



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

## Issued by the Chief Inspector

Name of designated centre:	Aubrey Respite
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0007795
Fieldwork ID:	MON-0035562

## About the designated centre

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

Aubrey Respite is a designated centre operated by Sunbeam House Services located in South County Dublin. It provides a respite service to up to 40 adults with an intellectual disability. The maximum amount of service users who can avail of a respite break at any one time is three. The centre is a two-storey house which consists of a sitting room, kitchen/dining area, three individual resident bedrooms, a shared bathroom and a staff room. It is located close to community amenities including banks, restaurants and shops. The centre is staffed by the person in charge and social care workers.

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

Number of residents on the date of inspection:	2
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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 28 June 2022	10:00hrs to 15:30hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

This designated centre provided short respite stays for up to 40 adults with intellectual disabilities, and supported a maximum of three residents at one time. The inspector met and spoke briefly with two respite residents who were staying in the designated centre during the inspection.

Residents chose not to speak with the inspector for very long, but they did say that they liked attending respite in this location, that it was a quiet house and a really relaxing place to stay. Residents liked their bedroom and one person especially liked having their own en-suite bathroom. Residents told the inspector that staff were helpful and talked to them about how to keep healthy by washing their hands regularly, wearing a mask in busy places and they had been supported by their families and other services to understand the vaccination programme.

On arrival to the designated centre, the inspector was met by a member of staff who completed a symptom check as part of the centre's visitor procedure. The inspector observed the staff member wearing personal protective equipment (face mask), and there was a supply of face masks in the designated centre along with hand sanitiser available.

On the day of the inspection, members of the management team were off-duty. A permanent staff member was finishing a sleep-over shift and was working with a temporary agency staff member during the day-time. Later in the afternoon, two agency staff members were working in the designated centre. For some residents on a respite stay during the inspection, they were being supported by staff members that they had not met before. While residents appeared okay with this, it required additional planning for the management team, as not all staff were trained in required care skills that residents may need during their stay.

The deputy manager came to the designated centre to support the inspection and completed an induction with staff. This involved discussing all aspects of residents' support, medication as well as operational information on the designated centre. However, if residents required support with certain aspects of their care or medicine they were reliant on staff from another respite location to complete this.

The designated centre was a two-storey house located in a suburban area in Dublin. It was well maintained to a good standard and was visibly clean. The premises were bright and airy and residents had access to a well-kept back garden with seating area. Residents who attend for respite had their hand prints included on a painting of a tree on the back wall.

The designated centre comprised of a living room, kitchen/ dining room, downstairs en-suite bedroom, two bedrooms upstairs, a sleepover room and staff office and the main shower room bathroom.

There were cleaning products and equipment available to the staff team, these were arranged in a manner to support easy cleaning and followed a colour-coded systems, for example, red items for bathrooms. There was sufficient storage of equipment such as mops and buckets and practical systems to ensure items were laundered regularly and washed separately. For temporary agency staffing who did not work permanently in this centre, the cleaning system and checklists were easy to follow and staff knew their responsibilities on each shift in relation to the cleaning and upkeep of the premises.

Staff could explain the standard precautions (routine infection prevention and control practices and measures) as part of their routine delivery of care, for example, hand hygiene, waste management and the management of laundry. Staff had access to products and personal protective equipment (PPE) for the management of spillages, and the provider had recently provided the centre with spill kits and guidance on when these were to be used.

Staff were observed to prepare for routine care by putting on the correct personal protective equipment before a task, for example, an apron and gloves to support a care task that required this. Residents needs in relation to infection prevention and control were included in their care planning documentation, to guide staff on the consistent infection prevention and control practices required for different tasks.

Overall, residents were supported to attend for respite breaks in a clean and homely environment and staff were carrying out established infection prevention and control practices as part of the routine delivery of care. While some aspects of infection prevention and control procedures required review to ensure they were specific to the respite nature of the designated centre, practices in the designated centre promoted residents' safety from infection. Improvements were required to the provision of a consistent staff team to ensure all care tasks and associated infection control risks could be managed by a team that knew residents well.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service in respect of infection prevention and control.

## Capacity and capability

The provider demonstrated through their written policies, procedures, management structure and systems that they had the capacity and capability to protect respite residents from the risk of healthcare-associated infections. Some minor improvements were required in relation to specific guidance for this setting, consistency of staffing and more comprehensive training for staff in infection prevention and control.

