



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

## Issued by the Chief Inspector

Name of designated centre:	Sunny Gardens
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0005299
Fieldwork ID:	MON-0035760

## About the designated centre

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

Sunny Gardens is a designated centre operated by Sunbeam House Services. It comprises of a full-time residential home close to a town in County Wicklow. It provides full-time community residential support for up to three people with disabilities in one house. The residential house is a two storey house which consists of a kitchen/dining room, sitting room, a shared bathroom, three individual resident bedrooms and a staff sleepover room. The centre is staffed by the person in charge, social care workers and care assistants.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 20 September 2022	08:50hrs to 15:20hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to speak with all of the residents who lived in the designated centre.

On arrival to the designated centre, the inspector was greeted by a staff and a resident. The inspector saw that staff were wearing appropriate personal protective equipment (PPE) in line with public health guidance. A symptom checker for COVID-19 was completed with the inspector. The inspector saw that documented evidence of symptom checks with all recent visitors to the centre were maintained.

The inspector was informed that one resident was still in bed, as was their preference. Two other residents were getting ready to access the community for leisure and for work later that day. These residents spoke to the inspector regarding their experiences of living in the designated centre and of the IPC measures in place.

The residents spoke positively of the care and support available to them in their home. In particular, residents were complimentary of the support they received in accessing the community for their preferred activities. Residents told the inspector about the coffee shops and restaurants that they liked to visit and of their employed work. All of the residents were planning an overnight break in the coming weeks and said that they were looking forward to this. Residents were well-informed of the measures that they could take to keep themselves safe from COVID-19 when accessing the community.

Residents described their experiences of the COVID-19 pandemic and times of isolation due to restrictions. They informed the inspector that the pandemic was difficult for them, especially when they could not see their families or friends. Residents said that they were supported to keep in touch with loved ones through video calls during restrictions. There were no visiting restrictions in place in the designated centre at the time of inspection in line with public health guidance.

The residents also described the activities that they enjoyed doing at home. These included listening to music, watching TV and embroidery. Some residents chose to show the inspector their bedrooms. The inspector saw that these were clean, well-maintained and decorated in line with individual preferences.

The centre was decorated in a homely manner. Communal living areas were decorated with ornaments as chosen or made by the residents. Residents had access to a large garden which included raised vegetable beds, a seating area and a

barbecue.

There were some minor IPC risks identified in relation to some of the furnishings and fittings in the designated centre. These will be discussed further in the quality and safety section of the report.

The inspector saw that interactions between staff and residents were caring and supportive. Staff were seen to support residents with activities of daily living in a manner which was respectful of residents' rights to dignity and autonomy.

The inspector saw that some residents' clothes were drying together on a clothes horse. In talking to staff, the inspector found that there were inconsistencies in the implementation of the IPC policy to prevent transmission of infection. In particular, there were inconsistencies in laundry practices. This will be discussed further in the capacity and capability section of the report.

In summary, the inspector found that the designated centre was generally clean and well-maintained and that staff were supporting residents in a kind and caring manner. The provider had effected an IPC policy and there were several procedural documents in place to support effective IPC practices. However, enhanced staff training and oversight of the implementation of the IPC policy and local operating procedures was required to ensure that care was delivered in a safe manner.

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 care provided.

## Capacity and capability

Overall, the inspector found that enhancements were required to ensure that there were clear lines of accountability within the service for IPC related issues. There was also a need for further oversight of staff practices to ensure that staff were implementing IPC training and adhering to the IPC policy.

The provider had convened a COVID-19 committee in response to the COVID-19 pandemic. The inspector was informed that this committee was in the process of adapting its terms of reference in order to become a broader IPC committee. The inspector was told that three staff had been in receipt of specialist training in IPC and would be responsible for developing IPC audits for use across the service. However, there was no clear strategic plan or timeline in relation to this.

