



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0007997
Fieldwork ID:	MON-0035917

About the designated centre

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

Greenacres provides a residential service for male and female adults. The service is located near a village in County Meath. The location offers an excellent balance of space, privacy, and proximity to local amenities, enabling our team to promote community engagement with the residents. There are five individual bedrooms in Greencare's: two downstairs wheelchair-friendly rooms and two wheelchair-accessible bathrooms; on the first floor, there are three bedrooms, one of which has its own en-suite; there are also two bathrooms on this floor. Residents receive care on a twenty-four-hour basis. The staff team comprises a person in charge, team leads, and direct support workers.

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
Thursday 9 June 2022	09:45hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced to monitor and inspect the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day. The centre comprised the main building, and a separate apartment, the inspector based themselves in the main building and visited the apartment during the inspection.

The inspector met with four of the residents and spoke with staff throughout the inspection. The fifth resident was attending their day service programme and did not return during the inspection.

On arrival at the service, the inspector was greeted by the team leader and introduced to one of the residents. The resident had been interacting with staff members in the kitchen area. The inspector asked how the resident was and if they were well. The resident communicated through non-verbal measures with the inspector, telling them they were well. The resident appeared happy in their home and moved freely throughout.

A second resident was relaxing in bed at the time of the inspector's arrival. The inspector said hello to the resident who was engaging in their preferred activities on one of their communication devices.

The inspector chatted briefly with the third resident. The resident had been relaxing in their room and interacted with the inspector before going out with other residents and staff to the barbers. The resident again appeared happy in their home. The inspector observed warm and friendly interactions between the residents and those supporting them.

The inspector was introduced to the fourth resident later in the day. The resident was engaging in their preferred sensory activities. The resident was again observed to be at ease in their environment.

The inspector found information regarding IPC measures and best practices throughout the resident's home. It was also observed that resident meetings were used to provide residents with up-to-date information regarding IPC and ensure residents were informed regarding the COVID-19 pandemic and restrictions that had been implemented for periods.

The inspector were given a tour of the premises by a staff member. The premises was suitably clean, and a review of records and policies demonstrated appropriate systems to maintain this. The premises was free from clutter, and there was a relaxed and homely atmosphere.

The inspector observed a significant staff presence in the centre and resources had been allocated to meet the needs of the residents. Staff were observed to be

washing or sanitising their hands in accordance with public health guidance. Staff members were wearing appropriate personal protective equipment (PPE).

Residents were supported to maintain links with their families, the policy in place regarding visiting outlined regular visiting periods and the process in place should alternative measures be required to minimise the risk of infection for residents.

Overall the inspector found that the infection prevention and control practices adopted were appropriate. However, the inspector did find that some areas required improvement regarding, ensuring that all hand sanitisers and hand gels were in date and that there were adequate policies to guide staff members. These areas will be discussed in more detail in the following two sections of the report.

The remainder of this report will present findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures concerning IPC. 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

This inspection found that governance structures had assured that the provider had effective and quality IPC practices in place. The service was led by a person in charge who was the lead person regarding the management of IPC within the centre.

There were also clear lines of authority regarding the provider's on-call management process; arrangements were in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

The inspector found that, the provider had developed a range of policies and procedures regarding IPC. An appraisal of these found that, some enhancements were required to ensure appropriate policies were in place to guide staff members. For example, there was no cleaning policy, including guidance on the use of cleaning materials. Furthermore, there was a need to enhance the policies and procedures to manage laundry and waste effectively. This was discussed with a member of the provider's senior management team and nursing staff, who began to address the required work during the inspection.

The inspector did find that the staff team had been supported to complete training in IPC practices. There was also a large volume of information for staff regarding IPC. The inspector noted that the available information had been regularly updated to reflect current guidance. The inspector also reviewed current and previous rosters and found that, safe staffing levels were being maintained each day, ensuring that IPC duties could be completed.

Audits focused on IPC measures were being completed by the provider. They had developed an audit tool and also regularly utilised other tools. These practices were overall effective in promoting IPC practices.

Inspectors found that the provider had developed a well-prepared contingency plan. The plan clearly outlined appropriate responses to an infection outbreak or other emergencies, the plan listed appropriate practices relating to identifying, managing, and controlling potential outbreaks. The provider had also completed the required reviews and reports regarding the quality and safety of care provided to the residents as per the regulations.

The inspector did not have the opportunity to interact with all staff members due to them supporting the residents to engage in activities outside of their home. Staff members that the inspectors did interact with were found to be well informed regarding IPC practices. They were also observed to engage in effective infection prevention and control practices throughout the inspection.

Overall, the inspector found systems that ensured appropriate infection prevention and control practices.

Quality and safety

The inspection found that IPC measures were part of the standard delivery of care to residents. The review of records demonstrated that, there were systems to ensure the service was clean. Day and night duty cleaning tasks and enhanced cleaning practices for certain parts of the residents' home ensured that the centre was maintained to a good standard. There were checklists to ensure that equipment used by residents was cleaned as part of their everyday duties.

There were systems to test and record signs and symptoms of infection for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control of the spread of possible infections. As noted earlier, staff had access to appropriate PPE. The staff team was observed wearing appropriate PPE and following standard precautions throughout the inspection.

There were arrangements to track cleaning, sanitising and PPE stocks. As mentioned earlier, it was found that while stock checks were being completed, they had failed to identify that some hand sanitisers and hand gels being used by the staff team had passed their expiry date. Therefore, enhancements were required to the existing stock check systems to ensure the date of products were also being tracked. The inspector noted that, there were sufficient hand sanitising stations throughout the house and that the solution contained in the wall-mounted sanitisers was in date.

As discussed earlier in the report, enhancements were required to the policies and procedures for effective laundry and waste management, the information to guide

staff in the area did not provide sufficient detail. However, discussions with staff members provided assurances that appropriate steps were being taken to manage laundry and waste.

Inspectors reviewed a sample of residents' information. They found that individual support plans had been developed for residents in response to the COVID-19 pandemic. There was clear guidance regarding the colonisation status of residents and also the vaccine status of each resident. These plans outlined how best to support each resident and captured their needs regarding isolation if they were to contract a healthcare associated virus. Risk assessments had been developed regarding IPC issues.

There was evidence of residents being supported to access allied healthcare professionals when required. Residents had also been provided with information regarding the COVID-19 pandemic, such as testing and vaccination programmes.

As discussed earlier, there was an outbreak contingency plan developed for the service. The plan captured the enhanced cleaning and decontamination practices required in the event of a suspect or confirmed cases or outbreaks of infections. There was also evidence where outbreaks of infection had been identified, managed and controlled. Learning had also been identified following the outbreak.

While some improvements were required, the inspection found that IPC practices were overall appropriate.

Regulation 27: Protection against infection

The provider had adopted some procedures aligned with public health guidance in response to infection prevention and control. They had developed a number of policies and procedures and carried out regular reviews of IPC measures employed in the centre. These were focused on improving and safeguarding the residents from potential healthcare-associated infections.

Notwithstanding these measures, infection control risks were identified. The provider and person in charge had not identified that some hand gels and hand sanitisers used by staff had passed their expiry date. There was also a need to review some existing policies so that the staff team supporting the residents were provided with appropriate guidance.

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 Greenacres OSV-0007997

Inspection ID: MON-0035917

Date of inspection: 09/06/2022

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> <ul style="list-style-type: none">• All hand gels and hand sanitisers are audited to ensure they are in date, all expired gels and sanitisers have been removed from the premises.• New guidance and procedures regarding waste disposal and cleaning have been devised and implemented in conjunction with the infection control policy to promote infection control within the center.	

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	19/06/2022