



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 L
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0005159
Fieldwork ID:	MON-0036423

About the designated centre

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

St. Anne's Residential Group L is a centre operated by Avista CLG. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Offaly, close to shops and local amenities. Residents have their own bedroom, some en-suite facilities, a shared bathroom, kitchen and dining area, sitting room and utility. Staff are on duty both day and night to support the residents who live here.

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
Tuesday 12 April 2022	10:30hrs to 14:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the arrangements the provider had put in place with regards to infection prevention and control. As part of this inspection, the inspector met with three residents, the two staff members supporting them and with the centre's area manager.

Upon the inspector's arrival to the centre, one of these residents opened the front door to greet her. Both members of staff also met with the inspector in the hallway and took the inspector's temperature. There was a very casual, homely and relaxed atmosphere in this centre, with two of the residents relaxing and watching television in the sitting room, following their morning routines. One of these residents told the inspector that she had lived in the centre for a number of years, had her own transport and enjoyed getting out and about in the local town. The other resident, who was non-verbal, also greeted the inspector with the support of staff. Another resident was relaxing in their own bedroom, which staff told the inspector, was something that they regularly liked to do. When the inspector met with this resident, they spoke briefly about family members, who were in photographs proudly displayed in their bedroom. The inspector didn't have the opportunity to meet with the fourth resident as they had already left for their day service.

The centre comprised of one two-storey house, situated on the outskirts of a town in Co. Offaly. Here, residents had their own bedroom, some en-suite facilities, a shared bathroom, sitting room, kitchen and dining area and utility, all located on the ground floor. The first floor, was primarily used as a staff office space and for storage. To the front and rear of the centre, was a well-maintained garden for residents to use as they wished. The entrance hall was supplied with hand sanitizer and arrangements were in place for temperature checking of all staff and visitors. Although there was hand hygiene and public health safety guidelines notices displayed throughout this house, it didn't take away from the homely feel that this centre offered. Responsibility for the general cleaning of the centre was with staff members who were on duty and various cleaning schedules were in place to guide them on the cleaning that was required. Overall, the centre was visibly clean, warm, nicely furnished and it's layout provided residents with a comfortable environment to live in.

These residents had lived here for a few of years and staff who were on duty told the inspector that they got on very well together. Prior to the introduction of public health safety guidelines, these residents led very active lifestyles and were enjoying getting back to doing activities and going on outings. Some also went on regular overnight visits to family and were supported by staff to do so. Staff told the inspector that most residents had a good understanding of public health safety guidelines and with the support of staff, were regularly reminded to perform hand hygiene throughout the day. Staff held regular meetings with residents, which included discussions around COVID-19 and an update on public health guidelines.

Continuity of care was an important part of the care and support provided to these residents, with familiar staff at all times on duty to support them. From an infection prevention and control perspective, this had a positive impact for residents as these arrangements meant that the residents' exposure to unnecessary social contacts was kept to a minimum. Staff who met with the inspector as part of this inspection, were found to be very knowledgeable of residents' assessed needs and of their roles and responsibilities with regards to implementing good infection prevention and control practices. During her time spent in this centre, the inspector observed residents' and staff interactions to be very pleasant, warm and friendly.

It is important to note that as a result of the effectiveness of the infection prevention and control measures that the provider had implemented, to date, no outbreak of Covid-19 had occurred in this centre. While this inspection did identify good infection prevention and control practices, the inspector did identify some areas for improvement, which will be discussed in the next sections of this report.

Capacity and capability

The provider had infection prevention and control arrangements in place in this centre to protect the safety and welfare of staff and the residents. Although much of these arrangements had proved effective, this inspection did identify where some improvements were required to aspects of contingency planning and to the overall cleaning arrangements in place within this centre.

