



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

Issued by the Chief Inspector

Name of designated centre:	47/48 Towerview
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0005397
Fieldwork ID:	MON-0030960

About the designated centre

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

Towerview offers full time residential care for up to nine female residents with an intellectual disability. The residents are supported on a twenty-four hour basis by a team consisting of staff nurses and care assistants. The centre comprises of two adjoined two-storey semi-detached houses and an attached one-storey, two bedroom apartment. Both houses have 3 bedrooms, one kitchen/dining room, one sitting room and one small office and bathroom. The apartment contains two bedrooms, one sitting room/kitchen, one utility room and one bathroom. The houses are situated in a quiet residential centre in close proximity to the local town. Residents have access to local restaurants, cafes and shopping centres.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 23 November 2021	9:15 am to 4:30 pm	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection took place in a manner to comply with current public health guidelines and minimise potential risk to the resident and staff.

The inspector found through the review of information and observations that residents were receiving appropriate care and support. It was also established that the provider had responded to some of the actions identified from an inspection completed in the service in July 2020. This had led to a reduction in incompatibility issues between residents and, in general, resulted in a more positive home environment for some of the residents.

The inspector had the opportunity to meet with five of the residents throughout the day. The residents appeared at ease in their homes. A resident spoke to the inspector after returning from shopping with a staff member. The inspector also met with a group of residents in their kitchen, one of the residents spoke about their employment and artwork they liked to do. The inspector met with another resident in their sitting room. The resident was planning to cook their dinner and relax and watch TV for the evening.

The inspector observed warm and considerate interactions between residents and those supporting them. The inspector had the opportunity to speak with some staff. Those that spoke with the inspector were aware of the needs of the residents and spoke of work being completed to support residents to be active in their communities.

The inspector observed that personal plans had been developed for residents. These were treated as live documents along with care plans. They were under regular review and captured the changing needs of the residents. The inspector did find that there were improvements required regarding person-centred planning for residents and the systems in place to support residents to achieve goals or activities that they wished to complete.

The inspector spoke with two of the residents' family members via telephone. Both persons spoke positively of the service being provided to their loved ones. The staff team was in regular contact with families. The family members expressed that they visited the service when it suited and that residents had been visiting them in their homes.

The inspector found that efforts had been made to develop a homely environment for residents. However, these efforts were overshadowed by the fact that there were maintenance and repair works required in a number of areas. These issues detracted from the appearance of the residents' homes. The person in charge had identified that there were improvements needed in a review completed in August of this year. The inspector found that some of these issues had been addressed but that many were still outstanding. This demonstrated improvements were required to

ensure that the provider had effective systems to respond to their own audits. There were also enhancements required to infection prevention and control practices. As mentioned earlier, these will be discussed in more detail in the relevant sections.

While there were some improvements required, it was found that overall, residents were receiving a service that had been adapted to meet their needs.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

As noted earlier, an inspection was carried out in this service in July 2020. The findings from that inspection found improvements were required to monitoring practices to ensure that the best service was provided to residents.

This inspection found areas where the provider had made improvements but that the provider had failed to demonstrate that the monitoring systems were adequate. As mentioned earlier, the person in charge had completed an audit in August of this year. The audit identified a large number of health and safety issues across the two houses and apartment that made up the designated centre. The inspector notes that some actions were addressed promptly but that there were a large number of areas that had not been. For example, the report identified that mold had formed in a bathroom, a shower tray in another bathroom was also leaking. The inspector observed that these actions had yet to be addressed despite the person in charge raising them as concerns.

The provider had developed a schedule of audits; this review found that some had not been completed when planned. The person in charge who started in the role in July of this year was in the process of addressing this. There was evidence of recent audits identifying areas that required improvement. Action plans had been devised, and staff members had been assigned tasks. There was also evidence of follow-up reviews taking place following the audits. This led to improvements in the service being provided. The person in charge was also submitting the required notifications for review by the Chief Inspector as per the regulations.

The provider had ensured that the qualifications and skill mix of the staff team was appropriate to the needs of the residents. The staff team supporting residents was made up of staff nurses and care assistants. The review of staffing rosters demonstrated that there were staffing vacancies. Despite this, the residents were receiving continuity of care as the provider had ensured that consistent agency staff were being utilised.