A health and safety audit had recently been completed in the designated centre by a health and safety officer. This audit identified several IPC risks and there was evidence that these were addressed promptly by a responsible individual. However, the inspector saw that these audits did not identify all IPC risks in the designated centre. For example, risks were identified on the day of inspection in relation to

management of laundry and the handling of sharps. These were not included on this audit.

The inspector was informed that staff liaised with public health in relation to COVID-19 queries and concerns and that there were several individuals in the organisation who could be contacted in relation to IPC risks. However, the provider did not have a senior identified individual who had overall responsibility and accountability for overseeing the implementation of the National Standards. While the provider had nominated an IPC committee as well as local COVID-19 representatives for each designated centre, the roles and responsibilities of these individuals were not clearly defined.

The provider had effected an IPC policy. This policy required review to ensure that it was sufficiently detailed to guide staff in relation to the management of centre specific risks. For example, the policy covered the management of laundry and referenced that washing machines may be located in kitchens. However, there was insufficient detail to guide staff in completing a risk assessment of this and implementing control measures to mitigate against the risk of transmission of infection.

There was a well-established staff team in place in the designated centre. There were no vacancies and any gaps in the roster were filled by a panel of in-house relief staff. The staff team had all completed training in COVID-19 and hand hygiene however some staff had completed this training in 2020 and had not refreshed their knowledge. There was no guidance available to staff on the time frame for this refresher training.

The inspector found, in talking to staff that they were knowledgeable in relation to standard precautions. There was a cleaning schedule maintained for the designated centre and staff could competently describe standard cleaning as well as the enhanced cleaning practices in place when there was an outbreak of COVID-19. Staff reported that COVID-19 was discussed regularly at their staff meetings and that they felt well supported in their roles.

However, on speaking further with staff, the inspector found that there were inconsistencies in their understanding of the IPC policy and in some of their practices which presented an IPC risk. For example, staff were not adhering to the IPC policy in the management of laundry or to the care plan in place for the management of sharps in a consistent manner.

Overall, the inspector found that the oversight of IPC practices required enhancement. There was a requirement for a clearly defined line of authority and accountability in relation to the management of IPC. Additionally, further training and support was required to ensure that all staff were adhering to best practice in infection prevention and control in the provision of daily care and support to residents.

## Quality and safety

The inspector found that residents were well informed regarding COVID-19 and the measures they should take to protect themselves from infection. The inspector also saw, on a review of resident files, that residents were supported to understand the medications that they were taking through the use of easy-to-read information leaflets. Residents accessed a variety of healthcare supports as per their assessed needs and also availed of public health screenings as appropriate.

The provider had ensured that residents had up-to-date hospital passports on file which contained key information to support communication between the designated centre and the hospital should a resident need to be admitted.

The designated centre was generally clean and well-maintained. There was some damage to furnishings which required addressing. For example, the wipeable covers on two armchairs in the sitting room were damaged and therefore could not be effectively cleaned.

Cleaning schedules were in place and the inspector saw that these were completed regularly. The inspector saw that staff used colour-coded mops to clean the flooring in different areas of the house. However, staff were using the same bucket for each area and rinsed the bucket out between uses. This potentially rendered the colour coding system ineffective.

There was minimal invasive equipment in use in the designated centre. The inspector was informed that one resident was supported to test their blood sugars regularly using a glucometer. The care plan for this stated that the glucometer should be wiped clean with a disinfectant wipe after use. The inspector saw that the glucometer was lightly soiled and had not been cleaned subsequent to its most recent use.

The provider had arrangements in place for the appropriate disposal of waste including clinical waste.

Staff could describe standard precautions taken in the delivery of daily care and support. Staff could also describe additional transmission based precautions that they would take in the event of a resident becoming unwell with a transmissible infection.

However, the inspector found, in talking to staff, that there were inconsistencies in staff adherence to IPC policy in the laundering of residents' clothes. Staff described differing practices, some of which were not in line with the IPC policy or best practice. For example, some staff described that, at times, residents' clothes may be laundered in the same wash. This presented a potential risk of transmission of infection among residents.

