



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

Issued by the Chief Inspector

Name of designated centre:	Villa Maria
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0001686
Fieldwork ID:	MON-0039158

About the designated centre

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

Villa Maria is a designated centre operated by Sunbeam House Services CLG. Villa Maria is located in a town in Co. Wicklow. The designated centre can provide residential care for up to six male or female residents over the age of 18 years. The centre provides services for residents who are dependent in many areas of their daily life and require staff support to maintain and increase independence as much as possible. Staff also support residents to manage personal risks and provide healthcare supports. The centre is managed by a full-time person in charge who also has responsibility for another designated centre. They are supported in their role by a deputy manager. A senior services manager is also assigned to the centre and provides supervisory support to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 1 February 2023	09:30hrs to 15:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

The centre comprised a two-storey building located close to a large town with many amenities and services. There was also a vehicle available to support residents in accessing their community.

The residents had temporarily moved out of the centre in 2022 while extensive renovations were undertaken, and had returned the week before the inspection. The inspector carried out a thorough walk-around of the centre with a member of staff and person in charge.

The centre was bright, clean and warm, and was found to have been renovated to a good standard. There was new flooring and carpeting in areas of the house, a new kitchen, and new blinds, doors, furniture and electronics including televisions. The centre had also been painted, and residents had been involved in choosing the colours. Decorations to make the centre more homely were still being carried out, for example, photos and pictures were being hung on the walls during the inspection, and light shades were to be put up.

The kitchen was well equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. The residents' bedrooms were being decorated in accordance with their tastes and preferences, for example, one resident had chosen a particular chair for their room, and another resident had a large mural on their wall. The premises had also been reconfigured to increase the communal space for residents. There was a downstairs sitting room, large open plan kitchen and dining area, and upstairs television room. There was also front and back gardens. The inspector observed the back garden area to require upkeep which the person in charge said would happen further in the year.

The fire safety equipment had also been upgraded, however the inspector found that further enhancements were required, for example, some residents liked to have their bedroom doors open but the doors did not have self-closing devices connected to the fire alarm that would allow them to remain open without being wedged. The fire panel was addressable, however clear information about the fire zones displayed on the panel was required for staff to easily refer to. Following the inspection, the provider was requested to submit assurances that improvements for the fire safety systems would be addressed.

The exit doors were key operated due to the risk of some residents leaving the centre unaccompanied. There were break-glass units containing keys at the exit doors, and staff also carried a master key for the doors. There were other environmental restrictions in the centre, for example, a stair gate and half door in

the kitchen. The person in charge told the inspector that these restrictions were used for the shortest duration necessary and for the safety of residents. There were no visiting restrictions.

Some areas of the premise required more upkeep to mitigate potential IPC hazards, for example, the floor in the utility room was worn and the veneer on bathroom cabinet was damaged. The person in charge had reported these issues to the provider's maintenance department.

The inspector observed good IPC measures, such as new soap, hand sanitiser, and paper towels dispensers in the bathrooms to promote good hand hygiene. There was also appropriate waste receptacles. Colour-coded cleaning equipment was used as a measure against infection cross contamination, however the inspector found that some of the equipment required better maintenance, and the person in charge addressed this during the inspection. Some of the equipment used by residents also required maintenance, for example, the arm rests on a wheelchair and standing device were damaged, and these matters had been reported by the person in charge to the relevant persons for repair. There was a good supply of personal protective equipment (PPE), and staff wore face masks in line with current public health guidance.

The inspector met all residents during the inspection. They did not communicate their views, but interacted through gestures, facial expressions, and hand shakes. They appeared content in their home and comfortable with the staff supporting them. One staff member was completing a grocery shopping list with residents and told the inspector about how residents chose their meals and sometimes liked to be involved in cooking and baking. Residents were supported by staff with their daily activities. During the inspection, residents engaged in activities such as shopping, going to cafés, and crazy golf, within the centre they were observed listening to the radio, using personal smart devices, and playing with crafts.

The opportunity did not arise for the inspector to meet any of the residents' representatives, however the most recent annual review had consulted with them and their feedback was positive.

There was a full staff complement including a full-time person in charge and deputy manager, and the skill-mix consisted of nurses, social care workers and care assistants. The inspector spoke with several staff members including the person in charge, and social care and care staff. All staff spoken with told the inspector that the renovation of the centre was hugely positive and made for a more homely, comfortable, spacious and bright environment for residents. The person in charge intended to organise opportunities for residents' families and friends to visit the centre and see the improvements, once residents had fully settled back into their home.

