



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

## Issued by the Chief Inspector

Name of designated centre:	Dreenan Ard Greine Court
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	20 July 2022
Centre ID:	OSV-0005490
Fieldwork ID:	MON-0036085

## About the designated centre

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

Dreenan provides full-time residential care and support for up to six adults with an intellectual disability. Dreenan comprises of a six bedroom bungalow and residents have access to communal facilities at the centre which include two sitting rooms, a dining room, a kitchenette, a laundry room and bathroom facilities and each resident has their own bedroom. The centre is located within a campus setting which contains six other designated centres operated by the provider. It is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported by a staff team of both nurses and health care assistants. During the day, residents are supported with their assessed needs by four staff members with one nurse being on duty at all times. At night-time, residents are supported by two staff, a nurse and health care assistant.

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

Number of residents on the date of inspection:	4
--	---

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 20 July 2022	09:40hrs to 17:30hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and members of the local management team. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre was a six bedded bungalow located on a campus setting on the outskirts of a town. There were four residents receiving residential care on the day of inspection, with two vacancies. One vacancy was due to one resident who passed away in April of this year. The person in charge spoke about the loss of this resident, about supporting other residents with their grief, and about arrangements at that time for the deceased resident to spend time in Dreenan. The inspector was informed that there were no plans for anyone else to move into the centre at this time. It was reported, however, that plans were in the early stages for one resident to move out of Dreenan due to compatibility issues and their expressed wish to move.

The inspector got the opportunity to meet with all residents throughout the day. Residents interacted with the inspector on their own terms and were observed smiling and responding to various communications through their communication preferences. One resident spoke with the inspector and offered to show them their bedroom, where they talked about and showed the inspector new bedding and picture frames that they had chosen recently.

Observations throughout the day indicated that residents were content, relaxed and happy in their home. Residents were observed sitting with a staff member who was baking buns, playing ball in the back garden, watching television, having a rest in bed and one resident appeared to enjoy sitting in the hallway observing the comings and goings during the day. Some residents went out for drives in the bus and walks during the day, and one resident reported that they went to a nearby town for an outing. One resident had resumed their day service placement two days per week (following restrictions during COVID-19), and on the day of inspection they chose not to attend that morning, and this choice was respected. Later in the day they went on an outing with day service staff who called to the house.

There were four staff working on the day of inspection, which included a staff nurse, an intern nurse and two healthcare assistants. In addition, there was one domestic staff working in the centre on the day and they were involved with cleaning the home. The inspector got the opportunity to meet with all staff and had discussions with staff members; including the domestic staff, the clinical nurse manager 1 (CNM1) and the person in charge, throughout the course of the inspection. Staff were observed to be treating residents in a caring and respectful manner, and were

responsive to their communications and requests. Staff spoken with described the activities that residents enjoyed and the various supports that residents required on a day-to-day basis. Staff appeared knowledgeable about practices for IPC and described the importance of hand hygiene as a first line of defence in reducing the risks of infection transmissions. Staff were observed wearing personal protective equipment (PPE), such as face masks, as appropriate for the tasks that they were completing. It was reported that the centre had a system in place for a 'mask champion' who was a staff delegated each day to remind all about appropriate mask wearing. Some staff spoke about when they used enhanced PPE and described the arrangements in place during a recent COVID-19 outbreak. The outbreak was well managed; however no post incident review of what went well or if there were learnings from same had been completed and documented.

Residents were supported to understand IPC through posters on display throughout the home. In addition, regular discussions took place at house meetings about IPC, COVID-19, public health restrictions, mask wearing etc. Staff described how one resident wore a face mask during a recent healthcare appointment. In addition, easy-to-read staff rotas and picture menus were on display in the centre to support residents' understanding of who was working that day and to facilitate food choices.

The centre had ample supplies of hand hygiene equipment, disposable paper towels and foot pedal bins throughout. A check on pedal bins demonstrated that they were operating properly and waste was disposed of, as required. The centre had a clinic room which was the designated area for the storing of medication and the sharps bin. While this appeared hygienic and clean, parts of it were untidy on the day, with waste paper observed on the floor. This was addressed at this time.

The centre also had a store room where cleaning equipment and PPE stocks were stored. There was a system for ordering stock and there were no concerns about supplies of PPE. However, expiry dates had not been checked as some hand gels were found to be out of date and this required review.

The house appeared spacious, bright and comfortable for the needs and numbers of residents. Residents had their own bedrooms, some of which included en-suite facilities. Residents were observed to have televisions, music players and DVD players in their bedrooms, in line with their preferences. The house and bedrooms were decorated in colourful soft furnishings, photographs and art work which helped to create a warm, relaxing and homely environment. Residents had ample communal space to relax, with two sitting-rooms and a small visitor's room. There were no restrictions on visitors in the centre, and the visitors policy in place stated that visiting would be in line with national public health guidance and risk assessed, as required.

