



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group T
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0005739
Fieldwork ID:	MON-0037389

About the designated centre

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

St. Anne's Residential Services - Group T is a large, single storey bungalow, consisting of a kitchen/dining Room, living room, a sleepover room/staff office, resident bedrooms, a bathroom that is equipped to assist residents with physical and sensory disabilities, a toilet and utility/laundry room. The centre is located near a town in Co.Offaly and provides community residential care for a maximum of four adults with an intellectual disability and behaviour support needs. Staff support is provided by a home manager, a staff nurse and care assistant. The centre does not provide for emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 July 2022	09:00hrs to 14:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspection was unannounced and upon arrival at the centre the inspector was met by a member of staff who guided them through the infection prevention and control measures necessary upon entry to the centre. These included temperature check and facial mask. It was noted throughout the inspection that all staff wore masks and engaged in regular hand hygiene.

There were three residents living in this designated centre. All three residents were present upon the inspectors arrival. Two of the three residents did acknowledge the inspector during the morning but did not engage in conversation. The third resident was still in bed in accordance with their wishes and a staff member reported that they had a challenging night. Two of the residents were preparing to get ready for day services, one was having a bath and staff were observed to be respectful and caring towards the residents in assisting them to prepare for the day.

The designated centre is a large bungalow located between two large towns in the midlands. All residents have their own bedroom and access to a large kitchen and sitting room. There is also a second sitting room designed and laid out to meet the specific needs of one of the residents. The residents have access to a large enclosed garden and one of the residents had recently purchased a small green house and was in the process of growing strawberries. It was noted that this had formed part of their personal goals for the year. The same resident had plans to go 'glamping and beers' during the summer months and it was clear that progress was made in fulfilling the residents wishes.

The inspector did not get to talk directly with the residents due to their various communication challenges but was able to observe the care and support offered to the residents by the staff team. One resident does not attend day services outside of the centre and a day service staff member comes to the centre to assist this resident. The resident presents with complex health issues and requires significant staff support. Staff were observed preparing this residents food in line with their preferred wishes.

It was noted that where appropriate and possible residents were getting access to family and friends. Some of the residents spent time with their families but it was also noted that visitors were welcome and in line with national guidance.

The centre generally presented as clean and tidy. There was ample posters and guidance readily available to residents and staff to guide them in relation to infection prevention and control processes including hand hygiene and cough etiquette. The provider had a separate hand washing facility available in the kitchen

and there was visible aids available to staff on procedures to be adopted when preparing food and also disposal of food waste.

There was evidence that the residents were consulted and their wishes respected within the designated centre. There were weekly house meetings and minutes of these showed that the provider was actively encouraging resident participation and that the provider took seriously its obligations to uphold resident rights. There was also monthly advocacy meetings held and it was seen that all matters pertaining to IPC did form part of these meetings. One resident had chosen not to receive a COVID-19 vaccination and there was records of the providers efforts to educate and encourage the resident but ultimately the resident's wishes were respected.

There were a number of areas that the provider needed to improve upon to be compliant with the regulation and the standards. The provider through its own auditing systems had identified a number of issues with general repairs including to bathroom floors and paintwork. There were also issues with cleaning schedules and a lack of clarity for staff on cleaning procedures and specific product use.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that two residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices and they had the opportunity to partake in activities that they enjoyed. The third resident had a complex presentation with significant medical needs and it wasn't fully apparent that this centre was in a position to fully meet their needs as it did not have access to nursing staff on a regular basis.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018). However, some improvements were required to the building, clarity on cleaning schedules and processes within the centre. There was also improvement needed in the risk management documents associated with infection prevention and control and in relation to Covid-19.

The staffing arrangements within the centre were not in line with the statement of purpose as there were only two staff on duty during the evenings when the assessed needs of the residents required three to be present. This did not appear to have a significant impact on IPC arrangements for the residents although it did place staff under pressure to meet the provider's cleaning requirements during the

evening. There was also concerns about the suitability of one resident's placement as they had significant medical needs and the staffing compliment was primarily of care staff. The person in charge was the only nurse and they also had other responsibilities outside of this designated centre. The inspector will engage with the provider separately on these matters as they were not the primary focus of this inspection.

The inspector reviewed the provider's training matrix. The person in charge had recently completed an audit of all IPC training for staff. The staff team had all received a variety of training modules including in hand hygiene and in blood and bodily spillages. The staff spoken with confirmed the training they had received and one staff member when asked was able to describe the process for dealing with spillages. The staff member knew there was a spill kit available and knew there was specific guidance should they require to look it up.

The provider had completed an annual review within the time frame and also had completed a six-monthly audit in April 2022. IPC compliance and processes did form part of these provider reports and all the issues identified with the building had been picked up by the audit. The person in charge was able to evidence that refurbishment referral forms were submitted for all these works with the stated aim of improving IPC compliance within the centre.

There was evidence of regular staff meetings taking place and again IPC processes and information sharing formed part of these meetings. The person in charge also discussed how there was a lead worker for IPC identified on each shift but this was not evident from rosters or other documents reviewed.

