



# 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 F
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 June 2022
Centre ID:	OSV-0003949
Fieldwork ID:	MON-0037230

## 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 F consists of two homes, located in a large town, a few minutes drive from each other. Each resident has their own bedroom and most bedrooms have ensuite facilities. In this centre a full-time residential service is provided to a maximum of 10 adults; however, ordinarily no more than nine residents are accommodated in the two homes that make up Group F. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. There is at least two staff on duty during the day in each house. Both houses have a sleeping night staff. Extra staff is provided when and as the need arises, including the provision of in-house day services during the COVID-19 pandemic.

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

Number of residents on the date of inspection:	8
--	---

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 23 June 2022	09:30hrs to 16:00hrs	Aonghus Hourihane	Lead
Thursday 23 June 2022	09:30hrs to 16:00hrs	Eilish Browne	Support

## What residents told us and what inspectors observed

This inspection was unannounced and focused on Regulation 27: Protection against infection. In order to demonstrate compliance with Regulation 27 the provider must have procedures in place in accordance with HIQA's National Standards for infection prevention and control in community services (2018). Overall, the inspectors found the provider had implemented the appropriate procedures and infection prevention and control was clearly part of the daily management and routines within the designated centre and that all staff spoken with placed a significant importance on keeping the residents safe from infection.

On arrival at the centre, the inspectors found that the provider had implemented procedures to prevent and manage the risks associated with COVID-19. These measures included temperature checks, hand hygiene, face coverings and a recording process which ensured that relevant details of those that entered the centre were documented. Signage regarding infection prevention and control measures including hand hygiene were displayed at the entrance, at hand washing facilities and in communal areas used by residents, staff and visitors. Resident's rights were promoted in the centre as there was also an easy-to-read document available for residents in the kitchen which explained the actions required to avoid infection transmission.

The designated centred comprised of two house located within in short distance of each other. One of the homes was a modern building while the other house while functional was dated and in need of some updates. The inspectors had the opportunity to visit both houses and to meet with residents and their support staff. There was a very friendly and warm atmosphere in this centre. Residents were relaxed throughout the inspection and staff were observed to interact in a kind and caring manner. Residents had been educated on how to keep themselves and others safe in their home. The inspectors noted that all residents sanitised their hands upon entry to their home after day service.

From speaking with staff on duty it was clear they had an in depth knowledge of the needs of residents and the supports required to meet these needs. The inspectors saw that the residents were aware of their planned schedule and in one of the houses they were looking forward to their weekly tea out in a local hotel that evening. One resident spoke with an inspector briefly after his day service. He sat out the back of his home in the sunny weather and staff made sure that the resident had sun protection and a cold drink. The resident appeared shy but even from this brief discussion they spoke fondly about staff and how much they liked living in the centre. They were excited as they were going on a trip away with the day service the following morning. The resident was able to inform the inspector that the staff helped them with alot of tasks and showed them how to wash their hands.

There was a well-maintained garden located at the back of one of houses which residents had full access to. The residents enjoyed growing vegetables and had

entered the local garden show the previous year. The residents also spoke of their excitement of going on a trip away the following day. The inspectors found that the residents were experiencing a good quality of life through the supports they received in the centre. Photographs from the resident's holidays and an awards presentation were proudly displayed in the sitting room. Residents were also supported to maintain contact with their families and friends and enjoyed regular phone calls, days out and visits home at the weekends.

Overall, the inspectors found the centre to be clean and well-maintained, and provided residents with a comfortable living environment, however, one of the houses required review with regards to the downstairs bathroom and kitchen. The building was dated and this created some challenges in relation to IPC. Inspectors noted there were suitable facilities for hand hygiene available throughout the centre. There was a separate sink in one kitchen specifically for hand hygiene. Staff on duty were seen to practice good hand hygiene using the recommended techniques throughout the inspection. There was suitable hand drying facilities available for both residents and staff members as paper towels and pedal operated bins were in use in the centre. Face masks were worn by all staff members and there was a sufficient supply of personal protective equipment (PPE) available in the centre.

Overall, inspectors found that in general the registered provider had taken the necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service with respect to infection prevention and control.

## Capacity and capability

The provider had clear governance arrangements in place to ensure that a good quality and safe service was provided to residents in the centre and to ensure the delivery of effective infection prevention and control. There was an established management structure in place which set out the lines of accountability. The provider also clearly identified an infection prevention point of contact each week on the staff roster. The provider had clear governance structures in place with regards to reporting and infection prevention and control. A communication flowchart was in place to guide staff in the event a notifiable disease is suspected or in the event a notifiable disease is confirmed. The provider had also prepared a contingency plan should an outbreak of COVID-19 occur in the centre. This plan included arrangements for PPE supply, staff shortages and isolation management. Inspectors noted that in the event of staff shortages staff members may be redeployed from other areas but will receive local induction and supervision. One staff member spoken to demonstrated a good knowledge of the contingency plan in the event

there was an outbreak and stated the plan was available in the centre for staff to review as required. The staff spoken with were confident speaking about infection prevention, they were complimentary of the person in charge and the systems of governance they had implemented. One staff member was asked about the process for dealing with bodily fluid spillages. The staff member was confident and articulate in their response. They knew exactly the process, they knew where the materials needed were stored and what exactly to use. They also knew where the policy was should they need to seek further guidance or reassurance.