The person in charge was unable to attend for this inspection and in her absence, it was facilitated by the centre's area manager. She had good knowledge of the residents' needs and of the infection prevention and control measures that were implemented in this centre by the provider. The staff who spoke with the inspector, said that the person in charge was regularly present at the centre to meet with them and with the residents. They also informed the inspector that the person in charge was proactive in ensuring discussions were frequently held with them around various infection prevention and control measures. This provider had completed a self-assessment against the centre's current infection prevention and control practices, to ensure the centre was implementing adequate measures to protect the safety and welfare of staff and the residents. The provider had plans in place to review this document again in the coming weeks.

Staffing arrangements were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the needs of these residents. A regular staff team was assigned to work in this centre and where additional staffing resources were required, regular relief staff who were familiar with the residents were rostered. This consistency in staffing levels had a positive impact for the residents as it meant that they were always supported by staff who knew them and their assessed needs. In addition to this, from an infection prevention and control perspective, it also had a positive impact on reducing residents' risk of

infection as it meant they were not exposed to additional social contacts.

The provider had monitoring systems in place to oversee the quality and safety of care delivered to residents, which included, six monthly provider-led audits and various other internal audits. In the days prior to this inspection, an audit was completed which specifically reviewed this centre's infection prevention and control arrangements and many of the areas for improvement identified upon this inspection were also identified by the provider within their own audit. Following this audit, an action plan was put in place, outlining the specific areas improvements that needed to be addressed.

Since the introduction of public health safety guidelines, the effectiveness of the provider's infection prevention and control arrangements have, to date, maintained residents safe from being suspected or confirmed of COVID-19. Both staff and the area manager, spoke confidently with the inspector about the arrangements in place, should an outbreak of infection occur and also about the staff contingency arrangement, should the centre experience reduced staffing levels on foot of an outbreak. However, a review of the supporting documentation in relation to this was required to ensure it gave better clarity on these arrangements.

Quality and safety

The provider had ensured effective infection prevention and control measures were in place in this centre, which had, to date, ensured residents were safeguarded from the risk of infection.

The centre comprised of one two-storey house located on the outskirts of a town in Co. Offaly. Here, residents had their own bedroom, some en-suite facilities, a shared bathroom, sitting room, utility, kitchen and dining area and staff office spaces. The first floor of this house was primarily used as a staff office base and for storage. A well-maintained front and rear garden was also available to the resident to access, as they wished. During a walk-around of the centre, it was found to be visibly clean and for the most part, well-maintained. There were maintenance works required to some communal rooms relating to kitchen fixtures and ceiling repairs. This was already escalated to senior management and the inspector was informed that there was a plan in place for when these would be addressed. During this walk around, the inspector did observe were some minor repairs works were required, for example, in one resident's bedroom, the handle of their wardrobe was broken. Although the provider was very responsive to identifying where major repair works were required, this centre would benefit from a system of routine observation to identify where such minor repairs may be required.

Of the residents living in this centre, none had any acquired healthcare associated infection. Staff who met with the inspector spoke confidently of the specific support that residents required with their personal care. For instance, for one resident, the implementation of specific supervision and prompting measures and use of identified

personal care items, had a positive impact on ensuring this resident was maintained free from infection. In response to this particular resident's personal care needs, the provider had secured an accessible bath for this resident and the inspector was told that this was due to be installed in the weeks subsequent to this inspection. Although there were care plans in place guiding staff on how to support residents with their personal care, some required minor review to ensure these gave additional clarity on how staff supported these residents daily with their personal care needs.

Staff had the responsibility for the cleaning of this centre and a colour coded system was in place to guide them on which cleaning equipment was to be used in the kitchen, bathrooms and all other communal areas, and staff who met with the inspector demonstrated their confidence in utilising this system. However, although this colour coded system gave consideration to the cleaning of contaminated areas, the equipment required to do so, was not available in the centre for staff to use, should it be required. Furthermore, the storage arrangements for clean and dirty cleaning equipment required review to reduce the risk of cross contamination. For example, all cleaning equipment was stored in the utility, however; there was inadequate storage arrangements in this room for clean mop buckets and mop heads. In addition to this, the lack of adequate storage arrangements in this utility also made it difficult for staff to implement adequate segregation of used cleaning cloths, prior to laundering.