The person in charge was satisfied that the service provided to residents was safe, of a good quality and meeting their needs. The person in charge had implemented auditing systems to oversee the quality and safety of care, for example, there were audits on medication, finances, and personal plans, as well as the provider-led

audits. There were no safeguarding concerns, however there were procedures and policies to inform staff practice in this area. The person in charge was satisfied with the staff skill-mix and complement, and praised the work of the staff. The person in charge told the inspector about some of the activities that residents enjoyed, such as golf, day trips, shopping, swimming, eating out, pubs, shopping, and visiting family. The person in charge had recently developed a new activity planner to support the planning of activities in line with residents preferences and social care needs. Overall, the person in charge had no significant concerns and felt that residents were happy in the centre.

Social care and care staff spoke with the inspector together. They had worked with the residents in the centre for several years. They spoke respectfully about them, and it was clear that they knew very well. They told the inspector that the service in the centre was safe, and that the care provided to residents was in line with their assessed needs, care plans, and associated policies and procedures. They had a good understanding of the residents' care plans, for example, they spoke about the supports they required during meal times and during an evacuation of the centre. They had no safeguarding concerns, but knew the procedure for responding to and reporting potential concerns. They said that the staff team worked well together to provide a person-centred service, and spoke about some of the residents' personal and social goals, such as building social and communication skills. They were satisfied with the staff supervision and support arrangements, and felt confident raising any potential concerns with the person in charge or other members of the management team.

Staff spoken with told the inspector about the IPC measures implemented in the centre, such as vaccinations, cleaning, and laundry management, these matters are discussed further in the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, it was found that the registered provider and person in charge had implemented good arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures. However, some enhancements were required to ensure full compliance with the national standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and reported to a senior manager. There was a deputy manager to support the person in charge in their role. The inspector found that the person in charge demonstrated a good understanding of the residents' needs and of the service to be provided in the centre. They were responsive to areas requiring enhancement and striving for

continued quality improvement. In the absence of the person in charge and deputy manager, staff could contact a senior manager if they had any concerns to escalate.

In relation to IPC matters, the provider's IPC committee provided guidance and direction. They shared updates on COVID-19 and IPC matters with the provider's centres as required. Within the centre, there was a COVID-19 lead worker representative, and their responsibilities included coordinating the response to a COVID-19 outbreak.

The provider had prepared a written IPC policy which was available in the centre. The person in charge also maintained a folder containing IPC and COVID-19 information for staff to read. COVID-19 outbreak protocol and isolation plans had been prepared, however the inspector found that the associated documents required expansion to consider other potential infections beyond just COVID-19.

The provider had ensured that there was an adequate supply of personal protective equipment (PPE), and there were arrangements to easily access more if required. There was also guidance on using PPE for staff to refer to.

The provider had implemented systems to monitor the IPC arrangements in the centre, however the inspector found that the systems required enhancement. Six-monthly unannounced visit reports, annual reviews, and health and safety audits had reviewed aspects of IPC, however there had been no stand-alone audit carried out by a person with expertise in this area. The inspector was advised that the provider had formed a team that included an IPC specialist to commence IPC audits. The audits were being scheduled based on a priority, and a date for this centre was not confirmed yet as it was deemed low risk compared to other centres.

Housekeeping inspection audits were being completed by staff in the centre, and they included aspects of IPC such as hygiene and waste. The person in charge had completed a quality improvement plan and self-assessment tool to assess the effectiveness of the IPC arrangements in the centre, and overall was satisfied with the arrangements.

The person in charge had completed a range of detailed COVID-19 and infection related risk assessments. The inspector found that further IPC risk assessments required development, for example, in relation to the handling of soiled laundry and legionella.

All staff had completed relevant IPC training to support them in understanding and implementing IPC measures and precautions. Staff also attended regular team meetings and IPC was a regular topic discussed. In December 2022, the meeting minutes noted discussions on COVID-19, cleaning, maintenance issues, and demonstrated good learning from an IPC inspection in another of the provider's centres.

The inspector spoke to staff working during the inspection about some of the IPC measures in the centre including reporting structures, cleaning arrangements, management of bodily fluid spills, and other standard precautions. They had no concerns about IPC in the centre, but advised the inspector that they could escalate

any concerns or queries to the person in charge.

Quality and safety

The inspector found that the provider and person in charge had implemented good practices and care arrangements in the centre to support an appropriate standard of infection prevention and control. However, some aspects of the arrangements required strengthening to meet optimum standards.

There had been no recent admissions or discharges in the centre. The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had access to a wide range of multidisciplinary team services as they required, including speech and language, physiotherapy, psychiatry, and occupational therapy. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

The person in charge had ensured that residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of assessments and plans, such as skin care, communication, personal care, and weight, and found that they were up to date. However, one resident regularly displayed a behaviour of concern that posed an infection hazard. The person in charge risk assessed and developed a plan for responding to the behaviour. They had also referred the residents' behaviour support plan, dated 2019, for update as it did not reference the behaviour posing an infection hazard, and staff had no documented guidance to support the prevention of the risk it posed.

