

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

Issued by the Chief Inspector

Name of designated centre:	The Arches
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0002449
Fieldwork ID:	MON-0035832

About the designated centre

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

This centre comprised of one house and a one bedroom apartment (to the back of the main house) providing care and support to five individuals with disabilities. The house is staffed by a person in charge who is a qualified nurse and a team of healthcare assistants. Two staff work during the day and there is one waking staff at night. Each resident has their own individual bedroom and communal facilities include 2 sitting rooms, a kitchen cum dining room, a utility facility and gardens to the front and rear of the property. There is also on-street parking to the front of the house. There is also a small staff office on the first floor. The house is situated in walking distance to a large town and transport is also provided for trips further afield and other social outings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 27 July 2022	10:30hrs to 16:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control. The centre comprised of a compact house in the heart of a busy town in County Monaghan providing care and support to five residents.

The inspection was completed over one day. The inspector met briefly with two residents and spoke with one staff member over the course of the inspection. The two residents met with appeared happy, settled and content in their home.

On arrival to the centre, a social care worker met with the inspector. They explained that the person in charge was on leave on the day of the inspection. The staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre which included a symptom check form and guided the inspector to a hand sanitiser which was in the hall.

The staff member was also observed to be wearing appropriate PPE and showed the inspector around the centre. The house was observed to be compact, clean and homely. Each resident had their own bedroom and there were two communal bathrooms upstairs. Both bathrooms had been recently redecorated and appeared clean on the day of this inspection.

The staff member explained to the inspector that all the residents were attending their various day services and while there, they participated in a range of activities of interest. For example, some residents like horticulture while others liked arts and crafts and they were supported to pursue and engage in these hobbies.

Other residents participated in life and social skills development programmes and the staff member explained that their individual activities of preference and choice were always supported and encouraged in their various day services.

The house was situated in the heart of a busy town and residents regularly walked to the local shop and frequented other community based facilities. The staff member explained that the residents were well known in their local community and liked to go for walks around town.

Transport was also available to the residents and the inspector observed that they were supported to go for scenic drives, shopping, go on day trips, meals out and enjoy social outings of their choice. One resident had recently been on a short hotel break in County Sligo and was reported to have very much enjoyed their holiday.

Written feedback on the quality and safety of care from two residents was viewed by the inspector. Both reported that they were happy in their home, happy with their room, satisfied with the menu options available, happy with the level of social activities provided, happy with the visiting arrangements in place and happy with

the staff team. One resident reported that they liked their reflexology sessions in particular and going for meals out. They also said they felt safe in the centre and that staff were very helpful.

Towards the end of the inspection process the inspector met briefly with two residents. One said that they were in good form and happy in their home. The other resident was having a cup of tea in the kitchen with a staff member. This resident appeared comfortable in their home and relaxed in the company and presence of the staff member.

While there were effective systems in place for the oversight and management of IPC in the centre, some issues were found with the premises and with some IPC related documentation.

The following two sections of the report will present the findings of the inspection in more detail with regard to the capacity and capability of the provider and the quality and safety of service provided.

Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. Notwithstanding, some issues regarding the upkeep and maintenance of the centre were identified.

The person in charge (who was on leave at the time of this inspection) was responsible for the implementation of the providers guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC specific strategic management response to COVID-19 was in place which provided IPC related guidelines and support to the service and support the person in charge. Additionally, the person in charge could link in with the Assistant Director of Services and an IPC nurse specialist where or if required, to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. While these documents were informative on how to manage a confirmed and/or suspected outbreak of COVID-19, some of them required updating so as to ensure they were representative of current practices in the centre.

For example, staff were competent in relaying to the inspector how they would respond to and manage an outbreak of COVID-19 in the centre. They spoke about

the measures they would take to support each resident to self-isolate in their bedroom, how they would use PPE and clean down shared facilities such as bathrooms each time they were used. However, it was found that COVID-19 care plans/risk assessments did not always adequately detail the individual supports each resident would need in the event that they had suspected or confirmed COVID. It was also documented that a second sitting room in the centre could be utilised to support residents to isolate. However, staff said that they would not use this sitting room as residents were able to use their bedrooms if they needed to isolate.

From viewing a small sample of files, the inspector found that staff had training in infection prevention control, hand hygiene, donning and doffing of personal protective equipment (PPE), respiratory hygiene, cough etiquette, food safety and hygiene and mitigating an outbreak of influenza . Additionally, on reviewing a sample of residents meetings, it was found that IPC related issues and COVID-19 updates formed part of the standing agenda.