The inspector saw that outbreaks of infection were quickly identified, recorded and



responded to. The centre had isolation plans in place for each resident as well as a house plan in the event of COVID-19. Staff could competently describe the measures they took when a resident was suspected of having COVID-19 and the inspector found that these practices were in line with the COVID-19 contingency assessment.

## Regulation 27: Protection against infection

The provider had convened a COVID-19 committee which was in the process of changing to an IPC committee. Several staff had received specialist IPC training. The roles and responsibilities of these individuals in relation to oversight of IPC risks were not clearly defined. Additionally, the provider had not nominated a designated person at a senior level to have overall accountability and responsibility for the management of IPC risks and antimicrobial stewardship.

Health and safety audits were completed in the designated centre which identified several IPC risks. The inspector saw that these risks were addressed in a timely manner. However, there was an absence of specific IPC audits which comprehensively identified IPC risks. While the inspector was informed that the development of IPC audits would be a role for the IPC committee, there was an absence of a time-bound plan in this regard.

The IPC policy required additional information to ensure that it provided adequate guidance to staff in the management of IPC risks which were likely to arise in designated centres. For example:

- There was an absence of clear guidance in relation to the management of laundry in designated centres where there was no utility room.
- There was insufficient detail in relation to environmental hygiene. For example, the inspector saw that while colour-coded mops were in use, the staff were using two mop buckets which were not colour coded and instead were rinsed out between uses. This was potentially rendering the colour-coded mop system ineffective. There was no guidance in the IPC policy in relation to the colour coding system for environmental hygiene
- All staff had completed online training in COVID-19 and hand hygiene. Some staff had completed this training over two years ago. There was no timeframe for staff on when refresher training would be required.
- There were inconsistencies in staff understanding of the IPC policy and of the local operating procedures in order to manage IPC risks. The inspector saw some practices which presented a risk of transmission of infection. These included:
  - Unsafe handling of sharps
  - Failure to clean a glucometer in line with the care plan
  - Washing and drying of residents' laundry together
- Some furnishings and fixtures required repair. These included:

- two armchairs in the sitting room which were damaged
- a radiator in the upstairs bathroom which was rusted
- wear and tear to doors and chest of drawers in the downstairs bedroom
- sitting room blind required replacement as it was damaged

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Sunny Gardens OSV-0005299

Inspection ID: MON-0035760

Date of inspection: 20/09/2022

## 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>The provider is in the process of changing its covid committee to an IPC committee, members roles and responsibilities will be clearly identified by this process. The PIC has the responsibility for the management of infection prevention and control within the centre in line with the Assessment judgment framework for Regulation 27 – Protection against Infection.</p> <p>The Provider has trained three internal staff in IPC, the Provider is in the process of finalising an IPC audit tool which will be rolled out. 31st Jan 2023.</p> <p>The PIC will create a local guideline for the management of laundry at the centre, this will include how to launder soiled clothes and suitable times for washing machine to be in use. 31st October 2022.</p> <p>The Provider will update the infection control policy to reference the use of coloured coded mops and buckets. 31st Jan 2023.</p> <p>The Provider will review and update the timeframe for refreshing hand hygiene training. 31st Jan 2023.</p> <p>The PIC will ensure all staff will be refreshed and reminded of the correct handling of sharps and the cleaning the glucometer in line with the care plan at the next staff meeting. Staff will be refreshed on the washing and drying of residents clothing to prevent spread of infection. An email will also be sent to the staff team as a reminder. 31st Oct 2022.</p> <p>The two damaged armchairs will be upholstered. 30th Nov 2022.</p>	

The chest of drawers will be removed from the downstairs bedroom, The Provider will arrange for a contractor to meet with the client to design a custom wardrobe to provide more space in the bedroom which will reduce damage caused to doors and furniture, if the client is satisfied with this works will proceed. Paint touch ups will occur in the bedroom once other works are completed. 31st Jan 2022.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/01/2023