The provider made available to the staff team a range of policies and guidance in relation to infection prevention and control including national guidance. The centre's infection prevention and control policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. There were copies of the Health Protection Surveillance Centre (HPSC) guidance, as well as the HSE's national guidance documents available to staff. Staff had access to an infection prevention and control folder which contained important updates and guidance in relation to COVID-19, safe use of masks, putting on and taking off PPE and return to work protocols.

The provider had in place a risk register and included on this register was both the risks associated with IPC and separately COVID-19. The risks had been updated but the IPC risk assessment did not take into account the results of the recent provider audit of IPC practices and the COVID-19 risk assessment didn't include a review or learning from the recent COVID-19 outbreak within the centre.

Quality and safety

The person in charge and staff spoken with all understood the importance of infection prevention and control within the centre and how good practices, policies and procedures kept residents safe and gave them a better quality life. The person in charge spoke confidently about how the team had made significant progress in the area and how the provider's internal audits were robust and challenging.

The personal and health care plans for two residents were reviewed and both had been updated in recent months. These residents had access to a wide variety of allied health professionals. They had access to vaccination programmes and there was evidence that the staff team worked hard to educate the residents around vaccination and sought the services of a speech and language therapist also. A resident that refused a vaccine had access to comprehensive information and ultimately their views and rights were acknowledged and respected. There was evidence that these residents had access to their community and their personal goals for the year were both meaningful, realistic and had been reviewed and updated.

The centre had a colour coded cleaning system in place and a variety of cleaning schedules. However these schedules were simply tick boxes with no instructions to staff on what they were expected to do or what products were to be used. There were no instructions to staff about the difference between cleaning or disinfecting and there were gaps noted on multiple dates in the schedule. The centre used a colour coded system for mops but it was noted that a used dirty mop was inappropriately stored and had not been cleaned in line with the providers policy.

There was clear guidance in place for the management of laundry. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. Staff spoken with were knowledgeable regarding the laundry instructions and the correct temperatures for laundering clothing. The provider had identified the need for doors to be placed on a storage area to enhance IPC protocols. It was observed that the laundry room had a large number of flies and the person in charge confirmed there was no protocol to deal with this but committed to resolving the matter as they recognised the potential risks.

The person in charge outlined the waste management policy and it was observed that all bins were pedal operated and there were clear instructions on the separation of waste. The staff spoken with were able to describe the process to deal with contaminated waste and this was in line with the providers policy.

The provider did have a centre specific plan to deal with an outbreak of COVID-19, this plan had not been updated or changed to take account of any improvements or changes needed post the recent COVID-19 outbreak within the centre. There was evidence that a discussion took place at a staff meeting to review the outbreak.

The three residents living in the designated centre had done so for many years and there were no plans for any further admissions or discharges. It was noted that on the files reviewed that the residents had up to date hospital passports and these made reference to vaccination status and other relevant information.

There was minimal use of shared equipment but it was observed that the weight chair located in the main bathroom and used by all residents on a regular basis had been last cleaned on 22/05/2022 according to its check list. The provider assured the inspector that it was a recording error.

Regulation 27: Protection against infection

The provider was generally in compliance with Regulation 27 (Protection against Infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

Overall the provider had adopted systems that were clearly operational throughout the designated centre. The staff team had been trained in various aspects of good practices pertaining to infection prevention and control. There was regular auditing taking place and many of the IPC deficits had been identified through internal processes and audit.

However there was some room for further improvement in the systems adopted and the operational implementation of IPC policies and procedures. The centre had a number of general building repairs needed to enhance and ensure compliance with IPC requirements. These included paint work in the hallway and kitchen as well as the bathroom floors and repairs around the bath. There were issues with cleaning schedules and although the centre had adopted a colour coded cleaning system the schedules appeared confusing and lacked clarity. There were also some gaps noted on various dates in the month prior to the inspection. There was no guidance available to staff on the difference or necessity for cleaning or disinfecting. There was also little guidance available on what products to use and under what circumstances.

The staffing arrangements within the centre were generally not in line with the provider's statement of purpose during the evening. The provider had specific cleaning tasks to be completed but did not have the staffing arrangements in place for this to be achieved.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for St. Anne's Residential Services Group T OSV-0005739

Inspection ID: MON-0037389

Date of inspection: 12/07/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider is currently reviewing the templates for cleaning schedules to ensure they address the needs of the designated center. This review will include guidance in cleaning and disinfecting and products to use. A working group is developing a more center specific recording system re cleaning schedules. The Infection Prevention and control guidance document is also being modified to enhance meeting the needs in CRS.</p> <p>Since inspection the registered provider has committed to painting the necessary areas of the designated centre and carry out necessary repairs. Flooring in the bathroom will also be replaced. This will be completed by 31/10/2022.</p> <p>Since inspection the PIC reviews cleaning logs on a regular basis to ensure correct completion of same and discusses as an agenda item at all team meetings.</p> <p>Since inspection the registered provider organised a clinical review on 20/07/22 looking at the needs of all individuals who reside in this center by the Nursing Director and Nurse Practice Coordinator establishing the care needs and also looking at staffing levels for this center. A report is currently being prepared. Once completed the recommendations from same will be actioned.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

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.	Substantially Compliant	Yellow	31/10/2022