The contingency planning document was generally clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre. However, and as stated above, some parts of this plan required review and/or updating.

The residents in this service were supported at all times by a staffing ratio of three during the day and one waking night staff. The inspector found that on the day of this inspection, there were sufficient staff on duty to support the residents in line with their assessed needs. From a sample of rosters viewed , it was observed that there was adequate staffing levels in the centre which were in line with the statement of purpose.

A number of audits to include an annual review of the quality and safety of care, six monthly unannounced visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found. The last six monthly audit identified that some minor works were required in one of the bathrooms and, some of the doors to include door frames required painting, repair and/or replacing. While a plan of action was in place to address these issues, the remained ongoing at the time of this inspection.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed a communications and health-related accident and emergency document for each resident so as to alert staff and other healthcare professionals to the residents assessed needs and how best to

communicate with them and, support them.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. The physical environment was found to be clean on the day of this inspection which helped to minimise the risk of acquiring a healthcare-associated infection. Staff were also observed to be adhering to cleaning schedules for bathrooms and other communal areas of the house.

There were systems in place to promote and facilitate hand hygiene and antibacterial gel was available in several locations in multiple different locations in the centre. Staff were also observed to use these hand gels over the course of this inspection. .

The provider had sufficient stock of PPE and staff were observed to wear it in line with their training and best practice. A staff member was able to describe to the inspector the importance of donning and doffing PPE as required, if there was a suspected or confirmed case COVID-19 in the house.

The inspector found good evidence that staff were routinely monitoring and recording for symptoms for residents, which may help to identify early symptoms of COVID-19. There were also procedures for receiving visitors' into the centre such as a COVID-19 related checklist.

The inspector completed a walk-through of the centre. The premises was found to be generally clean and tidy with clear recording of cleaning schedules conducted. High touch areas were regularly cleaned such as light switches and remote controls. However, some parts of the premises (as detailed in the previous section of this report) required painting, repair and/or replacing.

There was a colour-coded system regarding the use of mops and cloths in place for cleaning the centre so as to minimise the possibility of cross contamination. A senior manager informed the inspector that the storage systems for mops was under review at the time of this inspection and a new system would soon be introduced.

There were COVID-19 related contingency management plans in the centre and residents had individual COVID-19 care plans in place. However (and as already covered in the previous section of this report), some of this documentation required review and updating. Notwithstanding, the inspector was able to see how staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and cleaning the centre in line with cleaning schedules. IPC related notices were also on display in the centre.

Regulation 27: Protection against infection

The provider had in place a range of protocols, documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. Notwithstanding, some issues regarding the upkeep and maintenance of the centre were identified.

- Some COVID-19 care plans/risk assessments did not always adequately detail the individual supports each resident would need in the event that they had suspected or confirmed COVID. For example, it was documented that a second sitting room in the centre could be utilised to support residents to isolate. However, staff said that they would not use this sitting room as residents were able to use their bedrooms if they needed to isolate.
- The COVID-19 contingency plan require some review so as to ensure it reflected current IPC related practice
- Some parts of the premises to include internal doors and door frames required painting, repair and/or replacing. One of the bathrooms also required a minor repair.

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 The Arches OSV-0002449

Inspection ID: MON-0035832

Date of inspection: 27/07/2022

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>To ensure compliance with Regulation 27: Protection against infection the following actions have been undertaken;</p> <ul style="list-style-type: none"> • The Person in charge has reviewed and updated all individual residents Covid-19 profiles, risk assessments and health care isolation plans which set out clearly arrangements for self isolation within the centre should an outbreak of Infectious Disease occur within the Designated Centre. • The Person in charge has updated the designated centre's contingency plan to ensure it is reflective of current practice in relation to an outbreak of infectious disease within the Designated Centre. • The Person in Charge has updated the Centres contingency plan and individual residents covid profiles which sets out clearly arrangements for self isolation within the centre should an outbreak of Infectious Disease occur within the Designated Centre. • A full review of all PPE stock has been conducted to ensure all items in use are within their expiration date. A system has now been put in place that these will be checked on a periodic basis. • The registered provider has ensured that the items identified during the inspection in relation to premises have been/currently brought up to standard in line with Infection Prevention and Control. 	

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	07/10/2022