The provider and the centre's management team had ensured effective

arrangements in place to support, develop and performance manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development. A sample of staff members' supervision records were also reviewed; it was found that the person in charge was ensuring that the staff team were appropriately supervised.

Residents had been supported to understand the complaints process. There was evidence of residents raising complaints to the provider. These complaints had been responded to promptly by the person in charge, and the residents were satisfied with the outcomes.

Regulation 15: Staffing

The provider had ensured that the mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

While the provider and person in charge had made some improvements regarding the management and oversight of practices, the inspection found that there continued to be discrepancies regarding follow-up and completion of actions identified following audits. There had been delays in the provider responding to concerns being raised by the person in charge. These delays were negatively impacting the residents as many of the actions related to the maintenance of their homes.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was submitting the required notifications for review by the Chief Inspector as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

The inspector visited the two houses and the apartment that made up the designated centre. It was found that the provider had failed to ensure that all aspects of the centre had been maintained in a good state of repair. As noted earlier, there was maintenance and repairs required in bathrooms. Mold was growing in one bathroom. Tiling and grouting needed repair and deep cleaning in other bathrooms. It was also found that the flooring in one bathroom was also damaged.

Furthermore, there was painting works required in sitting rooms and also in a kitchen area. The exterior of the house had not been appropriately maintained. The person in charge raised this as an issue as the gutters overflowed, resulting in a potential slip or fall risk. This issue had been raised in August but had yet to be addressed.

A risk register had been developed that captured environmental, social care risks, and organisational risks. This register was under the review of the person in charge and updated when required. The person in charge had identified risks caused by issues with the property and had escalated this. There were, as mentioned earlier, delays in the provider responding to this. This demonstrated that there were improvements required to the providers management of risk.

A range of resident-specific risk assessments had been developed. These were appropriate and outlined the supports in place to reduce risk to residents and those supporting them. The provider and person in charge had also developed risk assessments in response to the COVID-19 pandemic. These were under review and reflected current guidelines.

The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff

had been provided with a series of training in infection control. Notwithstanding these measures, infection control risks were identified. Shower chairs and handrails used by residents were found to be rusting in some areas. There were chips or scratches observed on the chairs and handrails; this impacted the staff team's ability to effectively clean the areas. Banisters in both houses also required repairs as there was damage in some areas that again impacted the staff team's ability to effectively clean the area. The inspector does note that the person in charge was in the process of sourcing new kitchen furniture for one of the houses as there was damage to the table and chairs, which affected the staff team's ability to clean them effectively.

As discussed earlier personal plans had been developed for residents. A sample of plans were reviewed by the inspector, and it was found that comprehensive assessments of residents' health and social care needs had been completed. The person in charge had completed audits regarding the contents of the plan. It was found that these audits had led to improvements and that the personal plans and care plans reflected the changing needs of the residents and displayed how best to support the residents. The inspector did find that there were improvements required to support residents to achieve personal goals. While goals were being identified for residents, there was limited evidence to verify if some goals had been progressed or achieved. This demonstrated that this area was not being appropriately monitored or prioritised.

The information reviewed demonstrated that residents were receiving and had access to appropriate health care. Residents' health needs were under constant review, and support plans were updated if required. The review of a sample of support plans showed that the plans captured the steps to be taken to best support each resident's health.

Discussions with staff and an appraisal of information demonstrated that previous compatibility issues between residents had been addressed. There had been significant reductions in incidents where residents had negatively impacted one another. There were a number of safeguarding plans that had been devised to support residents and the staff team, and these were under regular review. The staff team supporting the residents had also received appropriate training in regard to safeguarding residents.

The provider had developed a range of fire safety management systems. Regular fire evacuation drills were taking place. The review of this information found that improvements were needed to ensure that all relevant evidence regarding the evacuation was captured. This was brought to the attention of the person in charge who made enhancements to the documents. In the days following the inspection, the person in charge provided assurances that a simulated night time drill had been carried out successfully and the information had been captured on the improved form. The provider had also ensured that fire fighting equipment along with fire detection systems were being reviewed when required. Furthermore, the staff team had received appropriate training.

While the needs of residents were being met, there were improvements required to

a number of areas. In particular the providers delayed response to addressing issues with the residents homes was not satisfactory.

