



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 M
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 July 2022
Centre ID:	OSV-0005162
Fieldwork ID:	MON-0036878

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 M is a designated centre operated by Avista CLG. It provides a community residential service to a maximum of five adults with a disability. The centre is a three story building which consists of a kitchen/dining room, sitting room, five resident bedrooms, staff sleepover room/office and a number of shared bathrooms. There is a well maintained garden to the rear of the centre which contains a Seomra. The centre is located in a rural area in Co. Tipperary and is close to local amenities. The staff team consists of a team leader and care assistants. The staff team are supported by the person in charge.

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
Thursday 21 July 2022	11:30hrs to 17:15hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA-enhanced COVID-19 inspection methodology at all times. The inspector ensured both physical distancing measures and use of appropriate personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

On arrival to the designated centre, the three residents of the centre were accessing their day services. In the afternoon, the inspector had the opportunity to briefly meet with the three residents as they returned home. The residents told the inspector about their day and upcoming plans for the weekend. One resident noted that they liked living in the centre. The inspector observed residents relaxing in their home, having tea and preparing to have dinner. Overall, the residents appeared relaxed in their home and positive interactions were observed between the residents and members of the staff team.

The inspector carried out a walk through of the designated centre. As noted, the centre is a three story building which consists of a kitchen/dining room, sitting room, five individual resident bedrooms, staff sleepover room/office and a number of shared bathrooms. Overall, the premises was decorated in a homely manner with residents' photos and personal possessions throughout the house. The inspector was informed of recent work completed to paint some areas of the centre and upgrade flooring in areas of the centre. However, a number of areas of the premises required review as they posed a barrier to effective infection prevention and control. For example, there were areas of the kitchen counter top that were marked and damaged, broken floor tiles were observed in one shared bathroom and the roof of the entrance porch of the centre had been visibly damaged and required repair. There were also small areas of damp noted in one residents bedroom and in the sitting room.

The inspector observed measures in place to promote a clean environment that minimised the risk of transmitting a healthcare-associated infection. These included use of PPE, monitoring for symptoms of COVID-19, pedal-operated bins and cleaning schedules. However, a number of the infection prevention and control practices in place required review. For example, the cleaning schedules in place did not suitably guide staff in cleaning some areas of the premises. This had been self-identified by the provider. There were appropriate systems in place to ensure the effective use of cleaning equipment. However, the cleaning equipment was stored in

the porch which was sheltered but exposed to the elements and required review. This had also been self-identified by the provider.

Overall, it was found that the service provided was person centred and that the residents appeared happy and comfortable living in the service on the day of inspection. However, improvements were required in infection prevention and control practices to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and safety, before a final overall judgment on compliance against Regulation 27: Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of infection prevention and control practices in the centre. However, improvement was required in the premises and infection control practices to enhance and ensure compliance with infection prevention and control requirements.

There were clear management systems in place to ensure regular oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The person in charge was also responsible for two other designated centres and a house manager was in place to support the person in charge in their role. The centre was also supported by a senior management team, which included an on-call system, who were available to support if any infection control or COVID-19 concerns arose.

The staff team infection prevention and control practices were guided by the provider's policies and procedures. The provider had developed a centre-specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. The contingency plan outlined plans in the event of an outbreak of COVID-19.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six monthly audits. In addition, an audit of infection prevention and control had been undertaken in May 2022. The infection control audit identified areas for improvement and the provider had developed an action plan in response. For example, the audit identified the need for new furniture in the sitting room due to wear and tear. The inspector observed that new furniture had been bought and was in place. In addition, new flooring was installed in areas of the centre and some rooms had been recently painted. However, the audit also identified larger improvements which were required. These included addressing issues with the kitchen counter top, the laundry management system and general premises issues.

These were under review at the time of inspection.