The back garden was enclosed by fencing and accessible through double doors from both sitting-rooms and the dining area. The garden was spacious and well maintained and contained a basketball hoop, potted flowers, shrubs, garden furniture and a colourful collection of garden ornaments. One resident was observed freely moving around the garden and playing ball throughout the inspection.

From a walkaround of the centre it was observed that the provider had put measures in place for IPC arrangements, such as posters on display about hand washing and PPE use, and wall mounted hand gels and dispensers were readily available to promote good hand hygiene practices. There were colour-coded mops and cloths, and notices on display about cleaning practices throughout the premises. The home appeared clean and well ventilated and the domestic staff was observed cleaning throughout the day. They spoke with the inspector about their duties and about the arrangements for waste disposal and arrangements for cleaning when they were not on duty.

Staff members supporting residents were responsible for assisting with the laundry. The utility room contained the laundry equipment and was accessible from the hallway. There were posters on display about cleaning and laundry arrangements; however the notice about laundering soiled linen was not in line with staff practices and this required updating.

The kitchenette and dining room (which contained tables and chairs), were noted to be clean, bright and nicely decorated. However, some parts of the counter top in the kitchenette was worn. However, there were plans in place to reform the kitchen which was due to be completed by the end of the year. The large sitting-room where residents were observed relaxing watching television had recently got a new suite of furniture and the person in charge said that a request had been submitted for internal painting of this room, which would enhance the internal maintenance of this area.

Overall, the inspector found that there were good arrangements in place in Dreenan for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

## Capacity and capability

The inspector found that there were good arrangements in place for the governance and management of Dreenan. The local governance structure included a clinical nurse manager 1 (CNM1), a person in charge and a director of nursing (DON), who were all based on the campus. There were clear lines of accountability for the management team and systems in place for monitoring the centre. However, some improvements were required in monitoring the arrangements to ensure that they were effective. This included PPE checks, laundry notices, post incident reviews of outbreaks, ensuring all relevant health information were included in residents' plans, the arrangements for team governance meetings and strengthening the oversight of actions identified in IPC audits. These will be discussed in more detail throughout the report.

There were policies and procedures in place for the management, control and prevention of infection. This included: an 'Infection Control Policy', which outlined

roles and responsibilities for all staff. In addition, there was a Safety Statement and risk management policy, which provided details of the roles and responsibilities of all staff in ensuring that safe systems in the centre were promoted, and outlined responsibilities for the identification, management and review of risks. The provider's safety statement outlined the governance and management structure in CHO1, which included an IPC specialist staff for the Donegal region. Staff were aware of who the responsible persons were for various areas of IPC arrangements for the centre.

The person in charge had responsibility for one other designated centre which was also located on the campus. They were supported in the operational management of the centre by a CNM1, who was also involved in the management of the other centre. They were both available throughout the day of inspection. The person in charge was the lead compliance officer for the centre, and the CNM1 was a lead worker representative (LWR) for the centre and had the role of completing the LWR audits.

The centre had a risk register which included a range of health and safety related risk assessments; including risks associated with sharps, clinical waste, the risk of influenza and risks associated with COVID-19. This also included risk assessments for identified risks regarding the use of FFP2 face masks not fitting properly, staff working between centres on the campus and the use of the on-site canteen by staff during the COVID-19 pandemic. Risk assessments were found to be kept under regular review with identified additional control measures followed up, as required. For example, the inspector was informed about how all staff had been tested recently to ensure that FFP2 masks fitted properly. This was noted to have been an additional control measure included on the risk assessment.

The centre had a quality improvement plan (QIP) in place which included actions from a range of audits; including provider audits, local audits and Health Information and Quality Authority (HIQA) inspections. This QIP was found to be kept under regular review. The provider ensured unannounced provider audits were completed, which included a review of health and safety. The last one was completed in May 2022, and it was noted that an action was identified in this audit to improve protection against infection regarding the use of posters and notices, and this action had been transferred to the QIP and the action was completed. In addition, the provider audit had identified the need for a schedule of team governance meetings to be developed by the end of July 2022 and the works on the kitchen to be completed by the end of the year.

There were a range of local audits carried out in the centre relating to health and safety and IPC. These were carried out by the CNM1 who was noted to be the lead worker representative (LWR) for compliance with IPC in the centre. However, it was unclear if actions identified in a local environment and hygiene audit had been reviewed and completed and there was no date on one audit to record when it was completed. The actions identified related to areas identified for further cleaning, such as curtains/blinds and skirting boards. While a walkaround of the centre showed that all areas were clean, it was not clear how actions identified through these environmental audits were monitored on an ongoing basis. The person in



charge acknowledged that there was room for improvement in the monitoring of this, and spoke about how actions from these audits will be effectively monitored in future. There were also daily checklists in place for cleaning and reviewing IPC arrangements in the home, and which were signed off when completed. However, checking expiry dates on PPE stock required improvements, as some hand gel stock was noted to be out-of-date.

