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Woodview 2, OSV-0004683, 09 March 2023

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

Issued by the Chief Inspector

Name of designated centre:	Woodview 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 March 2023
Centre ID:	OSV-0004683
Fieldwork ID:	MON-0038439

About the designated centre

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

Woodview 2 is a chalet located on the campus of the provider in Co. Westmeath. The centre can accommodate two residents, either male or female aged 18 years and older. The purpose of the centre is exclusively to function as a care facility for residents of other centres on the organisation who are suspected or confirmed as having cases of a communicable disease. It is not a residential centre for long term residents.

The building design is appropriate for two residents to isolate, and has sufficient private and communal space including a kitchen/dining room, two double sized bedrooms, two bathrooms, a laundry room and a storage room. There is a clean room for staff with a separate entrance to the location. To the rear of the house is an enclosed garden and a walkway around the grounds.

The staffing levels will be appropriate to support the individual needs of the residents in accordance with their assessed needs, including 24-hour support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 9 March 2023	09:00hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. The designated centre is registered solely as an isolation unit for use in the event of an outbreak of an infectious disease, and there is a conditions attached to the registration of the centre limiting its use to this purpose.

Therefore, on the day of the inspection there were no residents in the centre, and no staff, as staff were allocated to the centre as required if the centre was in use. The inspection was facilitated by the person in charge, following a short term announcement required because the centre is unoccupied unless there was an outbreak of an infectious disease in one of the organisation's designated centres.

The inspector conducted a 'walk around' of the centre and found to be fit for purpose as an isolation unit. There was a clean area with a separate entrance for staff use, and two bedrooms for the sole use of residents during their stay. There was a kitchen and dining area, which was furnished with two sofas and a table and chairs that were washable whilst not having a clinical appearance. The bathroom had been refurbished since the last inspection, and was now a spacious 'wet room' which was tiled and floored, and could accommodate residents with mobility issues.

The person in charge outlined the ways in which residents were supported to transition into the centre, and to have their voices heard both during the decision to transfer temporarily to the centre, and about their choices during their stay. There was easy read information available to residents about the purpose of the move and the nature of their illness in the form of pictorial social stories.

The centre had been used four times during the previous year, and records had been maintained in relation to the effectiveness of the short term transitions, which had been found to be positive in terms of preventing the spread of infectious disease.

Overall, the centre was suitable to its use as an isolation unit, and during the course of the inspection the person in charge gave assurances that it would not be used for any other purpose, and also informed the inspector that it had been decided to discontinue its use as an isolation unit, and that an application was being submitted to HIQA to terminate its registration.

Capacity and capability

There was a clearly defined management structure in place which identified the lines

of accountability, including an appropriately experienced and qualified person in charge. The person in charge was familiar with the function and purpose of the centre, and had clear oversight of each occasion of its use.

The required monitoring of the centre had taken place, despite the sporadic nature of its use, so that there was an annual review of the care and support of residents, and six-monthly unannounced visits on behalf of the provider had taken place. The annual review made specific reference to the continuity of care and support of residents during their admission. The required self-assessment had been completed and was available for the review by the inspector.

There was a dedicated IPC management team which had superseded the Covid-19 management team, with a facility to re convene the original team if required.

On each occasion that the centre had been in use, members of the staff team had transferred with the residents for the duration of their stay, so as to minimise the disruption to residents. The staff roster from the last occasion was presented to the inspector, and it was evident that staffing numbers were adequate to meet the needs of residents, and that the staff were known to them. Staff had access to nursing support from the two community nurses of the organisation, and their supporting clinical nursing manager.

A post outbreak review had been developed on each occasion, and these reviews included a contemporaneous account of the sequence of events and actions taken, and an analysis of the effectiveness of the event. For example, where communication had been effective the method was outlined, and where a piece of equipment had been found to be faulty, the identified action addressed the issue, and considered the likelihood of recurrence.

There was a supply of personal protective equipment (PPE) in the centre, and a system of stock control including alerts to re-order was in place.

Contingency plans had been developed which were individual to the originating centre of residents who moved into this centre. There was also a detailed 'Staff information booklet' which outlined the guidance for staff from the point of arrival at the centre including parking, changing into PPE and the use of the 'clean room'. There was also detailed guidance relating to the required actions on the point of closure of the centre on each occasion, including the final 'termination cleaning' which was instruction on the deep clean of the entire centre.

Policies relating to IPC were in place and had been regularly reviewed. There was a risk register in place with associated risk assessments and management plans which informed the management of risks associated with infectious disease, medication management and the risks associated with the emotional well-being of residents who transferred to the centre. There was also a detailed risk management plan in relation to the management of visitors to the centre.

Quality and safety

The nature of this isolation unit meant that there were no permanent residents, and therefore no personal plans available for the review by the inspector. However, the person in charge outlined the ways in which personal plans were made available to staff and residents, both by paper copies and by the organisation's electronic system.

The centre was visibly clean, and cleaning checklists, including the regular cleaning of high touch areas were maintained. These were consistent with the cleaning schedule in place. In addition, a deep cleaning of the entire centre had taken place following each use of the centre.

Whilst the centre was on the campus of the provider, and was the last registered centre on this campus, for the purpose of an isolation unit in the recent public health crisis, it was adequate for its purpose under the conditions of its registration. The premises were suitable for the defined purpose. In particular there layout allowed for a separate entrance for staff into a clean area for the purpose of donning and doffing of personal protective equipment (PPE). There were two bedrooms which were clean and contained equipment such as hospital type beds that allowed for thorough cleaning after each use. The person in charge reported that residents were supported to bring personal items to assist their comfort during their stays. Laundry facilities were available to residents and staff, and this area was clean and well maintained.

Residents were supported to remain involved in their normal relationships and activities, for example by keeping in contact with families and friends via video calls, and through visits which had been supported in accordance with the public health guidelines at the time of each short stay. It was of note that day services staff had offered additional duty hours so as to support residents in the evenings, and to provide continuity.

Easy-read information was available to residents who moved temporarily into this centre, including information about the reason for the move, what to expect and how preferences would be respected during the short stays. This included information about advocacy and consultation, particularly where more than one resident moved into the centre at the same time.

A 'residents' guide' had been developed which included information for residents as to the nature of the designated centre, and information about how their stay would be managed, and their preferences and activities continued.

The continuity of activities for residents had been kept under review, and plans were in place prior to their moves. Residents brought their phones and tablets, and arrangements were made to ensure that they continued with activities such as arts and crafts. The centre is located in a rural setting so that pleasant walks in the locality were available. Each resident had their own tv in their room. The person in

charge outlined how favourite meals and snacks were managed, including take-aways.

Regulation 27: Protection against infection

The designated centre fulfilled its purpose as an isolation unit and served to ensure that residents were protected from the risks associated with an outbreak of an infectious disease. It had been utilised on multiple occasions to protect residents, and it was clear that each time residents had been transferred to the centre, the transfer had been managed sensitively, and that residents returned to their own homes as soon as practicable.

The rights of residents had been continually under consideration. Residents were given all the pertinent information, and the consent of each person had been sought prior to a move to the isolation unit. Families had been informed and involved in the decisions to make the temporary move, and it was clear that residents returned to their homes as soon as reasonably and safely practicable.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant