



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

Issued by the Chief Inspector

Name of designated centre:	16 Sion Hill Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0035755

About the designated centre

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

This community based designated centre provides a residential service for vision impaired young adults, both male and female, including young people who are vision impaired with additional disabilities. The primary and main aim of a residential placement in the centre is to facilitate access to appropriate education provision. 16 Sion Hill Road's residential service is open from Sunday to Friday afternoons during term time, September to June.

The centre provides a high quality standard of care which is responsive to the individual social and emotional needs of the vision impaired young people, in a nurturing environment prefaced on promoting positive social interactions and on a culture of dignity, respect and acceptance. The centre provides meaningful opportunities to exercise choice and to contribute to community living, and support in achieving self-identified individual goals and personal ambitions utilising personal plans to monitor and evaluate progress.

The centre is located in a mature residential area, close to amenities and public transport. The premises consists of two storeys and has four bedrooms for residents, one of which is a shared bedroom for two people. A very large bathroom with a separate laundry area and a separate downstairs toilet facility are also available. There is a number of communal areas including a kitchen, sitting and dining room. Residents have access to a garden at the rear and side of the premises. The centre has capacity for five residents. Support is provided over the 24 hour period by a team of staff which includes social care workers and the person in charge. This includes the availability of two staff each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Tuesday 6 September 2022	08:55hrs to 14:30hrs	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 and to monitor compliance with the associated regulation.

Upon arrival to the centre, the inspector observed staff wearing personal protective equipment (face mask) that was in line with the current public health guidance, and there was hand-sanitiser and face masks at the front door.

The centre comprised a two-storey terrace house in Dublin. The house was conveniently located close to many amenities and services such as shops, cafés, and public transport. The inspector completed a thorough walk-around of the centre in the company of the person in charge.

There was a small front garden and larger back garden which was found to require upkeep. The house had been recently deep cleaned, and was found to be warm, comfortable and nicely decorated. There was adequate communal living space including a spacious living room, dining room, and kitchen. Two residents shared a bedroom with an en-suite bathroom, but were content with this arrangement. The inspector found that overall the centre was well maintained, however some furniture required attention to mitigate potential infection risks. The premises are discussed further in the quality and safety section of the report.

The residents in the centre are usually referred to as 'young people' or 'students', but will be referred to as 'residents' in this report. All of the residents attend educational programmes facilitated by the provider from a close by campus. The inspector met some of the residents before they left to attend their educational programmes, and two of them chose to speak with the inspector.

The first resident told the inspector that they loved living in the centre, as they could spend time with their housemates whom they referred to as friends, and because the staff were "super nice" and "understanding" of their needs. They said they were very happy with their bedroom, which they shared with another resident, and that the house was comfortable. They sometimes helped staff with cooking and were happy with the choice of meals and food provided in the centre. They told the inspector that they loved attending college and spoke about their programmes there, such as horticulture, typing, and horse riding. In the evenings, they liked to relax in the centre or go to a local pub. They said that they felt that their rights were being supported and protected in the centre, and they were glad to be back following the summer break. They also spoke about their experiences of the COVID-19 pandemic; they found the national restrictions "hard" due to the limitations on social and group activities. They had received education on infection precautions, such as hand washing and respiratory etiquette.

The second resident told the inspector that they too liked living in the centre. They

liked their housemates and staff. They said they enjoyed their college programmes, especially horticulture. They were happy with their bedroom and found it very comfortable. They told the inspector about their favourite food which they had often in the centre. In the evenings, they liked to chat and have tea with staff. They showed the inspector some of their smart assistive technology and demonstrated how they checked the weather forecast with their smart watch. They spoke about the national COVID-19 restrictions which they found challenging as they said they were "stuck at home" having "no fun", however were glad to be able to engage in community and group activities again. They were aware of some of the infection precautions, and spoke about wearing face masks, washing hands, and vaccination programmes.

Both residents spoken with advised the inspector that they had no concerns, but felt comfortable in raising any potential issues with staff.

The provider had consulted with two residents as part of the most recent unannounced visit report on the quality and safety of care and support provided to residents in the centre. The feedback from the residents was positive and complimentary of staff. The provider had also consulted with residents' representatives, and their feedback was also very positive.

The centre was managed by a full-time person in charge and staffed by a full team of social care workers. The person in charge advised the inspector that the staff complement and skill-mix was appropriate to the needs of the residents. The inspector met and spoke with two staff members. The inspector observed staff engaging with residents in a respectful and kind manner, and they spoke about them warmly and professionally. They described the quality and safety of care and support provided to residents as being excellent and very person-centred. They knew the residents well and had a good relationship with them.

They had no concerns about the service provided in the centre, but advised the inspector that they felt confident in raising any concerns with the person in charge or Director of Care. They also spoke about how residents' rights and personal preferences were supported and promoted in the centre, for example, through the development of individual care plans, and providing choice over meals, activities and daily routines. There was a dedicated vehicle for the residents to use for community activities and they could also use public transport such as the Luas, taxis, and buses.

