



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

## Issued by the Chief Inspector

Name of designated centre:	Centre 1 - Cheeverstown House Residential Services (Younger Persons)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0004924
Fieldwork ID:	MON-0035281

## About the designated centre

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

This designated centre provides 24-hour high support for residents in three locations on a campus and one location in the community in the Dublin area. The centre provides services for both male and female residents with intellectual disabilities. The houses on campus consist of kitchen and dining rooms, large sitting rooms, and single-occupancy bedrooms. The house in the community consists of six bedrooms, a sensory room, a sitting room, a TV room and a kitchen and dining room. All houses have a garden area out the back and have transport available to the residents. The person in charge works full-time in the centre and there are two clinical nurse managers, staff nurses, care assistants, social care workers and housekeepers employed in this centre.

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

Number of residents on the date of inspection:	12
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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
Tuesday 18 January 2022	09:30hrs to 16:40hrs	Gearoid Harrahill	Lead
Tuesday 18 January 2022	09:30hrs to 16:40hrs	Thomas Hogan	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control. The inspectors met with residents, staff members, management personnel and the person in charge, as well as observing support interactions between staff and service users.

The inspectors met eight of the residents during the course of the inspection. Residents were pursuing their preferred routines in the house including getting lunch, watching television and engaging with sensory items. Some residents were meeting with family members on the day of inspection. While the houses were busy, the residents were comfortable and there was a homely atmosphere. Inspectors observed staff supporting residents who were not comfortable with people visiting their home to relax in quieter areas.

Some residents had specific support needs and did not communicate using speech, and inspectors observed staff communicating with them in a calm, encouraging and friendly manner which was suitable for their communication styles. Staff evidenced a good knowledge of residents' needs and personalities. Inspectors found examples of how residents were supported to engage in good infection control practices to keep themselves and others safe. Residents were also provided education in accordance with their assessed needs on what to expect in the event that someone in their house became ill.

Residents were supported in premises which were overall safe and suitable for their support needs. Bedrooms were personalised and decorated to their preferences and residents had access to kitchen and bathroom facilities in each house. While the service provider had a long-term project to transition people from a campus setting to residential houses around the community, for the time until this takes place the houses were generally kept clean, with work to ensure they continued to meet the residents' needs while they live here.

While the premises were overall safe for residents to live in and to navigate, inspectors observed a number of areas of the premises which required repair or maintenance work. Much of the work had also been identified in provider audits of the designated centre. The houses had set hours of attendance by staff responsible for the cleaning and housekeeping of residents' homes, and inspectors observed areas such as kitchens and living rooms, and frequently touched surfaces such as door handles and rails, were kept clean by staff.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how these arrangements affect the quality and safety of the service being delivered in respect of infection prevention and control practices.

## Capacity and capability

While the provider had good governance structures in place generally, in the context of infection prevention and control there was a need for further development clarifying the responsibilities of each role within the management structure to minimise the risk to residents from acquiring or transmitting preventable healthcare associated infections. There was a quality manager role who led the management of infection prevention and control in the designated centre. However, centre management personnel were not clear on who was providing specific infection control guidance based on their expertise and knowledge. At the time of the inspection, the provider had identified specific staff members for each house of the designated centre who would take on responsibility for ensuring adherence to good infection control practices in 2022, and was in the process of setting out the scope of their duties and the specific training required to take on this role.

The provider had completed comprehensive risk assessments related to health and safety in the designated centre. In reviewing the risk controls identified, inspectors found that some of the controls related to infection risk were not happening in the centre. For example, clinical waste was not being bagged and disposed of for collection in accordance with instructions to staff. Boxes for the safe disposal of sharp items were not assembled correctly or closed between uses. Some items of clinical waste were being disposed of in general waste bins. Separately, the provider had not assessed the risks related to other potential infection hazards such as influenza, hepatitis B, and *Clostridioides difficile* (C. diff). The provider had detected a legionella risk in one of the four houses and a programme of treatment and flushing had commenced. The risk control set out was for staff to ensure that they flushed through drains and outlets twice a day, however in reviewing evidence of this, inspectors found that over 42 days, there were nine days where this was done once, and a further eight days where it was not done at all. While routine flushing had been prescribed for the house in which legionella was detected, there had been no risk control measure implemented as a precaution to mitigate the risk of it developing in the other houses.

The person in charge used emails to ensure staff were provided the most recent national guidelines in good infection control practices and procedures, and any updates to same. The provider had also emailed staff to advise them of online courses to complete in topics including breaking the chain of infection, effective hand hygiene practices, and the safe donning and doffing of personal protective equipment (PPE). The provider had a system to oversee staff members' completion of this training and the records of this oversight indicated a high attendance rate at these sessions. Inspectors also found evidence that staff responsible for cleaning were included in this review and were facilitated to attend training relevant to their responsibilities. Similarly, training sessions for staff identified as house leads in infection control were also being rolled out.

