



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

## Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0005885
Fieldwork ID:	MON-0039820

## About the designated centre

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

The Pines is a respite service operated by Autism Initiatives Ireland CLG. The designated centre is a two storey house located in a housing estate on the outskirts of a large town in Co. Kildare. The centre operates six days of the week and provides respite services for up to four adults at any one time, who have a autism assessed needs. The centre comprises four bedrooms, a sitting room, a kitchen with breakfast room and a staff office. There are three bathrooms, one upstairs and two downstairs. There is a garden to the rear of the house, and transport is available to the respite residents during their stay. The person in charge works full-time in this centre. The staff team consists of a senior social care worker, social care workers and support workers.

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

Number of residents on the date of inspection:	2
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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 17 May 2023	10:30hrs to 16:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018).

On arrival to the designated centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave. The area manager was contacted and made themselves available for the day. The staff member asked the inspector to complete the visitor's sign in sheet and a healthcheck form upon entering the centre.

A senior staff member showed the inspector around the house and explained that the current residents were out at day services but would be back in the afternoon.

The designated centre operates a respite service six days of the week.. The duration of stay is primarily three consecutive overnights, with two groups staying in a week. Each group's compatibility is assessed to ensure each resident fully benefits from their stay. There were two residents availing of the service at the time of the inspection.

The communal areas had been re-painted and the couch in the sitting room replaced. There were full hand sanitiser dispensers throughout the house and paper towels available at each sink.

Each resident had their own bedroom, with adequate storage for their belongings. Staff told the inspector that the residents choose their bedrooms when they arrive. The bedrooms were nicely decorated and each had a copy of the floor plans framed on the wall.

The bathrooms were clean, with visual guides on hand washing. Each bathroom had appropriate waste disposal in the form of pedal bins and paper towels were supplied.

The kitchen was clean and tidy with a patio door leading out into the back garden. Colour coded cleaning equipment such as mops and buckets were stored in a shed in the garden. There was a herb patch which a staff member called 'an edible garden', and it was accessible to all residents and plans were in place for to maintain and develop this area during the summer months. The inspector was told that some of the residents like to engage in gardening activities and that each residents' likes and dislikes are considered when planning activities during their stay.

No scheduled work was planned for the house but staff were looking to add a structure in the garden at the back of the house to provide more communal space options for residents during their stay in the centre.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. They observed staff using several measures to reduce the risk of transmission of infection. This included regular hand washing.

The house was found to be clean and that overall, it had been well maintained.

From speaking with staff and management, it was evident that many precautions had been taken to keep residents safe from the risk of infection without negatively impacting their quality of life. Residents had adequate space to spend time alone if they wished. For example when social distancing was required, bedrooms not in use at time of stay were opened up to allow for greater access and sharing of the communal areas safely.

The inspector had the opportunity to briefly meet and speak with residents when they returned to the centre in the afternoon. The inspector spoke to one resident briefly, another resident said hello before going to the sitting room for some quiet time. Both residents appeared comfortable in the environment and were engaging in their preferred activities.

Activities were based on what residents wanted to do during their stay. Residents and staff members completed an activity planner as part of the admission process. Easy-to-read versions and visual aids had been created to support some residents to express their views. While residents choose their activities for the week, they generally went out to eat on the last night of their stay as opposed to getting a take-away. This provided resident with opportunities to participate in their local community.

Residents' rights were promoted through a range of easy-to-read documents, posters and information, supplied to residents in a suitable format. For example, easy-to-read versions of techniques for hand washing were available.

The inspector found that the residents were receiving a good quality service in a homely and suitably decorated house, supported by a staff team in line with the residents assessed needs.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection against Infection is provided.

## Capacity and capability

Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was provided for the

residents living in this centre. The residents quality of life was well supported and the residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre, with a suitably qualified and experienced person in charge who reported to the area manager and who had the support of a senior social care worker. Both the person in charge and the senior social care worker worked opposite each other on the roster.

The person in charge was the nominated person responsible for overseeing infection control management in the designated centre and was responsible for ensuring that the provider's systems and policies regarding infection control were implemented. The person in charge was knowledgeable and familiar with the organisation's infection, prevention and control policies and procedures.

There was also an on-call service in operation outside of normal working hours for staff to raise concerns or seek guidance if required. Furthermore, the provider had an IPC committee as part of its wider health and safety committee.

A suite of IPC audits or spot checks were occurring in the centre. The provider had recently completed a quality assurance audit on the designated centre, no IPC concerns were found but some general maintenance was identified as required to address some scuffs and scratches on walls, the requirement for new garden chairs and for the picnic table in the garden to be cleaned down before use. Other audits included health and safety, hand hygiene, personal protective equipment (PPE), food safety and medication audits.

For the most part, the staffing levels and mix met the centre's infection prevention and control needs. The person in charge was endeavouring to provide continuity of care and support to residents when covering a vacancy and staff leave gaps. Where relief staff were required, the person in charge utilised the same small group of relief staff to cover shifts.

The provider had developed an infection, prevention and control policy which was up-to-date. The policy referred to the roles and responsibilities of staff, staff training and education, hand hygiene and waste management.