Staff also spoke about some of the IPC measures implemented in the centre, and this is discussed further in the report.

The provider had ensured that the compatibility of residents living in the centre was suitable, and there were no safeguarding concerns. Staff had completed training in the safeguarding of residents, and there were procedures for them to follow in the event of a safeguarding concern. The inspector observed information regarding safeguarding, complaints, and independent advocacy services on a notice board in the dining room for residents and staff to refer to. As the residents in centre had vision impairments, the provider had also prepared relevant documentation, such as the student handbook and statement of purpose, in Braille format and they were

readily available for residents to read.

There were no restrictive interventions or visiting restrictions implemented in the centre. Overall, the inspector found that the provider and person in charge were ensuring that a human rights-based approach to care and support was delivered in the centre, and that residents were being supported in line with their needs, wishes, and personal preferences.

The inspector also found that there were good infection prevention and control (IPC) practices and arrangements in place, and the provider was taking measures to protect residents from the risk of healthcare-associated infections. However, some improvements were required to meet optimum IPC standards, for example, the review of relevant documentation and maintenance of cleaning equipment.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that the registered provider had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards, however some improvements were required to strengthen the measures.

There was a clearly defined governance and management structure for the centre. The person in charge was full-time and reported to a Director of Care. The Director of Care demonstrated a very good understanding of the residents' care needs and oversight of the service provided in the centre. The person in charge was based in the centre and provided good supervision and support to staff. In the absence of the person in charge, staff could contact the Director of Care, and there was also a nurse on-call system to escalate issues outside of normal working hours.

In relation to IPC matters, the provider's nurse manager provided guidance and direction to the centre. The provider also had an infection control committee that met on a regular basis and as required, for example, in the event of an infection outbreak.

The provider had prepared a written policy on infection prevention and control (IPC) which was available in the centre for staff to refer to. The policy included topics, such as standard and transmission based precautions, waste management, and the arrangements for sharps, bodily fluid spills, and soiled laundry.

The provider had also shared relevant information on COVID-19 and IPC to ensure that staff were aware of the most up-to-date guidance and requirements, for example, information was issued in August 2022 on the use of personal protective

equipment (PPE), infection symptoms, vaccines, and training. The person in charge had ensured that staff had access to public health information on COVID-19 and IPC, and there was a copy of the 'National Standards for infection prevention and control (IPC) in community services' (2018).

The inspector found that some of the documentation prepared by the provider required updating, for example, the COVID-19 infection prevention and control strategy, dated May 2021, referred to controls that were no longer in place. The procedure for the management of suspected cases of COVID-19 was detailed, and included the arrangements for staff absences and communication pathways. However, the inspector found that the procedure required expansion to consider other potential infections beyond just COVID-19 and in relation to the arrangements for residents who could not self-isolate in their bedroom.

The provider had implemented systems to monitor the infection prevention and control (IPC) arrangements in the centre. The recent six-monthly unannounced visit report had reviewed aspects of IPC measures and arrangements, such as storage of cleaning chemicals, food safety, waste management; and had not identified any areas for improvement in these areas.

A health and safety audit, carried out in May 2022, had also covered aspects of IPC including use of chemicals and food hygiene. IPC and COVID-19 self assessment tools issued by the Chief Inspector had been completed, however were found to be due review. There had been no provider-led standalone IPC audit, however infection checklists had been developed and were due to be introduced in the centre.

The person in charge had completed a suite of risk assessments on a range of IPC matters including COVID-19. The COVID-19 risk assessments were detailed and included clear control measures to reduce the associated risks. The inspector found that other IPC risk assessments required further expansion in scope to reflect some of the existing controls implemented within the centre, for example, legionella precautions. The risk of residents sharing a bedroom and being unable to self-isolate also required assessment.

The centre was unoccupied during the summer closure times. The provider had implemented arrangements to reduce the risk of legionella in the water supply, such as water testing and flushing of water. However, the provider was required to better align the scheduling of the tests to ensure that the results were returned before the centre reopened to residents.

The centre operated with a full staff complement. Staff had completed refresher training in infection prevention and control (IPC) before the centre reopened to support them in understanding and implementing IPC measures. The provider had also made immunisation programmes available for staff, if they wished.

Staff spoken with told the inspector about some of the components of the IPC training, such as hand hygiene, use of personal protective equipment (PPE), vigilance of infections, and cleaning precautions. They were knowledgeable on other IPC matters discussed, such as cleaning schedules, use of chemicals and cleaning equipment, and arrangements for handling and washing soiled laundry. They were

also aware of the procedure to be followed if a resident or staff displayed COVID-19 symptoms. They had no IPC concerns, but advised the inspector that they could contact the provider's nursing team if they required any guidance or information.

