



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick - Group E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	28 November 2022
Centre ID:	OSV-0003943
Fieldwork ID:	MON-0038301

About the designated centre

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

The centre comprises of one domestic style house located in a suburban area close to a large city. The service is available to adult women who have mild to moderate intellectual disabilities. The aim of the centre is, through a person-centred approach, to improve the quality of life of residents by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The intention of the designated centre is to provide residential and day supports for the older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The intention is to maintain the resident in their own home and provide staff to support their age-related needs either from a distance, part-time or full-time as appropriate

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
Monday 28 November 2022	11:30hrs to 16:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control (IPC) practices and procedures within this designated centre were consistent with relevant national standards and guidance. The inspector was able to meet with two of the residents during the inspection at times which suited their daily routines.

This designated centre was last inspected in March 2021 and was found to be compliant with Regulation 27: Protection against infection.

On arrival to the designated centre the inspector was greeted by one resident who was alone at the time. The inspector identified themselves to the resident and was warmly welcomed into the house. The resident informed the inspector what actions they needed to complete on entering the house. This included signing the visitors' book and checking their temperature to ensure the ongoing safety from the risk of infection for the residents living in the house. The inspector completed these actions before commencing the inspection.

The resident was informed of which member of the management team was on duty on the day the inspection. They directed the inspector to the list of contact numbers and identified the person who was on duty. The inspector phoned the clinical nurse manager (CNM) to inform them that the inspection was taking place.

The resident interacted with the inspector on a number of occasions, including offering refreshments, throughout the inspection. The resident spoke about their home and how happy they were living in the community. They proudly showed the inspector around the communal downstairs spaces and outlined the household chores that were shared between the residents daily. The resident was delighted with new wardrobes that had been installed in their bedroom and showed these to the inspector. It was clear the resident was in the process of reorganising their personal items and clothing in the new furniture. The resident also outlined their plans for the rest of the day which included a walk to a nearby location and the preparation of dinner later in the afternoon for themselves and their peers in the house. They were also delighted to inform the inspector of a planned trip in the days after this inspection to visit a lifelong friend in a large city. The resident explained how they had been unable to complete this annual trip for the previous two years due to the pandemic and public health restrictions.

The inspector met another resident on their return from their day services in the afternoon. The resident greeted the inspector with an elbow tap and welcomed them into their home. The resident was observed to chat with all staff present regarding their day and activities that they had enjoyed completing. This included working on a craft of which they had photographs of. The resident proudly showed these photographs to all present as they explained what they planned to do with the craft once it was completed. Staff present encouraged the resident to show the

inspector photographs of their favourite horse. The inspector was told the horse's name as the resident spoke affectionately about the animal. The resident who loves animals was supported to attend equine therapy regularly which they really enjoy. They were also supported to visit a pet farm and spoke of how they enjoy spending time with family pets when visiting the homes of family representatives.

The inspector did not get to meet two of the residents living in this house. One resident was on a planned overnight stay with family representatives and the other resident had not returned from their day services by the time the inspector was leaving the centre. However, it was evident that all of the residents were actively supported to participate in the running and decision-making within the designated centre. This included sharing responsibilities of regular household chores including cleaning.

The inspector observed the house to be clean, well ventilated and homely. It was decorated with personal items reflective of the residents living in the designated centre. The inspector completed a walkabout of the communal spaces within the designated centre. There was information available for the residents regarding staying safe from COVID-19 and other infection control measures including effective hand hygiene. However, a number of issues were identified during the walkabout. Some of these were issues relating to the premises that had already been identified through the provider's internal auditing system. Following a review of the available documentation during the inspection there were no time lines for completion of the actions documented or person identified to follow-up on the progress of the actions. This will be further discussed in the next two sections of this report.

