



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

Issued by the Chief Inspector

Name of designated centre:	Harmony
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0005691
Fieldwork ID:	MON-0035422

About the designated centre

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

Harmony is a residential and shared care house which provides a service to both male and female adults over the age of 18. Residents of this service have a moderate to significant intellectual disability and may have a secondary diagnosis of autism. The service can also support residents with physical needs and palliative care needs. Harmony provides full-time care to four residents and shared care for two residents. The centre does not offer emergency admissions at present. The centre comprises of one large, single-storey house which is located within walking distance of a medium sized town where transport links such as buses, trains and taxis are available. Each resident has their own bedroom and there are appropriate bathroom facilities available for residents to use. The centre has a medium-sized kitchen and dining room and two separate sittings rooms are provided, which are all comfortably furnished. There is also a multisensory room and spacious back garden for residents to enjoy. The service is staffed with a mix of nursing staff and social care assistants and provides waking night cover to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 2 February 2022	09:45hrs to 17:05hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. Inspectors met and spoke with residents and staff throughout the inspection. In addition, the inspectors observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre was a large, single-storey building located on the edge of a town. The centre had six bedrooms. Three bedrooms were en-suite and there was a shared wetroom for use by the other residents. In addition, there were two sitting rooms, a dining room, kitchen, utility room, laundry room, multisensory room and a number of store rooms. The cleaner's store room contained a sluice sink. The centre also had two offices, one for use by staff and one for the person in charge. The centre was nicely decorated and had a homely feel. Where doors into resident bedrooms were open, it was noted that the rooms were decorated in individual styles. There was a pleasant atmosphere in the centre. Throughout the inspection, it was noted that televisions were tuned to shows and music that the resident's chose.

On arrival at the centre, the inspector noted that there was signage at the door to inform visitors on the need to wear face masks while in the centre and to avoid visiting if displaying symptoms of COVID-19. There was a hand sanitisation station at the main door and a sign-in book for visitors to aid contact tracing. Temperature checks and symptom checks were completed with visitors. There was a COVID-19 information board in the hallway of the centre. This gave information on the wearing of personal protective equipment (PPE) and COVID-19 symptoms. There was some easy-to-read information on preventing the spread of COVID-19. The notice board also displayed the names, photographs and contact details of the members of the local infection prevention and control team.

The inspector completed a walk around of the centre and observed that the centre was largely clean and tidy. Large surfaces, such as walls and floors, were visibly clean. Surfaces and countertops were clean and free from dust. The furniture was clean and in good decorative and structural repair. However, improvement was required in some areas of cleaning. Dust on high surfaces in the sitting room and porch was noted. The shower trolley in the wet room had visible dirt around the handles and the drain. A resident's shower chair required a more thorough cleaning as soap residue was noted on the chair and an accumulation of residue in harder to reach areas of the chair. Staff addressed these issues when alerted by the inspector. There were areas of minor damage in the centre. These included chipped paint on walls in some rooms and along the bottom of the wall on one corridor. The centre's kitchen had been refurbished approximately six-months before the inspection. The walls in the kitchen required painting and old fixtures for the extractor fan were due to be removed. This had been reported to the maintenance department.

The centre had two sharps bins that were open, partially full and one was not labelled. They were stored on top of the medicine cabinet, above head height, in the staff office which posed a significant risk. A number of sinks in the centre did not have hand towels or hand towel dispensers. These included the hand hygiene sinks in the wetroom, utility room, laundry room and two of the resident's en-suite bathrooms. Both of these issues were addressed on the day of inspection. An appropriate holder was mounted for the sharps bin in the staff office. Hand towel dispensers were put up at all sinks in the centre.

The storage of equipment and PPE required improvement in the centre. It was noted that some PPE items, for example, plastic aprons, were stored in the cleaner's store along with mop buckets. This was not in keeping with best practice in relation to infection prevention and control in case of cross contamination from the cleaning buckets. Boxes of single-use plastic bottles and tubing, used by resident's who had gastrostomy tubes, were stored on open shelves in the utility room. On inspection, all single use items were in date and the packages were sealed. However, some discolouration of the packaging was noted indicating that they had been on the shelf for a period of time. Additional boxes of this equipment were also kept in a store room in the main hallway. It was not clear from discussion with staff that efficient stock rotation was in place to ensure that single-use items were used in line with their use-by dates.