At the time of the inspection, there was one vacancy in the staffing complement,

and a small number of staff off-duty due to possible or actual cases of COVID-19. In a review of several weeks of worked rosters, inspectors found that the provider had been able to effectively fill shifts with the regular team despite these challenge. Where relief personnel were deployed to fill shifts affected by vacancies and leave, a small cohort of personnel attended the service regularly to mitigate the impact on staffing continuity, and were generally assigned to one house to reduce transmission risk. Inspectors met with staff members who told inspectors that they felt sufficiently supported and advised of their responsibilities for keeping themselves and residents safe from infection risk.

In a sample review of eight sets of minutes from management meetings in the designated centre, the topic of infection control management in the centre was only discussed in reaction to instances in which the designated centre had active cases of legionella, and outbreaks of COVID-19. Development of management meetings was required to ensure that the discussion on good infection control and prevention was evidenced on an ongoing basis.

## Quality and safety

Inspectors found that residents and staff had been supported and advised on how to follow good practices and stay safe with regard to infection control matters. While the designated centre was generally kept clean by staff, the premises required a number of maintenance works to optimise its ability to be sanitised. Some improvement was required in the management and storage of items such as sterile stock and cleaning equipment. The provider conducted regular audits of the service to identify areas in need of development, though there were mixed findings of their usefulness in bringing about improvement to the service in a timely fashion. Overall the provider had strategies for ensuring frontline resources and management continued to support residents during an outbreak, however some detail was required to enhance the information in the plans and reflect the experiences of past implementation of said plans.

While some residents' presentation or the nature of their disability meant that they required specific supports in their communication needs, the inspectors found evidence to demonstrate that effort had been made by staff to discuss infection control matters with residents and support them to understand good practices through social stories and accessible information. Where possible residents were consulted about decisions regarding their care and the infection prevention and control measures required in the centre. Residents had prompt access to testing for COVID-19 to minimise their requirement to isolate from others.

Throughout the day there was clear evidence that staff were adhering to standard precautions in the day-to-day operation of the designated centre. Inspectors found evidence to confirm that staff were routinely cleaning high-touch surfaces and residents' personal or mobility equipment. Overall the centre was generally clean

with some exceptions in specific areas such as showers, tiling, and high surfaces. Improvement was required, however, in ensuring that cleaning equipment was itself clean. Inspectors found brooms, mops and dustpan and brush sets which were not clean or were stored in areas which were not clean. There was no evidence available on how often equipment such as mops, brooms, and vacuum cleaners were cleaned and by whom.

The provider had a sufficient stock of PPE and all staff members were wearing face coverings correctly and in compliance with national guidelines. Some improvement was required to enhance the ready availability of hand sanitising gel dispensers around the houses. Staff had access to sufficient stocks of single-use equipment, however a large quantity of sterile stock such as syringes and oral hygiene kits were past their expiration date by more than a year. These needed to be disposed of to eliminate the risk of them being used accidentally. Review of storage was required to remove a press for residents' medication out of a staff bathroom, and ensure that items such as hoist slings were not stored on the floor when not in use.

Some areas of the environment were in need of maintenance and repair to optimise their ability to be cleaned and sanitised by staff. This included: damaged tiles and grout in bathrooms, damaged and peeling flooring and linoleum in bathrooms and laundry rooms, rusted bathroom fixtures and rails, and walls in need of plastering and repainting, as well as one house whose floors and walls had sustained heavy damage as a result of an extensive water leak. Other environmental improvements included ensuring that hand hygiene sinks in areas for managing laundry and waste were not obstructed from use. Staff were clear on procedures to follow when managing residents' clothes and linens, including managing items which may carry an infection risk. Resident areas such as kitchens, living rooms and bedrooms were generally clean on inspection.

The provider had conducted infection control and environmental audits in the houses of the designated centre, and there were mixed findings in how these had contributed to service improvement. While overall the scoring metrics of the audit were clear, some audits in December 2021 had found the service to be compliant with infection control standards, using similar lines of enquiry as this inspection. Another audit conducted in 2021 had identified areas of staff practice, environment, equipment and policies in need of improvement or development, with a time-bound action plan to address all actions by 31 December 2021. As of the time of the inspection, all but one of the list of actions had not been progressed. Inspectors were provided a separate list of building works forwarded to the facilities team for completion in early 2022.

Inspectors found good evidence that staff were routinely self-monitoring and recording for symptoms and temperatures which may indicate a risk of infection. In three of the four locations which comprise this designated centre, the inspectors were not asked or checked by staff or by managers for temperatures or symptoms of infection risk.

