



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

## Issued by the Chief Inspector

Name of designated centre:	Sylvie Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0008109
Fieldwork ID:	MON-0037732

## About the designated centre

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

Sylvie Lodge can provide long-term residential care for up to four adults with mild to moderate intellectual, physical and medical challenges. The service is available to adults, both male and female, of 18 years and over. Sylvie Lodge can also support people who may require general care supports, including assistance with needs associated with personal hygiene, toileting and continence, mobility, nutrition and hydration. Sylvie Lodge is a modern and fully functional single storey bungalow located on a mature scenic property close to the amenities of a busy town. Residents are supported by a staff team that includes healthcare assistants and social care workers, who are present in the centre both during the day and at night.

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

Number of residents on the date of inspection:	4
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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 6 October 2022	12:15hrs to 17:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector observed the care and support interactions between residents and staff at intervals throughout the day. The inspector spoke with residents who lived in this centre and staff on duty, and also viewed a range of infection control documentation and processes.

The centre consisted of one house and could provide a full-time residential service for up to four people. It was located in the edge of a busy town, which gave residents good access to a wide range of facilities and amenities.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre was modern, clean, bright, and suitably furnished and decorated. There was adequate communal and private space for residents, and rooms were spacious. There was a well-equipped kitchen and dining area and a utility room with laundry facilities. All residents had their own bedrooms, and Internet access and televisions were available for residents' use.

The inspector met with two of the residents who lived in the centre, although one of these meetings was brief as the resident had been out for the day. Residents were happy to speak with the inspector about life in the centre and particularly about how COVID-19 had impacted on their lives. One resident had been out all day and spoke very briefly with the inspector on returning in the evening. Another was not present in the centre during the inspection, while the fourth was out for some of the day and preferred to spend time in their room on returning.

A resident who spoke with the inspector talked of being supported to take part in their preferred activities, both in the centre and in the local community, and of being involved in making decisions about their preferred daily activities. One the day of inspection, the resident had planned to spend most of the day relaxing in the centre as the weather was bad, and to go out for lunch with staff. This resident also talked about the importance of keeping in touch with family and friends and talked about frequent family visits and outings to places that they enjoyed. The resident was really looking forward to going to a concert in Belfast in the near future.

The centre had dedicated transport, which could be used for outings or any activities that residents chose. As this was a home-based service residents had choices around doing things in the centre or going out to activities in the community. Some of the activities that residents enjoyed included walks and drives, shopping, going out for coffee and meals, and going to bingo, cinema, musicals and concerts. Residents also had the option of attending day service activities, which one resident was doing on the day of inspection.

From speaking with residents and staff and reviewing documentation, it was clear

that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on residents' quality of life. One resident told the inspector that both visiting and access to the community had returned to normal. It was evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A resident explained that they had an understanding of infection control and knew the arrangements that were in place to keep them safe, such as hand hygiene, temperature checks and frequent cleaning in the centre. The resident also said that they had been offered the COVID-19 vaccination, that reasons for the vaccination had been explained to them, and that they had a choice around whether or not to be vaccinated.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff members to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the management team and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good infection prevention and control practices, there were some areas for improvement, which will be discussed in the next sections of this report.

## Capacity and capability

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. However, some management systems required strengthening to ensure that an effective level of infection control management would be maintained. The improvements required in the centre related largely to infection control documentation and records. During the inspection it was found that, although infection prevention and control processes were being well managed, improvements to policies and documentation were required. Improvements to some auditing and monitoring systems were also required.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The person in charge was responsible for the daily oversight of infection control management there. She also worked closely with the wider management team, including a senior manager who had overall responsibility for the oversight of infection control management in the organisation. Clear arrangements were also in place to support staff at times when the person in charge was absent. There were on-call arrangements for both weeknights and at weekends.

Arrangements were in place for the review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. However, although there was a good auditing structure in place, some improvement was required to ensure the effectiveness of all audits. An annual audit schedule had been developed and a range of audits were being carried out in line with this plan. The provider was aware of the requirement to carry out six-monthly audits of the service in addition to an annual review. As this was a new centre, an annual review was not yet due, but the first unannounced audits had been completed. A recent infection prevention and control audit had also been carried out which showed a high level of environmental hygiene compliance in the centre. However, improvements to infection prevention and control documents and policies had not occurred arising from this audit.

Some infection control and COVID-19 procedures and policies viewed during the inspection were not sufficient to guide practice and required review and update. A sample of infection prevention and control related policies viewed were generic and did not suitably inform practice in the centre. Some contained guidance that was not relevant or appropriate to the centre, and some information was not sufficiently specific to guide practice. The management team were aware that the service's operational policies required improvement and explained that all policies were currently being reviewed on a phased basis to ensure that they would be informative, relevant and effective.

Improvement to contingency planning in the event of an infectious outbreak in the centre was required. The provider had not developed a comprehensive contingency plan for the management of an infectious outbreak should it occur. There were, however, good operational procedures in place to reduce the risk of COVID-19 entering the centre, which appeared to be effective in protecting residents from infection.

The centre was resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable equipment, comfortable furnishing, transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, alginate laundry bags and thermometers for checking temperatures. There was a plentiful supply of face masks, which staff were wearing at all times during the inspection.

Staff who worked in the centre had received training in various aspects of infection control, such as breaking the chain of infection, hand hygiene, respiratory hygiene, and donning and doffing of personal protective equipment (PPE). Training in food hygiene had also been completed by all staff. The person in charge and staff were mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre.

