrix in the centre indicated that 11 staff required training in hand hygiene and five staff required training in standard precautions for the prevention of infection.

The policies and guidance documents in the centre relating to infection prevention and control were reviewed. The inspector reviewed the health and safety folder in the centre that contained documentation relevant to infection prevention and control, for example, waste management guidance. However, the core infection prevention and control guidance documents were not available in hard copy and were listed as available on a shared drive. The person in charge was unable to locate the documents on a shared drive. This meant that this information was not available for staff to guide good practice in relation to infection prevention and control.

The provider had a COVID-19 contingency plan and guidance folder in place. This contained recent information from public health in relation to working in residential care. The contingency plan clearly outlined who to contact when there was a confirmed case of COVID-19 in the centre and the plans for the redeployment of staff, should the need arise. Information in relation to how residents would self-isolate was also outlined. However, additional detail to guide staff in relation to supporting residents to self-isolate was required. For example, the plan did not contain details on the location of clinical waste bins and storage of PPE if residents

were isolating.

Audits and reviews of were routinely completed in the centre. The person in charge had completed the HIQA infection prevention and control self-assessment tool in January 2022. In addition, the centre's annual review of the quality and safety of care and support, completed in September 2021, had included a review of the infection prevention measures in the centre. The centre's six-monthly unannounced audits included an audit of staff adherence to standard precautions and it was noted that staff had a very good level of compliance at 93%. Environmental audits in the centre identified areas that required improvement and there was evidence that issues identified had been escalated to the maintenance department or senior management. This included issues noted on inspection, for example, the chipped paint on radiators. However, not all issues identified in audits were given timescales for completion. For example, it was identified on audit on 10/03/22 that flat head mops were needed in one house but this had not been completed on the day of inspection.

There were a number of cleaning checklists in the centre that were used daily. Specific checklists and guidance were in place in relation to one bedroom that was used for residents who stayed in the centre on a part-time basis. This clearly outlined what cleaning needed to occur prior to a resident moving in and how to store linen and personal items in separate areas. In addition to routine cleaning lists, the centre also had an enhanced cleaning list in light of the risk to residents from COVID-19. A review of this list indicated that the tasks were completed in line with the provider's guidance. However, the required frequency of routine cleaning tasks was not always apparent from the checklists. In addition, it was noted that not all routine cleaning tasks were recorded as having been completed.

A risk register was maintained in the centre that identified infection risks to residents and staff. A review of this register found that the risks had been recently reviewed and updated. However, a review of risk assessments relating to the care of individual residents found that they required updating to reflect the changes in COVID-19 restrictions and to reflect the practice in the centre. Not all infection control risks noted on inspection had been identified in the centre. For example, there was no risk assessment for the use of a nebuliser by a resident in a communal room.

Quality and safety

Overall, residents in this centre received a good service that protected them from the risk of infection. Staff largely adhered to good practice in relation to infection prevention and control. Residents were supported and informed of infection prevention measures in line with their abilities.

Residents were provided with information in relation to the risk of infection and supported to follow good practices to protect them from this risk. As outlined above,

easy to read information was available throughout the centre that gave information on the symptoms of COVID-19, vaccinations, mask wearing, cough etiquette and hand hygiene. Picture-based information sheets specific to individual residents' need in relation to hygiene were also available. Residents were supported to wear masks when outside of the centre. Staff had identified that a resident preferred a particular type of mask and this was available for the resident's use in the centre.

Individual pieces of equipment for residents were serviced regularly as noted on service record stickers on some pieces of equipment, e.g. hoists. On visual inspection, it was noted that these items were clean and the task of cleaning resident equipment had been allocated to particular staff members.

Staff were noted wearing appropriate PPE in the centre. Staff were knowledgeable on standard infection prevention and control guidelines. They were clear on the cleaning tasks that had to be undertaken in the centre and on how those duties were allocated to staff. Staff spoke about the support required by residents to protect them from the risk of COVID-19. Staff knew where to access PPE and how to order additional supplies when required.

As noted above, the centre was largely clean and well-maintained. The centre itself was adequate to meet the needs of residents in relation to infection prevention and control. The centre was in good decorative and structural repair. Where refurbishment was required, this had been identified by the person in charge and reported to the maintenance department. The standard of cleaning in the centre was largely adequate with some areas for improvement, as outlined.

There was evidence of good management of an outbreak of COVID-19 in the centre. The local infection prevention and control team had liaised with the person in charge to advise on best practice in managing the outbreak. The infection prevention and control team had given clear guidance on the level of cleaning that was required in the centre when isolation periods had been completed. Certificates from an external cleaning company were provided that gave assurances that the cleaning was completed in line with this guidance.