The premises had been recently renovated to a generally high standard. The renovations had improved the residents' lived experience in the centre, for example, there was improved living space and nicer decoration. The renovations had also mitigated some infection hazards. However, some areas required more attention, for example, the flooring in the utility room was worn and a storage press in the main bathroom was damaged which impinged on effectively they could be cleaned. A recent health and safety audit had noted that attention was required to small holes in flooring and skirting boards which posed a risk of harbouring bacteria. The inspector also observed the flooring in the small upstairs bathroom to have slightly detached from where it met the wall.

Residents used equipment such as specialised baths, electric beds, wheelchairs and mobility devices. The inspector observed arm rests on a wheelchair and mobility device to be damaged which impinged on their comfort and how effectively they could be cleaned. The person in charge had referred the equipment for repair.

The centre was clean. There were dedicated cleaning staff working in the centre one day per week. Nursing and care staff also completed cleaning duties, in addition to their primary roles. Cleaning schedules and records were maintained. Some of the

records were found to require enhancement, for example, the washing machine guidance required more detail, and a checklist was required for the dedicated cleaning staff. There was a stock of cleaning chemicals in the centre, and they had associated safety data sheets for staff to refer to. There was colour coded cleaning equipment such as mops and clothes as a measure against infection cross contamination. The inspector observed some of the mop buckets to require better upkeep, and the person in charge arranged for these to be bought during the inspection.

There were arrangements for the safe management bodily fluid spills, such as alginate bags, documented guidance, PPE, and spills kits. Residents had their own laundry baskets, however they were unsuitable as they could not be cleaned properly, and the person in charge purchased new ones during the inspection. The arrangements for storing clean clothing on the counter in the utility room overnight also required more consideration due to the risk of infection cross contamination. The inspector also found that staff occasionally sluiced soiled clothing which contradicted with the guidance in the provider's policy, and this required further assessment and direction from the provider.

There were appropriate precautions to reduce the risk of legionella in the centre, such as regular flushing of taps.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection, and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services.

However, some improvements were required to strengthen the IPC procedures and practices in order to meet the standards. The provider's IPC committee were available to provide direction and guidance to the centre, and there were written policies and procedures on IPC matters which were readily available for staff to refer to. However, some of the supporting documentation such as COVID-19 protocols and risk assessments required further development.

The arrangements for the oversight and monitoring of IPC in the centre required enhancement. While health and safety inspections, housekeeping audits, annual reviews and six-monthly reports had reviewed aspects of IPC, there had been no standalone IPC audit carried out by a person with expertise in this area. However, the provider had plans to carry out audits in their centres on a prioritised basis.

Staff working in the centre had completed IPC training to support them in understanding and implementing IPC measures and precautions. Staff spoken with had a good understanding of the IPC measures in the centre.

Residents' healthcare needs had been assessed which informed the development of

healthcare plans. However, a support plan required further development regarding a resident's specific behaviour that posed an infection hazard.

The premises had recently undergone extensive renovation and redecoration. Generally, it was clean and appropriate to the residents' needs. However, some parts of the centre required attention to address IPC hazards, for example, there were small holes in an area of flooring, the floor in the utility room was worn, and a bathroom unit was damaged. Some of the equipment used by residents also required repair and had been reported by the person in charge.

There were good hand washing and waste arrangements, and a sufficient supply of PPE. There was an adequate supply of cleaning products and equipment, and these were enhanced during the inspection by the person in charge, for example, new mop buckets were bought. The cleaning checklists were found to require minor enhancements. The residents' laundry baskets were also changed during the inspection to ensure that they could be cleaned properly. However, the practices of storing clean clothes and washing soiled laundry required more consideration.

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 Villa Maria OSV-0001686

Inspection ID: MON-0039158

Date of inspection: 01/02/2023

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: "COVID-19 Isolation Plan & Infection Control Information and Other Viruses" folder has now been updated to include other potential infections. Completed 01st February 2023</p> <p>Risk Assessment for handling of soiled laundry and legionella have been completed. Completed 13th February 2023</p> <p>The cleaning checklist for washing machine has been enhanced with more detail. Completed 02nd February 2023</p> <p>Clean clothes are now placed in residents’ own laundry baskets and placed outside their room. Laundry baskets are cleaned after use. Completed 02nd February 2023</p> <p>Infection Control Audit to be completed by the 20th March 2023. Completed by 20th March 2023</p> <p>Resident’s Positive Behaviour Support Plan to be completed by 30th March 2023 Completed by 30th March 2023</p> <p>Upgrade to flooring in utility room, hallway and small bathroom, storage press in main bathroom and skirting boards will be completed by 31st of May 2023 Completed by 31st May 2023</p>	

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	31/05/2023