Under the national standards, it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

All staff IPC training was up-to-date, including antimicrobial and infection control, correct use of PPE and hand hygiene. The person in charge, senior social care worker and the area manager had all completed infection prevention and control training in quality management and compliance.

Staff members spoken with were aware of how and to who to raise any infection prevention and control concerns. Staff were knowledgeable regarding standard and transmission based infection precautions.

The inspector looked at a sample of recent staff meeting minutes and observed that COVID-19 and infection control measures in place were frequently discussed. Staff were also in receipt of regular supervision as per the organisation's policy.

The provider had ensured that there were arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19.

The provider had implemented systems to support the provision of information, escalation of concerns and responses to infection prevention and control matters.

The provider had also developed response and contingency plans in order to respond to an outbreak of infection should it occur in the centre. Outbreak management forms were used in the event that a staff member or resident contracted an infectious disease and the contingency plan for the centre was reviewed should such an incident occur. These IPC incidents were recorded with an analysis of learning and the recommendations compiled thereafter.

An IPC related self-assessment tool had recently been reviewed and there was an easy read guide for resident isolation measures in the event of an outbreak or if they became unwell.

The centre had the necessary resources to provide care and support to the residents in an effective manner. These resources included the provision of suitable, secure, and comfortable equipment and furnishings and sufficient staffing levels to support the residents.

## Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with National guidance for residential care facilities. It was evident that infection control management was part of the overall risk management arrangements in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider had taken measures to improve the premises and facilities in response to the findings from the last inspection. The paintwork had had a refresh and a new couch was purchased for the sitting room. The house was well maintained and provided a good space for the residents to live, with adequate private and communal facilities.

To reduce the risk of infection spread, the centre was additionally equipped with many physical facilities. The centre had adequate hand-washing facilities in the house and there was a good supply of hand-sanitising gel located at points through-

out the house. There are plans to have staff complete a health declaration at the beginning of their shift. This will be rolled out across all services under this provider. A daily handover is filled out at the start of each shift assigning duties to staff on duty including a health and safety checklist.

The inspector observed appropriate infection control practices in place concerning waste disposal and laundry management. There were adequate laundry facilities in the centre. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry. As this was a respite service laundry was mainly for bedlinen at the end of each resident's stay, with the residents taking their laundry home with them for washing. When laundry was completed on-site a domestic washing machine was in use. There were water-soluble laundry bags on-site for the laundering of contaminated garments if required.

There was a comprehensive cleaning schedule in place, with guidance on cleaning duties to be carried out. The cleaning checklist was up-to-date, signed and dated by staff on completion of tasks. Staff spoken with were clear on the practices and procedures required and how these tasks were carried out. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. A weekly deep clean was in place on the day the service is closed to residents.

There were arrangements in place to manage general waste and bins available were all pedal operated. There was a color-coded system in place for cleaning the centre, to minimise cross contamination. Mops and buckets used in the centre's cleaning were stored correctly. Similarly the chopping boards in the kitchen were colour coded.

Documentation relating to the residents was also reviewed during this inspection, primarily from an infection prevention and control perspective. The resident's health, personal and social care needs were regularly assessed, and care plans were developed based on the residents' assessed needs. The plans of care viewed during the inspection were up-to-date, informative and relevant.

A review of a sample of residents' information demonstrated that they were receiving individualised supports. There was regular contact between the staff team, the residents, and their families. A secondary contact was provided for each resident in the event their next of kin was not available.

Staff told the inspector that all residents accessing the service had a relative level of understanding about COVID 19 and isolation. Residents' awareness of infection prevention and control was discussed at individual meetings on arrival to the centre, staff informed the inspector that initially these conversations were around hand hygiene, social distancing and cough etiquette. A verbal healthcheck is carried out with each resident, their family and day service prior to their stay.

Each resident had a social story to explain what was happening during the pandemic, this was written in an easy-to-read format and was accessible to all.

Isolation plans for each resident were not personalised due to the nature of the service. Staff told the inspector that most residents would return home as soon as possible if thought to be unwell. The inspector was told that a generic plan is used in conjunction with an individualised risk assessment for each resident to inform a isolation plan in the event that one is needed and took into account each residents needs.

## Regulation 27: Protection against infection

This inspection found the provider was able to clearly demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19.

This was evident by the following:

There was evidence of quality assurance audits being performed on a regular basis to check on the safety and effectiveness of the care being provided.

There was good local oversight of infection control risks in the centre by the person in charge who carried out regular IPC focused audits.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs.

The staff team were up to date in IPC training. Staff members spoken with had a good knowledge of standard and transmission-based precautions. Staff were seen adhering to standard precautions throughout the day.

Residents were informed and teaching/guidance was in place regarding infection transmission. This support was evident in the residents care plans which were comprehensive and personalised and created in consultation with the individual resident.

The premises and the environment was visibly clean and well maintained. Cleaning schedules were in place to ensure that all aspects of the premises was regularly cleaned and additional deep cleaning, as required.

Policies and procedures were in place to guide safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.

Judgment: 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	Compliant