Regulation 17: Premises

The inspection found that the provider did not have appropriate arrangements to ensure that the designated centre was kept in good repair. There had been delays in responding to maintenance works, which negatively impacted the group of residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspection found that the provider had not responded to risks identified following the completion of audits. This demonstrated that the arrangements regarding the management of risks required improvement.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19. Notwithstanding these measures, infection control risks were identified. Shower chairs and handrails used by residents were found to be rusting in some areas. There were chips or scratches observed on the chairs and handrails; this impacted the staff team's ability to effectively clean the areas. Banisters in both houses also required repairs as there was damage in some areas that again impacted the staff team's ability to effectively clean the area.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that there were appropriate fire safety precautions in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Improvements were required to support residents to achieve personal goals. While goals were being identified for residents, there was limited evidence to verify if some goals had been progressed or achieved. This demonstrated that this area was not being appropriately monitored or prioritised.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns.

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.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 47/48 Towerview OSV-0005397

Inspection ID: MON-0030960

Date of inspection: 23/11/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The governance and monitoring arrangements between the person in charge and management will be reviewed to ensure the service is effective and meets the needs of all residents and ensures a safe quality service. The arrangements and systems for risk escalation will be reviewed and updated with an audit of open risk assessments completed monthly with the PIC and ADON to ensure risks identified have been actioned. The current maintenance work stream is under review with a plan in place for a Maintenance forman to be deployed to coordinate works required across the service. This will ensure the timely completion of works escalated to the maintenance department.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Works have begun to outside the Centre to clean gutters, cut back trees and clearing pathways.</p> <p>There is a plan in place to have both bathroom areas to have a complete refit. The mould area in one bathroom area is currently been treated as an immediate action to address this issue prior to the refit taking place.</p> <p>Hand rails are sourced to be replaced immediately in the bathroom areas.</p> <p>All Infection Prevention Control risks identified are currently been reviewed and a plan is in place to replace all items identified to be a risk in respect of IPC.</p> <p>The bathrooms have been deep cleaned and the cleaning schedule revised to ensure the</p>	

frequency of deep cleaning is adequate.
 The damaged flooring will be repaired to ensure it is safe. Both bathrooms will be upgraded and new finishes provided to ensure all surface are readily cleanable. Painting will be undertaken in the sitting and dining room areas.
 Maintenance of the exterior will be undertaken to mitigate any risk to residents.

Mould treatment & replacement of hand rails will be completed by 24/12/2021.
 Maintenance of the outside space of the centre including clearing pathways, gutter cleaning and hedge maintenance will be complete by 24/12/2021.
 The complete refit and upgrade of both bathroom areas is currently out to tender to external contractors and completion is set for 29/02/2021

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The arrangements and systems for risk escalation will be reviewed and updated with an audit of open risk assessments completed monthly with the PIC and ADON to ensure risks identified have been actioned.
 Where a risk has been identified and maintenance cannot attend to in a timely manner external contractors will be engaged by the ADON to complete the works and to ensure actions from audits are completed in a timely manner.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 There is a plan in place to have both bathroom areas to have a complete refit. The mould area in one bathroom area is currently been treated and painted as an immediate action to address this issue prior to the refit taking place. The complete refit and upgrade of both bathroom areas is currently out to tender to external contractors and completion is set for 29/02/2021

Hand rails are sourced to be replaced immediately in the bathroom areas. All equipment and facilitates which are not readily cleanable are currently been reviewed and a plan is in place to replace all items identified to be an infection control hazard or with finishes

that are not easily cleanable.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Each resident's health care plans will be reviewed and updated to ensure all personal plans contain sufficient detail which is evidenced based to guide care practices and interventions. Each person centered goal orientated plan will be reviewed to ensure they are up to date and SMART goals are identified in conjunction with the individual. Where goals have been agreed a named key worker will be identified to support the resident achieve their goals.

Actions or required supports where necessary will be identified to help the resident achieve goals in their personal plans. Progress notes will be completed weekly to outline the progress of each plan in place to support the individual achieve their identified goals.

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 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.	Not Compliant	Orange	28/02/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	14/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	16/12/2021

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	24/12/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	20/01/2022