The provider had strong governance structures and management arrangements in place in the designated centre, with clear roles and responsibilities for staff and

management. There were lines of escalation and information from staff in the centre to the provider, and frameworks of staff supervision, staff meetings and communication with staff to ensure infection prevention and control was discussed.

The provider completed six-monthly unannounced audits that included the review of Regulation 27: Protection against infection. The last unannounced audit had been completed in December 2021 and identified that the centre was not compliant with regulation 27, with improvements required to the refresher training in hand hygiene for staff members. This had since been addressed. The provider carried out regular health and safety audits which covered aspects of infection prevention and control and premises, and these had not identified any major issues. Housekeeping audits were completed monthly to continuously improve local practices, and these were seen to bring about positive changes, for example, foods were now labelled and dated upon opening in the fridge.

There was a named person in charge responsible for the designated centre, who was supported in their role by a deputy manager. There was an identified lead staff in the designated centre who had responsibility for infection prevention and control in respect of COVID-19. The senior manager visited the designated centre regularly, and held formal meetings with the person in charge along with regular written reporting arrangements.

The provider had out-of-hours and on-call arrangements in place, and staff were aware of who to contact after-hours in the event of a risk in relation to infection prevention and control.

The provider had an infection control policy in place for all of its designated centres and a policy guiding how the centres would work during COVID-19. While these were good documents to guide staff practice, their application in this centre required further review as due to the respite nature of the centre. There were also guiding policies and procedures in relation to COVID-19 and the management of risk.

There were arrangements in place for the management of known infection prevention and control risks in the designated centre, these were well documented and kept up-to-date.

The provider had trained three staff from their quality team to attend detailed training in Infection, Prevention and Control over a five day period, and had plans for these staff to assist with reviewing and enhancing policies, procedures and guidance following this training, which would enhance the knowledge and practices in their designated centres.

There was an identified Staff team employed to work in the designated centre and staffing resources were responsive to the different needs of residents attending for respite, for example, waking night staff were put in place if required during a particular respite stay. However, there was a reliance on agency staffing to cover a number of shifts and this impacted on the specific skills and competencies available in the designated centre to support residents.

The provider had made training available to staff to support their knowledge and

practices, for example, all staff had completed training in hand hygiene and COVID-19 and permanent staff members had received training in particular care practices that carried infection control risks. There were arrangements in place to ensure agency staffing had completed training in hand hygiene, but they did not all have the mandatory training that was identified as required for working in this location. Guidance policies were available in the designated centre on different infectious diseases, how to prevent their transmission and the transmission-based precautions that were required in their management.

Overall, the provider and person in charge demonstrated effective governance and management arrangements to promote infection prevention and control practices that would keep residents' safe. Minor improvements were required to ensure guiding policies and procedures gave specific guidance for the staff team to support them to prevent all possible health-care associated infections in a respite setting. Improvements were required to the staffing resources to ensure there were consistent and familiar staff available to work in the designated centre with the right skills, training and abilities based on respite residents' needs.

## Quality and safety

The provider demonstrated through their practices and care arrangements that they were implementing effective infection prevention and control arrangements.

There were routine practices in place to promote good infection prevention and control, for example, each respite bedroom was prepared before a respite stay with protective bed and pillow covered prior to dressing the bed. Mattresses and pillows were seen to be clean. There was limited items in each bedroom as residents tended to bring their own few items with them during their stay. Due to this, the space was easy to clean routinely. Following a respite stay, there were arrangements in place for full cleaning of each bedroom and this was included in the daily, weekly and monthly checklists for the staff team.

In general, residents did not attend for respite if they were unwell or if they displayed any signs of an infection. There were clear procedures to follow in the event of a respite resident becoming unwell during their stay, where they would isolate and how they would be supported to return home. The procedures around this were understood by residents and their families. The provider had contingency plans in place to manage a potential outbreak of COVID-19 with respect of staffing resources and arrangements. There were clear procedures to follow should staff present with symptoms prior to, or during their shift. There was also an established pathway for reporting positive cases of COVID-19 to senior management and public health, should they occur.

Residents' information and access to vaccination programmes was managed through their family support, or primary care-givers. The designated centre was aware of



residents' vaccination status.