The HIQA self-assessment tool for preparedness in the event of an outbreak of COVID-19 had recently been reviewed in June 2022. The centre had a 'COVID-19' folder in place which contained relevant documents and communications for staff. Contingency and outbreak management plans were in place for COVID-19 which included staffing arrangements and communications to families and external bodies, as appropriate. A recent outbreak had occurred in the centre and arrangements in place helped to ensure that the outbreak was well contained; however no post incident review of this had occurred to review what went well, if there were any learning and if any improvements were required etc.

There appeared to be sufficient staff in the centre to meet the assessed needs of residents and the specific IPC needs of the service. Staff had undertaken various training programmes in IPC including standard and transmission based precautions, donning and doffing personal protective equipment (PPE), hand hygiene and a module on influenza vaccination. A sample of records were reviewed which verified that the training was completed. It was also reported that a staff nurse working in the centre had recently undertaken lead worker representative training, as had the CNM1 and person in charge, and that they would be involved in completing audits and reviewing compliance with IPC arrangements also.

There was an out-of hours management on-call arrangement in place and a deputising arrangement for when the person in charge was on leave. Staff spoken with said they felt supported in their role. Communications to staff about IPC were described as being done through staff notice-boards, governance/team meetings and through the use of a 'COVID-19 Communication folder' which included documents and information to links about relevant information. There was an Employee Assistance Programme (EAP) in place, details of which were included in the centre, and which could provide supports to staff, if required. There was also a staff induction system in place which included a checklist for the review of a range of policies, procedures and protocols to support staff's knowledge around IPC arrangements and other relevant information.

Team governance meetings occurred in the centre, records of which were reviewed, and demonstrated some discussions about IPC. Two team meetings had occurred this year, and the person in charge reported that one was due to be scheduled in July. However, it was noted that only a small number of staff attended these meetings and that the same notes regarding IPC was included on both meeting minutes. For example, only two care staff and the CNM1 attended the last meeting in May and the meeting notes about IPC were the same as for the previous meeting. The inspector was informed that the arrangements for team meetings during the COVID-19 pandemic meant that staff working on one line of the roster attended alternate meetings, and that the other staff working on the opposite line were

requested to read and sign off on the minutes. However, there was no evidence that this was the case. This required review to ensure all staff had an opportunity to attend team meetings and be involved in discussion and learning about IPC arrangements in the centre.

Overall, the inspector found that there were good systems in place for IPC with regular auditing of the service. However, improvements as noted above to strengthen the monitoring of the systems in place were required. This would further enhance the arrangements for IPC in the centre.

## Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted safe and individualised care and support. However, some improvements were required. This included; ensuring that all relevant health information about infection status is included on resident's 'Hospital passport', updating notices about laundry arrangements, reviewing expiry dates on hand hygiene products and in ensuring that infection incidents and outbreaks in the centre were reviewed.

Residents had comprehensive assessments of needs completed which included an assessment of health-related needs. Each resident had care and support plans developed based on their individual needs which provided guidance to staff in how to provide safe and effective care. Residents were supported to understand, and be involved, in their healthcare and annual review meetings. Resident meetings were held regularly where discussions about hand hygiene, the use of face masks, COVID-19, cleaning, IPC arrangements and public health updates were discussed. Staff spoken with were unsure if all residents fully understood the discussions due to their level of disability, however efforts were made to aid their understanding of issues with easy-to-read documents and social stories available also.

Residents were supported to access any healthcare appointments and allied healthcare professionals as required. Residents also had access to vaccination programmes and testing for COVID-19 as required. It was noted that a multidisciplinary meeting had occurred recently, which included the resident's General Practitioner and family members, and which reviewed a resident's health issues and actions required to support with this. The actions agreed to support with this were reported to be in progress at the time and the local management team spoke about following up on this.

Residents' care plans included personal and intimate care plans which were found to be comprehensive and detailed specific individual supports and aids required in the area of personal care. Some residents required hoisting and they had their own individual slings which were included in the centre's cleaning schedule, as did other equipment used. Residents had assessments completed for healthcare risks and outbreaks of infections also. These were found to be kept under regular review. In

addition, residents had Hospital Passports, which was a document containing relevant information about residents in the event that they were admitted to hospital. However, one sample reviewed was found to require additional information about a resident's health history and status of infection.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring measures were in place to promote the safety for all on an ongoing basis. There were hand gel dispensers at entry and exit points, and throughout the home including in residents' bedrooms and bathrooms. There were plentiful supplies of PPE available in the centre, with further supplies available in a designated location on the campus if required. However, some hand hygiene stock in the store room and around the home were noted to be out of date.