The risk register had been updated to include a range of infection control risks, and control measures were clearly stated.

## Quality and safety

The provider had good measures in place to promote the wellbeing of residents was promoted and to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

The centre was a modern, detached bungalow, in a residential area close to a busy town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, housekeeping tasks including food preparation and baking, table-top games and crafts, beauty treatments and music. There was also a garden where residents could spend time outdoors.

The provider had ensured that there were strong measures in place for the prevention and control of infection. These included adherence to national public health guidance, staff training, daily monitoring of residents' temperatures and ensuring that a very high standard of structural and operational was maintained in the centre. The kitchen was bright and comfortable, and was well equipped with readily cleanable and suitable equipment for cooking and food storage. PPE was in plentiful supply in the centre and all staff wore appropriate face masks throughout the inspection. Due to the effectiveness of the infection prevention and control arrangements that this provider had in place, no residents in the centre had acquired COVID-19 during the pandemic.

During a walk around the centre, the inspector found that it was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there, and was kept in a clean and hygienic condition throughout. Surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious material, which allowed for effective cleaning.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and were assisted to make informed decisions about whether or not to become vaccinated.

Cleaning schedules had been developed which stated the centre's hygiene requirements, including increased cleaning and sanitising of touch points such as door handles and light switches. Staff carried out the required daily and nightly



cleaning tasks which were recorded in cleaning checklists. Overall, records indicated that staff were completing daily cleaning of the centre as required. However, the frequency of cleaning high risk touch points was not being consistently recorded, and therefore it was difficult to establish if all tasks had been completed in line with the provider's guidance

Some colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. A designated area was provided for the storage of cleaning equipment and there was information available explaining the colour coded cleaning system to be used. However, some of the required coloured equipment was not available in the centre. To reduce the risk of cross contamination, staff had developed a method of segregating and labelling equipment for use for different areas of the house. This increased the risk of error and, consequently, cross contamination.

The centre had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice. However, there was no documented process to guide staff on all aspects of high risk laundry management. This presented a risk that appropriate laundry management may not be carried out consistently.

Arrangements were in place for residents to have visitors in the centre as they wished in line with latest guidance, and for them to visit family and friends in other places.

## Regulation 27: Protection against infection

While the centre was well maintained and there was a high standard of structural and operational hygiene, improvement was required to the verification of some cleaning tasks and to availability of cleaning equipment in line with the centre's policy. Policies and procedures relating to infection prevention and control did not suitably guide practice and also required improvements.

The areas for improvement included:

- the completion of some cleaning tasks was not been consistently recorded, and therefore it was difficult to establish if all tasks had been completed in line with the provider's guidance
- the provider's infection prevention and control protocol required improvement as the documented guidance on the management of potentially infectious laundry was not sufficient to inform practice
- fully colour coded cleaning equipment was not available to enable staff to carry out cleaning tasks in line with the provider's guidance
- there was no comprehensive contingency plan for the management of an infectious outbreak should it occur
- infection control procedures and policies were not sufficient to guide practice and required review and update. A sample of policies viewed were generic,

did not suitably inform practice, and contained guidance that was not relevant or appropriate to the centre

- improvement was required to ensure the effectiveness of all audits, as improvements to infection prevention and control documents and policies had not occurred based on the findings of a recent infection prevention and control audit.

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 Sylvie Lodge OSV-0008109

Inspection ID: MON-0037732

Date of inspection: 06/10/2022

## 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> <ol style="list-style-type: none"><li>1. Updated cleaning protocols and checklists in place including frequently touched areas and times of the day when they have to be cleaned.<ul style="list-style-type: none"><li>• Team informed of changes at the Team Meeting on 21/10/2022.</li><li>• The Cleaning protocols and checklists are monitored by Team Leaders as part of weekly audits.</li></ul></li><li>2. Infection Prevention and Control protocols updated on 01/11/2022 and includes:<ul style="list-style-type: none"><li>• procedures for Laundry Management of potentially infected items</li><li>• procedures for safe waste disposal where required</li></ul></li><li>3. New colour coded equipment in situ and protocols implemented from 18/10/2022<ul style="list-style-type: none"><li>• Protocols confirmed at the Team Meeting on the 21/10/2022</li><li>• Cleaning checklist updated to guide Staff</li><li>• The guidelines for Staff displayed in the service</li></ul></li><li>4. Management and contingency protocols and guidelines have been extended to account for all instances of suspected and/or actual outbreaks for any transmissible infections<ul style="list-style-type: none"><li>• This includes a bespoke Contingency Plan for the management of an infectious outbreak should it occur</li></ul></li><li>5. Review of all Policies, Procedures and Guidelines for the Service is ongoing with the Governance Team with timelines and actions allocated.<ul style="list-style-type: none"><li>• The review process will be completed for February 2023</li><li>• Priority items for Infection Management will be completed by end of November 2022</li></ul></li><li>6. A new section was added to Infection Prevention and Control monthly audits (17/10/22).</li></ol>	

- The section includes auditing of the relevance of Policies and Procedures, Risk Assessments and Care Plans.
- Governance Team will be notified by Person in Charge of any Infection Prevention and Control concerns arising from audits regarding Infection Prevention and Control documentation and requested actions for addressing concerns and updating relevant documentation.

**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	28/02/2023