The inspector had the opportunity to meet with three residents in the centre. Some residents were unable to verbally answer questions in relation to their care. However, they appeared happy and at ease in the presence of staff. One resident told the inspector that they were happy in the centre and felt safe there. They told the inspector that the staff helped them to feel safe from COVID-19 and that staff washed their hands and wore masks.

Staff were noted interacting with residents in a positive and friendly manner. Staff spoke about residents respectfully. Staff were observed delivering care to residents while adhering to good infection control measures. This included assisting residents with their meals and feeding via gastrostomy tube. Staff were observed completing cleaning tasks at various points throughout the day of inspection. Staff wore face masks and appropriate PPE throughout the inspection.

Overall, it was noted that the provider had taken steps to implement infection prevention and control measures for residents, staff and visitors. The centre was generally clean but inspectors noted areas that required attention to ensure that the environment and facilities were maintained in optimum condition.

The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

Capacity and capability

The provider had developed policies and procedures for the management, control and prevention of infection. Risk assessments were developed to assess and evaluate the risks associated with infection prevention and control. However, improvements were required in the systems to oversee the implementation of policies and risk control measures.

The provider had clear governance structures and reporting relationships regarding infection prevention and control. Governance within the centre was clearly defined with a named team lead for each shift and issues escalated to the person in charge. In addition, a roster of on-call senior managers was available to provide out of hours cover. The provider had an infection prevention and control team who could be contacted by staff, as required. The provider had developed a plan should an outbreak of COVID-19 occur in the centre. This plan outlined who was responsible for staff redeployment to the centre if the need arose. The provider had identified the person in charge as a lead worker representative in relation to the implementation of COVID-19 recommendations. A review of rosters noted that staff numbers in the centre were adequate to support residents and complete the cleaning and infection prevention tasks required by the service.

The provider had a range of policies in the centre in relation to the prevention and control of infection. These policies were comprehensive and gave clear instruction to staff on the procedures and practices required to reduce the risk of infection to residents. The provider had an infection prevention and control manual that clearly outlined standard, contact, droplet, and airborne precautions that should be taken by staff based on the presenting infection risk. It gave guidance on how to manage infectious disease including the containment of the infection, control measures, appropriate PPE and cleaning requirements. Local guidelines were also made available to staff. For example, guidelines on who to contact locally to collect clinical waste, including sharps bins. The provider had a policy on visitors to the centre that was updated on 20/12/21 and included guidance on checks that should be completed with visitors to the centre. There was evidence that checks were completed in line with this policy. The centre's COVID-19 policy covered a range of issues in relation to the protection of residents and staff from COVID-19. The policy identified how residents would self-isolate in cases of confirmed or suspected COVID-19. It gave guidance to staff on how to support residents and how to ensure that there was no crossover between staff to minimise the risk of infection. However, further guidance was required in relation to where PPE stations would be placed in the centre should a resident need to isolate and where to access additional stocks of PPE if needed.

Staff were provided with the most recent information from public health in relation to infection prevention and control with recent guidance documents available in a folder for staff. Information sharing with staff was apparent when the inspector reviewed minutes of recent staff meetings. Staff meetings held in January 2021 included discussion on guidance received from the Health Information and Quality

Authority (HIQA) in relation to infection prevention and control. It was also noted that staff were informed of changes to visiting arrangements in light of new public health guidelines. Discussion on COVID-19 was a standing item on the agenda.

Staff training in relation to infection prevention and control was largely up to date. All staff had up-to-date training on hand hygiene, PPE, and COVID-19 specific training. However, three staff required refresher training in standard precautions and three staff needed refresher training on a flu vaccine module.