During the inspection, the inspector spoke with the domestic staff who talked about their role, duties, hours worked, training completed and arrangements for cleaning the centre including waste disposal arrangements. They were observed cleaning the centre throughout the day, including mopping and cleaning residents' bedrooms, cleaning bathrooms and emptying bins. Other staff spoken with were aware of the importance of hand hygiene, about when to use enhanced PPE and about waste disposal and sharps storage arrangements.

In addition to the duties that the domestic staff undertook, there was also a daily cleaning schedule in place for day and night staff, with specific cleaning tasks identified for different grades of staff. For example, it was noted that nursing staff working nights were responsible for cleaning the aids and appliances in use, and healthcare staff were responsible for cleaning tasks in other areas of the home. These schedules also included the method of cleaning and products to be used to reduce any risks. It was noted that safety data sheets were in place for cleaning products to ensure safe and appropriate usage. In addition, the audits on the environment which was completed by the CNM1 also included arrangements to review residents' mattresses, pillows and bedding.

The laundry facility was located in the utility area of the house, and was accessible through the hallway. This area contained appropriate laundry facilities and also contained a sink for hand hygiene and hand hygiene equipment and products. There were also a number of notices on display in the utility room about colour coded cloths, and arrangements for cleaning and laundering clothes. However, the notice about laundering soiled linen was found to not be the practice used. For example, this notice outlined that red laundry baskets were to be used for soiled linen, however there were no red laundry baskets used and it was confirmed to the inspector that this was not the practice in place. The person in charge undertook to follow up on this immediately.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19. In addition, there was a checklist and a staff 'safety pause' system in place to monitor staff for signs and symptoms of COVID-19. Staff were provided with public health and other COVID-19 related information, as required. There were outbreak management plans developed for COVID-19 outbreaks specific to the centre, which had recently been reviewed.

However, the arrangements for the isolation of staff who developed symptoms while on duty required review as the plan identified a designated area for isolation which was inconsistent with what staff described. A recent outbreak of COVID-19 had occurred, and while managed well to contain the transmission of further infection, this had not been reviewed by managers or the staff team to see what worked well and what learning could be taken from this which would inform actions for any potential future outbreaks.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. Some improvements in information on Hospital passports, guidelines for laundry arrangements, checks on expiry dates, post outbreak reviews and clear guidance in outbreak plans would enhance the quality and safety of care provided with regard to IPC.

## Regulation 27: Protection against infection

Improvements were required in the following areas to enhance the IPC arrangements already in the centre:

- Expiry date checks to be completed on hand gels/alcohol rubs that are in stock and being used in the centre
- Specific procedures to guide staff on laundry arrangements for soiled laundry to be developed and monitored for effectiveness
- The infection/colonisation status of residents to be included on relevant documentation to ensure appropriate transfer of information in the event of discharge/transfer to any other facility
- To ensure post incident reviews of outbreaks of infections are completed, to include a review of what worked well and if there were any learning from incidents
- To ensure that the COVID-19 plan includes clear arrangements for staff if symptoms develop while at work
- To ensure that all actions identified through audits are monitored for completion.

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 Dreenan Ard Greine Court OSV-0005490

Inspection ID: MON-0036085

Date of inspection: 20/07/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with regulation 27 the following actions has been taken</p> <ul style="list-style-type: none"> <li>• The Person in charge replaced out of date hand gels/alcohol Completed: 20/07/2022</li> <li>• The Person in charge included a check on expiry dates of hand gels/alcohol in the monthly cleaning schedule. Completed: 19/08/2022</li> <li>• The Person in charge has completed a risk assessment. Completed: 19/08/2022</li> <li>• The Person in charge will ensure that a protocol is developed around arrangements for soiled laundry. Completion date: 23/08/2022</li> <li>• The Person in charge will discuss the arrangements at the next governance meeting. Completion date: 23/08/2022</li> <li>• The Person in charge will ensure that the infection status of Residents are included where necessary to the appropriate documentation pertaining to the individual person. Completed: 25/07/2022</li> <li>• The Person in charge will ensure a review of the most latest outbreak of infection is completed and any further possible outbreaks going forward. Completion date: 31/08/2022</li> <li>• The Person in charge has updated the Covid-19 contingency plan to reflect the arrangements for the isolation of staff who developed symptoms while on duty in an isolation room off the Centre's floor, and has been discussed with staff. Completion date 27/07/2022</li> <li>• The Person in charge will ensure that all actions identified through audits are added the the Centre's Quality Improvement plan and are monitored on a weekly basis until actions</li> </ul>	

are closed out. Actions taken to address the identified areas needing improvements will be added to the audit also once completed. Completed date: 17/08/2022



## 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).

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	31/08/2022