Regulation 27: Protection against infection

There were clear management structures in this centre and guidance from infection prevention specialists as needed. Staff were informed of these structures and there was evidence that a recent outbreak had been well managed in the centre.

There was good oversight in the service and service improvements were noted on audit. These were escalated to management as needed. Infection prevention and control was included in service-wide audits. However, not all audit findings were actioned.

Residents were supported to protect themselves from the risk of infection. This was ensured through the provision of easy to read information sheets and discussion

with staff. Residents were also supported to adopt good infection prevention measures, for example, mask-wearing.

The centre itself was adequate to meet the needs of residents in relation infection prevention and control. The centre was largely clean. However, improvement was required in relation to the provision of hand towel dispensers, the storage of PPE and storage of cleaning equipment.

Significant improvement was required in relation to the provision of information and guidance for staff in relation to infection prevention and control. The core policy and guidance documents on infection prevention and control were not available on the day of inspection. Therefore, they were not available for staff to guide practice. The COVID-19 contingency plan did not contain sufficient detail to guide staff on how to fully implement isolation protocols for residents. Staff training in hand hygiene and standard precautions was out of date for a number of staff. Eleven staff had not completed the online hand hygiene course and four staff needed training in standard precautions. Individual residents' risk assessments were not reflective of current public health guidance and therefore did not provide clear guidance to staff on how to manage certain infection risks. Cleaning checklists were not sufficiently detailed to indicate the frequency that certain cleaning tasks should be performed by staff.

Judgment: Not 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	Not compliant

Compliance Plan for Ox View Services OSV-0004431

Inspection ID: MON-0036176

Date of inspection: 31/03/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with regulation 27 Protection against infection the following action has been undertaken:</p> <p>A full review of all identified maintenance works has been completed. This includes: repainting of relevant rooms and review of radiators. Painting works inside and outside the premises has been arranged and a plan is in place with identified dates for completion. Hand towel dispensers have been installed in kitchen areas.</p> <p>The Centre's QIP has been updated to include these works and a timeframe has been identified for completion.</p> <p>To be completed by: 15th May 2022.</p> <p>The Pedal bins have been replaced and are now all in working order. Wooden shelves have been removed and replaced.</p> <p>Completed: 27th April 2022.</p> <p>A deep clean of the designated Centre has been completed and this has attended to harder to reach areas such as blinds, high dusting, vents, shower tiles and bath chairs. Wall stickers have been removed. Hygiene Standards will be maintained and the harder to reach areas will be included on the weekly cleaning schedule .The Meg Audit will monitor these cleaning schedules and any additional actions will be identified and transferred to the centers QIP .</p> <p>Completed : 09/04/2022</p> <p>Cleaning checklist have been adapted to include all furnishings and fittings which are required to be cleaned and the frequency of cleaning these are included on the checklist.</p> <p>Completed: 21/04/2022</p> <p>Individual risks in care plans have been reviewed and updated by the PIC.</p> <p>To be completed by:03/04/2022</p>	

A Risk assessment has been completed for use of the nebulizer in a communal area, which outlines the controls in place to minimize the risk to others in the environment.
Completed: 15th April 2022

Contingency plan: While individual isolation plans are in place for each resident this has been edited to provide more detail about exactly where to source PPE, where they are placed outside each isolation area and where to source relevant waste disposal equipment.
Completed: 15th April 2022

Audits: PIC will ensure that all audits that have been completed and will specify dates for actions to be met. These actions will be subsequently transferred to the Centre's Quality Improvement Plan.
Completed: 15th April 2022

Training: Staff have completed this relevant IPC training required. Hand hygiene is now 100% completed. Standard precautions training now has 100% compliance. PIC will continue to monitor and highlight any training that requires update. A training matrix is in place in the Centre which highlights the training requirements for the Centre and the dates to be completed. The Training Matrix will be reviewed on a monthly basis by the Person In Charge.
Completed: 15th April 2022

Policies & Procedures: All relevant IPC policies have been reviewed and put in place in the form of a hard copy for all staff to access.
To be completed: 28th April 2022

Signage has been updated to reflect the current guidance in relation to visitors and social distancing.
Completed: 9th April 2022

Flat mop system has been ordered and a designated area assigned for the storage of mops and cloths. Signage will be displayed as to the use and storage of the mops.
To be completed: 9th May 2022

Excess PPE has been removed from the house and remaining PPE is clearly labelled and stored on the premises.
Completed: 4th April 2022

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.	Not Compliant	Orange	15/05/2022