The provider had a range of documentation, audits and checklists to monitor infection prevention and control measures in the centre. Staff completed infection prevention safety checks at the beginning of each shift and completed temperature checks at three points during the shift. A review of documentation noted that this was completed by all staff. However, the time temperature checks were completed was not always recorded in line with the provider's guidelines. The inspector reviewed the latest six-monthly unannounced audit completed by the provider. This referenced an infection control audit that had been completed in the centre but no actions from this were identified in the report. A self-assessment tool in relation to infection prevention and control was completed on 09/11/2021 with improvement actions identified but without specific target dates for completion. A further audit was completed on 28/01/2022 that examined the premises and infection control practices. However, none of the above audits had identified some of the issues noted by the inspector in the centre, namely, the absence of hand towel dispensers and storage of sharps bins.

Checklists in relation to cleaning tasks were maintained in the centre. This identified that cleaning tasks that were completed routinely in individual rooms. Additional enhanced cleaning tasks were also identified and allocated at the start of each shift. However, the cleaning checklists did not provide sufficient detail for staff in relation to the frequency that each cleaning task should be completed. In addition, cleaning tasks were ticked as complete but staff signatures were not recorded. It was noted that resident's personal equipment, for example, residents' wheelchairs, were clean and well-maintained. However, there were no individual cleaning records available for these pieces of equipment.

The provider had a range of risk assessments in the centre that related to the management of infection prevention and control. These risk assessments identified risks to individual residents and the service as a whole. They included control measures to reduce the risk and were kept under regular review. Risks relating to the service as a whole included the assessment of the risk of an outbreak of influenza, risk of exposure to bodily fluids, handling of soiled linen, managing sharps, and cleaning equipment. All risks had been recently reviewed. However, all risk assessments had identified that good hand hygiene was a significant control measure to reduce the risk of the spread of infection in all of these cases. Yet hand hygiene facilities were not adequate due to the absence of hand towels at sinks and this had not been identified by the provider.

Quality and safety

Overall, residents in this centre received a good service that protected them from the risk of infection. Staff largely adhered to good practice in relation to infection prevention and control. Residents were supported and informed of infection prevention measures in line with their abilities.

Residents were provided with information in relation to infection prevention and control. Easy-to-read information was available in the centre and signage with picture supports was located throughout the centre. The person in charge was very knowledgeable on the residents' communication needs and style. The person in charge gave information on how residents were supported with public health guidelines, going for vaccinations and undergoing testing for COVID-19. This included familiar staff supporting residents and providing reassurance when receiving vaccines or undergoing tests. Incidents where residents refused to participate in testing was respected by staff.

Residents' care plans gave clear guidelines to staff on how best to support residents with their care in areas with a risk of infection. Residents had access to healthcare professionals and services in cases where there was a high-risk of infection. For example, residents had access to appropriate healthcare professionals to assist with the management of issues relating to skin integrity or gastrostomy tube feeding. A review of documentation noted that these healthcare professionals were in regular contact with residents and could be accessed as required. However, a review of documentation noted that not all questions in relation to colonisation status were completed in residents' care records. Residents were routinely monitored for signs of infection and had twice daily temperature and symptom checks. Throughout the course of the pandemic, the provider had reported suspected and confirmed cases of COVID-19 in line with the regulations. There was no outbreak of COVID-19 in the centre and no resident had tested positive at any time.

Staff were knowledgeable on standard infection prevention and control guidelines. They could identify where relevant information was stored in the centre that would guide them on their practice. They were clear on the cleaning tasks that had to be undertaken in the centre and on how those duties were allocated to staff. Staff were also aware of the impact of PPE on communicating with residents and discussed how they had tried to minimise the impact on residents. They talked about how they supported residents to maintain contact with family when visiting was not possible.

As outlined previously, staff were observed adhering to good infection prevention practices during the inspection. For example, the inspector observed a member of staff as they supported a resident with gastrostomy feeding. It was noted that the staff member adhered to guidelines in relation to hand hygiene. However, some of the practices in the centre were not in line with the provider's policy. For example, the provider's policy stated that bottles of sterile water should be labelled once opened and that bottles should not be shared between residents. It was noted that one bottle of sterile water was used for two residents and it was not labelled in line

with the provider's guidelines.