As earlier stated, the centre was visibly clean and had comfortable and lovely homely feel to it. In addition to routine daily cleaning, staff also performed more enhanced cleaning of various equipment and kitchen appliances on a scheduled basis. However, the inspector did identify where some improvements were required to the overall cleaning arrangements in place. For example, although the provider had identified various cleaning products that were to be used in this centre, the guidance available to staff on this, didn't adequately describe what area of the centre each product was recommended for use. Also, even though regular cleaning was occurring, it was unclear what arrangements were in place for routine disinfection. For example, cleaning schedules didn't clearly identify where disinfection was to occur and there was no guidance available to staff on the prescribed contact time that a disinfectant was to be left on a surface to ensure it was rendered effective. Furthermore, current cleaning schedules required review to ensure these gave better guidance to staff on the specific cleaning required in this centre. For example, although deep cleaning was typically carried out at night time, associated cleaning schedules didn't clearly describe this level of cleaning. Also, current cleaning schedules didn't give due consideration to the cleaning of specific resident equipment, such as, shower chairs and raised toilet frames.

Most of this centre's infection prevention and control arrangements were guided by a specific organisational policy. However, this policy didn't guide on specific cleaning arrangements that was to be implemented and there was no local procedure in place to guide staff on this aspect of their role. Were this information made available to staff, it would have meant that they would have been better informed on the various routine and enhanced types and frequency of cleaning that was to be completed, arrangements for the storage and use of clean and dirty cleaning

equipment and also with regards to specific disinfection arrangements.

Appropriate arrangements were in place for the laundry of residents' clothing and disposal of household waste. Although the centre was not generating clinical waste at the time of this inspection, the provider had made adequate arrangements to ensure clinical waste bags and disposal arrangements would be put in place, should an outbreak of infection occur.

Although some improvements were identified within this report, much of the arrangements put in place by the provider demonstrated good infection prevention and control practices, ensuring these residents received a good quality and safe service.

Regulation 27: Protection against infection

Although the provider had infection prevention and control arrangements in place within this centre, some improvement was required to contingency planning to ensure staff were appropriately guided on what to do, should an outbreak of infection occur in this centre. Furthermore, although regular cleaning was occurring, overall cleaning arrangements also required review to ensure clarity with regards to cleaning and disinfection arrangements, storage arrangements for clean and dirty equipment and the cleaning products recommended for use. Cleaning schedules also required further revision to ensure these clearly guided staff on the type and frequency of cleaning, relevant to this centre. A review of the cleaning equipment was also required to ensure staff had access to the equipment that they would require, should an outbreak of infection occur at this centre.

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 L OSV-0005159

Inspection ID: MON-0036423

Date of inspection: 12/04/2022

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 the inspection a number of documents have been circulated to support staff in the management of Covid in this designate centre.</p> <p>Recently updated documents have been added to the local Covid folder. Documents indicated are the HPSC Guidance document, updated HIQA self-assessment, contingency planning document re staffing, algorithm to guide staff in managing Covid symptomatic person.</p> <p>The provider has a plan to update local cleaning logs to ensure that they are specific to the area and will afford support to staff in managing the cleaning processes within this designate centre. The centre specific cleaning log will include the cleaning requirements for resident's equipment, the method used and the products used.</p> <p>The Person in Charge is developing a local monitoring system to capture minor maintenance issues and the logging of same through to completion.</p> <p>A record of all maintenance carried out in the designate centre is retained centrally and these records will be disseminated to the Person in Charge for their records.</p> <p>A review has taken place of the system re storage of cleaning equipment and this will be followed up by the maintenance department as a priority. All cleaning equipment is now segregated and adequate storage has been arranged.</p> <p>All personal plans will be reviewed to reflect the individual's care needs and the steps needed to assist all with their personal care.</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	27/05/2022