A review of rosters noted that staff numbers in the centre were adequate to support residents and to complete the cleaning and infection prevention tasks required by the service. Staff members worked with the residents and were responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. The inspector observed all staff members wearing PPE in line with the current national recommendations for residential care settings.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the staff team's training records and found that with regards to infection control, the majority of staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE. One staff member required training on one area of infection prevention and control and there were plans in place to address same.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were endeavouring to provide a safe quality service in line with national guidance for residential care facilities. However, as noted some improvement was required in relation to the infection prevention and control practices in place and the premises to promote safe and effective infection prevention and control.

The inspector observed appropriate infection control practices in relation to PPE, monitoring for symptoms of COVID-19 and waste disposal (including clinical waste). However, the inspector found that some improvements were required in infection prevention and control practices. For example, while there was a colour coded mop system in place for the cleaning of rooms, the storage of the cleaning equipment required review as they were stored in the porch of the house which was open to the elements. This had been self-identified as an area for improvement by the provider.

In addition, cleaning schedules were in place and these were implemented by the staff team daily. The inspector reviewed the cleaning schedules in place which outlined high-level tasks to be completed. The inspector found that the cleaning schedule required further review in order to guide staff in the cleaning of all areas of the designated centre. For example, the weekly tasks were not consistently recorded as completed. This had been self-identified by the provider and the inspector was informed that the cleaning schedules were under review.

In relation to the practices for the effective cleaning of residents' personal equipment, the inspector found improvements were required in the recording of

cleaning personal equipment. For example, on review of records for the cleaning of the blood pressure monitor it was not demonstrable that it was cleaned following its last use.

Overall, the inspector found that the centre was visibly clean on the day of the unannounced inspection. However, as noted there were a number of premises issues which posed a barrier to effective infection prevention and control. There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary.

It was evident that infection control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Easy-to-read information was available to residents regarding infection control and COVID-19. These topics were also discussed with the residents during resident meetings and informally by the staff team.

Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, some improvement was required to meet the requirements of Regulation 27 and the national standards for infection prevention and control.

There were clear management and oversight systems in place and infection control measures were regularly auditing and reviewed. The designated centre was visibly clean on the day of the inspection. The staff team were guided by the provider's infection control policy and the staff team had completed training in areas including infection control, PPE and hand hygiene.

However, improvements were required in infection prevention and control practices to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The centre had a number of general premises repairs which posed a barrier to effective infection prevention and control. These included:

- areas of rust on some radiators,
- damage to the ceiling of the entrance porch,
- areas of the kitchen counter top was worn and damaged,
- areas of damp in one resident's bedroom and sitting room,
- gaps between tiles in one bathroom.

In addition, a number of infection prevention and control practices required review. For example, the cleaning schedules in place did not appropriately guide the staff team on areas of the centre to clean and required review. Records reviewed in

relation to one piece of personal equipment did not demonstrate personal equipment was cleaned after its last use. Cleaning equipment was stored in the porch which was open to the elements. The provider also self-identified that the laundry management system required review.

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 M OSV-0005162

Inspection ID: MON-0036878

Date of inspection: 21/07/2022

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>Since inspection the registered provider has committed to:</p> <ul style="list-style-type: none">• Remove rust and paint several radiators• Repair damage to the ceiling of the back-entrance porch• Replace kitchen counter tops• Grout/fill in gaps between tiles in the main bathroom and replace tiles that are broken in shared bathroom. <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 with the view to providing adequate guidance to staff teams in the area. Next meeting re same is 23/08/2022. The Infection Prevention and control guidance document is also being modified to enhance meeting the needs in the service in a community setting.</p> <p>The registered provider has discussed the issue re damp areas in one resident's bedroom and the sitting room with the director of Property, estates and technical services and the plan is to review the guttering around the entire designated centre to improve its effectiveness in management of water retention in walls.</p> <p>Since inspection the Person in Charge has reviewed the cleaning of personal equipment and discussed this with staff at a team meeting on 10/08/22. Recording of cleaning of such equipment was made explicit.</p> <p>Since Inspection the registered provider has committed to relocating cleaning equipment to more a suitable storage unit.</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	30/11/2022