The provider had up to date infection prevention and control policies in place that were comprehensive and gave clear instruction to staff on the procedures and practices required to prevent and control the spread of infection. Staff spoken with on the day of inspection were also knowledgeable in the correct use of personal protective equipment while on duty.

The provider ensured that the workforce was planned, organised and managed to meet the centres infection and prevention needs. The staff roster reviewed by inspectors showed there was a regular staff pattern with two staff on duty in the morning, two staff on duty in the evening and one staff on duty overnight. The inspectors reviewed staff training records which showed that all staff had completed all IPC training required by the providers IPC Guideline this included hand hygiene, PPE training, cleaning and disinfecting the healthcare environment and patient equipment as well as a hand hygiene practical. Staff communication records were also reviewed, the team meeting minutes clearly demonstrated that the importance of IPC was communicated to staff. Discussions took place around IPC training, requirement of staff to wear PPE, house cleaning and COVID-19 updates.

The provider had completed all audits and reviews as required by the regulations. These audits included the annual review for 2021 and the provider unannounced six-monthly visits. The annual review was completed in consultation with residents and their representatives. There were seven responses with a high level of satisfaction. Regulation 27 formed part of both the annual review and the six-monthly audits with reference to The IPC policy, hand hygiene and use of PPE. An annual IPC audit was also conducted by the provider. This audit included a review of hand hygiene, disposal of waste and laundry management. The annual IPC review identified areas for improvement and the person in charge took the appropriate actions in response. The provider also had systems in place to identify opportunities for improvement to the safety and quality of care in relation to IPC. In the event that an outbreak occurs an after action review takes place when the outbreak is over, this review takes place between the person in charge and staff members to determine if the outbreak could have been prevented and if there is any learning for the future. It was clear that the provider was committed to driving overall improvements in the area of IPC.

## Quality and safety

The care and support provided to residents in this centre was found to be of a high standard. It was evident that the residents enjoyed a good quality of life and their rights and choices were respected and promoted by staff members. Staff were observed to actively respect the rights and choices of residents for example in relation to food choices.

Staff members were responsible for the cleaning of the centre while on duty. The provider implemented detailed cleaning schedules to guide staff on the frequency of cleaning. The cleaning schedules reviewed were up to date and provided evidence of the daily and weekly tasks carried out by staff. There was also a daily cleaning schedule in place for the cleaning or decontamination of frequently touched surfaces to prevent and control the spread of infection. These schedules were clearly implemented by the staff on duty on the day of inspection. A staff member spoken with clearly understood the difference between cleaning and disinfecting. They were confident speaking about what products to use and again made reference to the fact that if they didn't know about something they would refer back to the guidance which was easily and readily available to them.

The provider had a colour coded cleaning system in place which identified the different cleaning equipment to be used when cleaning the kitchen, bathrooms and general area including the sitting rooms, halls and bedrooms. There was also a colour coded system in place in relation to the use of chopping boards for different food groups. The inspectors noted there was guidance on the use of colour coded systems clearly displayed in the kitchen. There was also guidance available to staff in relation to cleaning and disinfecting and the correct use of cleaning products. Safety data sheets were also available for each chemical product used in the centre.

The inspectors found that the appropriate arrangements were in place in relation to laundry management and the disposal of waste. The inspectors observed that there was a clear system in place to ensure that soiled or dirty laundry was kept separate from clean laundry. The procedures in place provided clear guidance to staff. Staff spoken to on the day of inspection were knowledgeable on the procedure to follow when washing soiled laundry and told inspectors that water soluble bags were available for contaminated laundry. The provider had an up to date service agreement in place with a waste contractor for the disposal of waste. Clear guidance was also made available to staff with regards to the segregation of waste.

A walk around of both houses in the designated centre showed that the environment was clean, safe and well-maintained to protect and minimise the risk of infection to residents. There was a management of water quality systems guidance document available to staff and a weekly water flushing log was maintained. On review of one of the houses, the inspectors noted that the premises required review and updating with regards to the downstairs bathroom and kitchen. The building was dated and this created challenges in relation to IPC.

It was clear that staff provided support to residents and educated them on the IPC precautions to keep themselves safe from infection. This was seen on inspection as



staff kindly reminded residents to sanitise their hands upon entry to their home. IPC was communicated to residents in a way that they could understand as information was presented in picture format. The person in charge also conducted individual assessments of the infection prevention control practices carried out by residents.

Following a review of documentation it was clear to inspectors that the health care needs of residents were regularly assessed and care plans were developed in response to the residents' assessed needs. Residents were supported to access their general practitioners and other healthcare professionals including dentists, dieticians and speech and language therapists. Residents were also supported to access vaccination programmes. Residents had availed of both the COVID-19 and the influenza vaccination. There had been no admission, discharge or transfers out of the centre in sometime. The residents files reviewed did contain up to date hospital passports which clearly referenced infection and vaccination.

### Regulation 27: Protection against infection

Overall, the provider had generally adopted and implemented procedures in accordance with the National Standards for infection prevention and control in community settings (2018). These procedures were seen to form part of the daily operation and oversight of the service. There were clear management arrangements in operation to ensure the effective delivery of infection prevention and control in the designated centre. The provider had ensured that there were systems in place for the identification, management, control and review for future learning of infection prevention and control risks.

One of the homes that formed part of the designated centre was in need of modernisation especially in the kitchen and bathroom areas. However, the provider had in place good quality IPC procedures and a staff team that demonstrated a commitment to quality and saw that IPC was an integral part of their daily roles.

Judgment: 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	Compliant