Residents and staff spoken to during the inspection outlined the positive impact the easing of the public health restrictions had for the residents in this designated centre. Regular weekly schedules for each resident included attending day service or retirement groups in line with residents' expressed wishes. Residents could independently access a variety of community activities, including shopping and other social activities in line with individual preferences. Staff had also supported all of the residents to remain safe during the pandemic in 2020 and 2021. While a number of individual confirmed cases of COVID-19 did occur during 2022 in the designated centre, no outbreak had occurred. On each occasion individuals were supported to safely self-isolate with staff support.

The inspector observed some areas of good practice relating to IPC which included resident and staff knowledge, use of personal protective equipment (PPE) and evidence of cleaning being completed on regularly used surfaces. A daily cleaning checklist was available for review within the designated centre. This clearly outlined the duties to be completed by staff while on duty and the frequency required. While recent changes to the public health guidelines were being followed in the designated centre, the CNM outlined how staff were ensuring on a daily basis that all of the residents were being supported to remain safe and monitored for illness. This included continuing to check and record each resident, staff and visitors temperature. A staff communication handover also reflected residents well being, with reference to any symptoms being documented and what actions staff had taken to support the resident and others living in the house with them. However,

gaps were evident in the review of some documentation relating to IPC. This will be further discussed in the capacity and capability section of this report.

Overall, this inspection found that residents were well supported and were generally afforded good protection against infection. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols, guidelines and relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure in place and, overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to their needs. However, not all of the provider's protocols were evidenced during the inspection to have been consistently adhered to or documented in this designated centre.

The inspector was unable to meet with the person in charge on the day the inspection. However, as previously outlined in this report the inspector met with the CNM on duty. This person demonstrated throughout the inspection their knowledge and familiarity with the assessed needs of the residents living in the centre. It was clear they were known to the residents and were observed to engage in professional and respectful interactions throughout the inspection. They also were aware of their roles and responsibilities and outlined actions taken to ensure the ongoing safety of residents.

There was an actual and planned rota in place in the designated centre, which was flexible and adjusted to meet the assessed needs of the residents. For example, changes were made to regular shift patterns to support residents to attend scheduled appointments or other activities if staff support was required. Training records of staff indicated that all had attended up-to-date training in IPC.

The provider had systems in place to monitor services provided within the designated centre which included an annual review and regular internal provider led audits. The inspector was informed by the service manager during the feedback meeting that an annual review had been completed in October 2022 for the designated centre. This report was still in draft format at the time of the inspection. The most recent provider-led internal audit was completed between 15 to 17

November 2022. The final draft of this report was in progress at the time of this inspection. The inspector reviewed the annual review report of October 2021. In addition, an internal audit completed in March 2022, was also reviewed by the inspector. The actions identified in both reports had been progressed and completed in a timely manner.

However, some gaps were clear in other documents that were reviewed by the inspector. These included actions identified in the most recent staff meeting that took place on 6 October 2022. No person was identified as being responsible to follow up on the progress of the actions or time lines for completion documented as required by provider's protocols. A number of these actions related to IPC. For example, mould was reported to be present in one bathroom. This had been addressed prior to the inspection as per the inspector's observations of the room on the day of the inspection. The inspector also reviewed the cleaning checklists in the designated centre. Staff spoken to confirmed the frequency of cleaning duties to be completed both daily and weekly. However, not all checklists reviewed by the inspector were consistently completed. For example, incomplete records were present on a number of dates including the 13, 24 and 25 November 2022. Not all weekly duties had been completed between 17 and 27 November 2022.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards.

Residents were supported to remain active and healthy with the support of the staff team. This included healthy eating plans and regular monthly resident meetings. In addition, the provider's clinical nurse specialist (CNS) in health promotion had undertaken twice yearly surveys in the region to monitor the use of antibiotics. Ongoing monitoring was also in place for the emergence of multidrug resistant organisms (MDROs). The CNS in health promotion actively liaised with the staff team and residents when required. The provider also had effective IPC review processes in place which included service wide committee meetings every quarter, with local outbreak meetings held when required.