As outlined previously, the centre itself was adequate to meet the needs of residents in relation to infection prevention and control. The centre was in good decorative and structural repair. Where refurbishment was required, this had been identified by the person in charge and reported to the maintenance department. The standard of cleaning in the centre was largely adequate. In addition to routine cleaning tasks, the provider had ensured that there were additional checks in the centre. For example, the provider had ensured that the multisensory room and sensory lamps that contained water were serviced by an external company. However, some improvements in cleaning were required as outlined previously. Arrangements were in place for the storage and transport of waste, including clinical waste. There were policies and appropriate equipment for the management of laundry, including soiled or contaminated linen.

Overall, the practice in this centre meant that the risk to resident in relation to infection was well managed. However, some improvements were required in relation to staff practice to ensure that they were in line with the provider's infection prevention and control guidelines.

Regulation 27: Protection against infection

Information regarding infection prevention and control was made available to residents and staff. Residents were supported to follow public health guidance in line with their own abilities.

The centre was largely clean and tidy. Where refurbishment was required, this had been identified by the person in charge. Some improvements in relation to cleaning was required and this was addressed on the day. The storage of equipment also required review.

Staffing numbers and skill-mix were appropriate to protect residents from infection. Staff had received training in relation to infection prevention and control and were knowledgeable on protocols to protect residents from infection. However, not all staff were fully up to date on all training relating to infection prevention and control.

The provider had a range of policies, guidelines and protocols in place to guide staff on good practice in relation to infection prevention and control. The provider had assessed the risks in relation to infection and identified control measures to reduce the risks. However, it was noted that adherence to the provider's policies was not always consistent. For example, inspectors noted that sterile water was not stored and used in line with the provider's guidelines on infection prevention and control.

The provider had a range of tools to monitor the implementation of infection prevention and control practices. However, audit tools and checklists did not

effectively identify areas of improvement required in service delivery. Recent audits completed by the provider had not identified areas of risk that had been noted by inspectors, for example, the storage of sharps bins and the absence of hand towels and dispensers at sinks. In addition, some completed checklists and audits did not provide assurances that the tasks recorded had been completed in line with the provider's guidelines.

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 Harmony OSV-0005691

Inspection ID: MON-0035422

Date of inspection: 02/02/2022

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 registered provider has ensured 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.</p> <p>An enhanced cleaning schedule has been implemented which will ensure that high level dusting is completed routinely. All pieces of equipment have individual comprehensive cleaning schedules in place. Cleaning checklists include the frequency that each cleaning task should be completed. In addition, staff signatures are recorded to confirm completion and this will be monitored regularly by the Person in Charge.</p> <p>The premises had been reviewed and painting will be completed in the centre and will ensure that all painted surfaces are maintained in line with IPC. To be completed by 30/04/2022.</p> <p>The storage of equipment and PPE in the centre is in line with best practice in relation to IPC. PPE items are stored separately to cleaning items. Boxes of equipment are stored in boxes to prevent discolouration of packaging and a stock rotation system is implemented.</p> <p>The PIC has reviewed the systems that are currently in place for the management, control and prevention of infection. Risk assessments have been reviewed and updated accordingly.</p> <p>Covid Contingency plan and individual isolation plans have been updated to include where PPE stations would be placed in the centre should a resident need to isolate and where to access additional stocks of PPE if needed.</p> <p>The PIC has ensured that all staff members have full compliance in refresher training in relation to IPC.</p> <p>The time that temperature checks are completed are recorded in line with the provider’s guidelines.</p> <p>The PIC has ensured that documentation is reviewed and that all questions in relation to</p>	

colonisation status are completed in residents' care records.

The PIC has reviewed all practices in the centre to ensure that are in line with providers policy.

The PIC will review audits used to ensure that they address any IPC issues that require action.

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	30/04/2022