The provider had developed a COVID-19 contingency plan for the designated centre, dated November 2021. This contingency plan identified how core management



would be deputised, and how frontline personnel would be supplemented, in the event of absence due to suspected or confirmed cases of COVID-19. Tiers of staffing resources were identified in the event that there is a level of absence which is greater than relief resources, including redeploying staff from other services or from agencies. Some development in the level of detail is required to ensure that deputising managers can effectively lead the service at short notice and have as much information to hand as possible. This included identifying the contact details of persons and organisations when requesting personnel from outside the service, or staff and advisers who are on-call, and what the expectations are for personnel numbers who can be deployed from each available resource in the event a larger outbreak.

The person in charge confirmed that since the start of the COVID-19 health emergency, there have been two outbreaks in the designated centre during which the provider utilised their enhanced infection control protocols. These had been effective in ensuring that case numbers did not rise to an unmanageable level and that residents and staff were able to safely complete their isolation periods. There had not been a serious incident report post-outbreak to identify which elements of the emergency procedures were followed and implemented according to the plan and which aspects of the experience resulted in amendment and learning for future reference. However, inspectors found evidence of the provider holding outbreak meeting during the events between the relevant stakeholders to keep all parties updated during the outbreaks.

## Regulation 27: Protection against infection

Overall, the provider had appropriate systems in place to ensure that staff and residents were provided the education, training, guidance, equipment and resources to follow safe infection control practices. While a number of areas across the houses of the designated centre required repair and maintenance to optimise their ability to be cleaned and sanitised, direct support and house keeping staff were on the whole carrying out their duties to keep the residents' environments clean. Review was required in the provider's assurance that management of single-use equipment, management of cleaning equipment, access to hand hygiene supplies, and staff's adherence to correct waste management and infection risk controls was done according to procedures and protocols. While the service management met regularly during times of active infection control risk, improvement was required to ensure that the topic of infection control risk management was formally discussed outside of high-risk times, and that periods of outbreak and infection risk were analysed afterwards to show learning and experience for future reference. The provider had conducted audits of the service's environment, staff practices and policies on the topic of infection control, however improvement was required in ensuring that the areas for development identified from these audits contributed to a timely improvement of the service's infection prevention and control quality.

Judgment: Not 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	Not compliant

# Compliance Plan for Centre 1 - Cheeverstown House Residential Services (Younger Persons) OSV-0004924

Inspection ID: MON-0035281

Date of inspection: 18/01/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has implemented a new practice within each location to ensure a staff member is identified as the staff lead for IP&amp;C on the task allocation daily. The role has been defined, agreed and communicated to staff. Completed</p> <p>IP&amp;C will be included as an agenda item for staff team meetings at a minimum of monthly and more often if required. Commenced</p> <p>The IP&amp;C audit has been reviewed and updated and will be carried out on a biannual basis. Current remedial action plans have been reviewed and have a date for completion. Completed.</p> <p>The organization has identified and submitted for three staff to participate in the HSE National Infection Prevention &amp; Control Link Practitioner Programme. 31/3/2022</p> <p>Healthcare risk waste (sharps) procedure to be reviewed, reissued and communicated to staff to guide good practice. 01/03/2022</p> <p>Safe management of waste collection practice (risk and non- risk) to be reviewed in line with Public Health &amp; Infection Prevention &amp; Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza &amp; other Respiratory Infections in Residential Care Facilities V1.2 06.01.2022. Local guidance will be updated and communicated. 31/03/2022</p> <p>The cleaning schedules (regular and deep cleaning)for environmental and equipment including cleaning frequency and methods to be reviewed with managers and facility management team including housekeeping team.</p>	

31/03/2022

Cheeverstown Covid response team will design a review template based on the Incident Management System of After Action Review to be completed post designated centre Covid/notifiable disease outbreak.

25/02/2022

Routine checks of dates of stock is now included on weekly equipment checklist.

21/02/2022

The PIC in collaboration with the PPIM will review the Self-assessment Tool On Preparedness planning and infection prevention and control assurance framework for registered providers and update where required ensuring actions are time lined for completion.

31/03/2022

The PIC in collaboration with the PPIM will expand the current contingency plan to reflect all elements of governance & management including emergency response , staffing, stock, and IP&C procedures.

31/03/2022

Staff within this designated centre will complete refresher training regarding safe use of PPE including donning & doffing.

Commenced and target completion 27/06/2022

Hand Hygiene audits will be completed and refresher training for staff where indicated.

27/06/2022

Completion of online module on National Standards for infection prevention and control in community services: Putting the standards into practice is included on staff training requirements for this designated centre.

Commenced.

## 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.	Not Compliant	Orange	31/05/2022