While overall the premises was generally found to be in a good state of repair, some issues required further review by the provider to ensure effective cleaning of all surfaces could be consistently completed. This included damage evident to the kitchen counter and to a number of the kitchen presses. There were a number of doors on the kitchen presses that had damaged or worn surfaces. The dining room

chairs had worn and damaged upholstery. A radiator in the upstairs bathroom had some rust evident on it. A door to a downstairs en-suite had previous water damage evident. The bottom of the door was frayed in appearance and could not be effectively wiped cleaned. The inspector acknowledges that some of these issues had been identified by the provider prior to this inspection but no time lines of when the issues were to be addressed were available at the time of the inspection.

The inspector noted that residents and staff were provided with regular updates and information regarding IPC. The person in charge was nominated as the COVID-19 lead. Weekly health and safety walkabouts were completed in the designated centre. No issues were identified in the October or November 2022 reports. In addition, ongoing review of IPC issues was evident. This included regular and recent review of risk assessments with controls in place both for centre specific and individual risks relating to IPC, such as waste disposal and effective hand hygiene. For periods when the house was unoccupied controls were in place to reduce the risk of legionnaires disease.

The Health Information and Quality Authority (HIQA) self-assessment in preparedness planning had been subject to regular and recent review. However, the inspector was unable to review a contingency plan for the designated centre during the inspection. This was discussed during the feedback meeting. The service manager was assured that a plan was in place, but as the person in charge was not available it was not located before the inspection ended. In addition, signage relating to visitors in the hallway of the designated centre was not reflective of the actual process at the time of the inspection or in line with current public health guidance.

As already mentioned in this report staff supported the residents to complete regular cleaning duties within the designated centre. Information was available for residents with details of what products were to be used for different cleaning duties. However, the management of used mops heads and cleaning cloths required further review to reduce the risk of cross contamination. At the time of the inspection all used cleaning equipment that was to be laundered were placed in the same container. Cleaning cloths, tea towels and mop heads were all observed to be in the container at the time of the inspection.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with the provider's protocols and relevant national standards. These included-:

- Not all signage on display regarding COVID-19 and visitors to the designated centre reflected up-to-date public health guidance or provider's protocols that

were in place.

- Damaged and worn surfaces evident in the kitchen included the worktop, some kitchen presses and worn upholstery on the kitchen chairs which impacted on the effective cleaning of these areas.
- Historical water damage evident to the bottom of a downstairs bathroom door impacted the effective cleaning of the door.
- Some rust was evident on an upstairs bathroom radiator.
- The process to manage or launder used mop heads and cloths required further review to reduce the risk of cross contamination.
- Completion of documentation not always reflective of the provider's guidance. For example, the completion of daily cleaning checklists was not always consistent with the provider's protocols.
- Actions identified at the most recent staff meeting were not documented as having been progressed or completed, no time frame for completion was documented or to whom the responsibility to follow up on the action was allocated to.
- The centre-specific contingency plan was not available for review at the time of the inspection.

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 Community Residential Service Limerick - Group E OSV-0003943

Inspection ID: MON-0038301

Date of inspection: 28/11/2022

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>Incorrect signage removed- complete</p> <p>Work surfaces and cupboards doors in the kitchen have been reviewed by maintenance team, repair works scheduled- completion date 30.05.2023</p> <p>Chairs in kitchen will be re-upholstered- completion date 30.04.2023</p> <p>Damage to one door will be reviewed by maintenance team and will be repaired/replaced as recommended- completion date 30.04.2023</p> <p>Radiator will be repainted- completion date 30.04.2023</p> <p>Arrangements for laundering of used mop heads & cleaning cloths have been reviewed. Discussed at staff meeting and residents meeting- complete.</p> <p>Cleaning checklists will be completed in line with local guidelines, discussed at staff meeting- complete</p> <p>The PIC will ensure improvements in the quality of minutes of meetings to ensure clarity regarding completion of required actions- complete</p> <p>The PIC has ensured that the centre specific contingency plan is available in the centre-complete.</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	30/05/2023