Each resident who attended for respite in the designated centre had care and personal plans in place, with important information about how the centre would continue their supports during their stay. Information was gathered on a regular basis from other services that residents attended, from residents and their family and natural support networks. Care planning documentation gave clear information on how to support residents' needs while staying on a respite break. The inspector reviewed a sample of residents' personal care plans. The plans reviewed did not identify any particular risks or needs from an infection control perspective such as an infectious disease, but gave clear guidance on infection prevention and control precautions to be carried out during routine care and support.

There were systems in place to review residents' health and well-being prior to attending respite and to identify if anything had changed since their last visit. Residents also had to complete a questionnaire in relation to symptoms or risk regarding COVID-19. While information was gathered from family members and day services prior to a respite stay, a more formal and documented system was required. This would further enhance the information available, and assist the team in identifying any additional supports that may be required during respite stays in relation to infection control.

The premises were tidy and clean and there were systems in place to ensure regular and enhanced cleaning regimes as part of daily tasks. The washing machine were seen to be well maintained and clean, and there was guidance for staff to follow in relation to washing cleaning materials such as mops and cloths. Staff had prepared cleaning buckets for easy access to products and equipment for cleaning particular areas. Staff maintained checklists of cleaning of the environment and all equipment and these were monitored by the management team.

In general, residents did not require any additional equipment or devices for their care and support. Any required aids or medical tools belonged to respite residents and came with them during their stay in the designated centre and were for single person use. Any resident that required additional aids or tools had this identified in their personal plans, along with guidance on how to clean them and infection control practices to be adhered to during their use.

Personal protective equipment (PPE) was stored appropriately and was in good supply. There were arrangements to replenish stock when required as well as access to additional PPE if required.

There were suitable arrangements in place for general and clinical waste in the designated centre. For example, there was a sharps bin that was clean, securely closed and stored in a locked press and suitable arrangements for the disposal of sharps, should it be required.

## Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be substantially compliant with regulation 27: protection against infection, and had made efforts to implement the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider demonstrated that they were protecting residents from the risk of infection, through their governance and management structure and the care arrangements being delivered with the designated centre. There was clear roles and responsibilities in relation to infection prevention and control within the designated centre. There were policies in place to guide staff practice, and these were based on evidenced based information.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local household and health and safety audits and as part of the provider's wider auditing systems.

Staff demonstrated a good knowledge of best practice in infection prevention and control in the context of their daily roles and the services provided. The provider had appointed a staff team who had access to training in relation to hand hygiene and COVID-19 and additional training required for key care areas. There were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support.

The premises and environment were well kept and there were systems in place to raise issues with buildings or their facilities and to routinely clean and maintain premises and equipment.

While overall it was evident that infection prevention practices and procedures were delivered to a good standard, some improvements were required:

- Improved consistency of the staffing resources, for example, to ensure all staff members had the same training and abilities to complete care tasks with residents and not to be reliant on support from another designated centre.
- Specific guidance and protocols for aspects of infection prevention and control, in the context of respite services, for example, as a respite service it was operated differently to others, such as laundry was not managed in the centre but returned home with respite residents.
- More formal gathering of information prior to respite admissions to ensure all pertinent information was available in relation to infection prevention and control, for example, to seek pertinent information such as if residents had developed any infections since their last time in the centre, if they had been in acute hospital care or if they were colonised for any infectious disease.
- Wider training for staff in infection prevention and control, beyond just COVID-19 and hand hygiene.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Aubrey Respite OSV-0007795

Inspection ID: MON-0035562

Date of inspection: 28/06/2022

## 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> <ul style="list-style-type: none"><li>• The existing COVID-19 Visit information form has been updated to include hospital admissions, recent infections or colonized for any infectious diseases as well as covid-19. This is completed on 19/7/22</li><li>• In relation to staffing, we are currently advertising for 2 additional staff to fill the open vacancies in the designated Centre. We endeavor to use regular agency staff, to provide consistency of care for respite residents that know the agency staff.</li><li>• Training – Specific training for staff will be completed by 30/11/22.</li><li>• Infection Control Training – 3 staff have completed their training as IPC practitioners. Going forward there will be a wider focus on IPC in general. IPC location checklists are being drafted and IPC checklists will form part of 6 monthly provider audits and health and safety audits. To be in place by 20/12/22</li><li>• A folder outlining step by step guidance for staff on specific infection control guidelines in respite will be completed by 30/09/22, this will include laundry management, management of bodily spills and infection control cleaning. This will be discussed during the October staff meeting.</li></ul>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 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	20/12/2022