COVID-19 and IPC matters were frequently discussed at staff team meetings to inform and remind them of the most up-to-date guidance. The inspector viewed a sample of the meeting minutes which noted discussions on use of PPE, hand washing, and COVID-19 risk assessments. There was also evidence of shared learning from IPC inspections in the provider's other centres to drive quality improvement. The provider's nurse manager attended a team meeting in May 2022 and spoke to staff about use of PPE.

The provider had ensured that there was an adequate supply of personal protective equipment in the centre, and there were arrangements to easily access more if required.

Quality and safety

The inspector found that the provider has ensured that the practices and care arrangements implemented in the centre supported a good standard of infection prevention and control. Some minor improvements were required in relation the maintenance of an item of furniture, assessment of infection risks following set closures, and cleaning schedules.

There were no recent admissions or discharges in the centre, however the centre had been closed during the summer holiday term. The person in charge had contacted the residents' representatives in advance of them coming back to the centre to ascertain if there were any changes in their needs. The inspector found that this process could be improved through gaining assurances that residents' did not present with a potential IPC risk, for example, a healthcare-associated infection.

Residents' individual needs were reviewed annually with members of the provider's multidisciplinary team. The inspector viewed a sample of the residents' annual review records and found that they had been attended by the resident concerned, their representatives, physiotherapists, nurses, and other staff involved in their support, such as the person in charge, tutors and instructors. Personal care plans were developed as required to outline the interventions to support residents' care needs. The inspector viewed a sample of the care plans and found them to be up-to-date.

As described earlier in the report, residents spoken with aware of general IPC and COVID-19 precautions. Resident house meetings took place sporadically, and the inspector found that topics, such as hand hygiene, use of PPE, COVID-19 testing, and vaccines, had been discussed at some of these meetings to support residents' understanding of IPC precautions. Residents were supported to avail of immunisation programmes, if they wished, and there was easy-to-read information

on vaccines.

There were good hand hygiene facilities throughout the centre, including hand-sanitiser, and hand washing sinks with soap, paper towels, and warm water. The inspector observed guidance on hand hygiene displayed in the kitchen and bathrooms, and staff were observed washing their hands during the inspection. Generally, there were good waste arrangements, including relevant guidance for staff to refer to. The type of sharps box used in the centre on the day of the inspection was not fully suitable, however the person in charge had ordered a replacement box which was due to arrive soon. Other waste receptacles such as the bins in bathrooms were appropriate to support good waste management. There were also good arrangements for the management of soiled laundry, for example, guidance and use of alginate bags.

The centre had been deep cleaned before it reopened, and was observed to be clean and well maintained. However, the fabric on a stool in the kitchen was damaged and the inner lining was exposed which impinged on how effectively it could be cleaned, posing a risk of bacteria harbouring.

Staff completed cleaning duties, in addition to their primary roles, and were observed attending to cleaning duties during the inspection. There was an adequate stock of cleaning chemicals in the centre with associated safety data sheets.

The maintenance of the cleaning equipment required improvement, as a mop handle was observed to be dirty and the stock of mop handles was limited to one. However, there was an adequate stock of mop heads which were colour-coded for use in different areas of the centre as a measure against the risk of cross contamination of infection. There were cleaning and sanitising schedules for staff to complete; they were found to require enhancement to include other duties, such as cleaning the fans, washing machine, and car.

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. Residents were receiving safe and quality care in line with their assessed healthcare needs, 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 meet optimum standards.

The provider had prepared a written policy on IPC matters which was readily available for staff to refer to. Staff also had access to the relevant national standards, and up-to-date IPC and COVID-19 guidance issued from public health and the provider. Some of the documentation prepared by the provider required review and further consideration, such as the COVID-19 strategy and associated procedure for suspected cases. There were good IPC resources available to the

centre, including nurse managers and an infection committee which were available to provide guidance and support.

The provider implemented systems for the oversight and monitoring of IPC measures in the centre, including audits and assessments to identify areas for improvement. The provider was also planning on conducting specific audits that would solely review infection control arrangements. The person in charge had completed risk assessments on IPC matters, including COVID-19. Some of the risk assessments were found to require further consideration and development.

Staff working in the centre had completed training in infection prevention and control. They demonstrated a good understanding of the IPC matters discussed with the inspector. IPC and COVID-19 was regularly discussed at staff meetings to ensure staff were aware of the IPC precautions implemented in the centre.

Residents were aware of the general IPC precautions, and had been supported to avail of immunisation programmes. Their healthcare needs had been assessed which informed the development of care plans, and records demonstrated that they had been involved in decisions about their health.

There were sufficient facilities for hand washing, and good arrangements for the management of waste and soiled laundry. There was an adequate supply of personal protective equipment (PPE), and cleaning chemicals (with safety data sheets) to be used in the centre. The centre was found to be clean. However, the maintenance of cleaning equipment required enhancement as did the cleaning schedules to ensure that they were adequate. An item of damaged furniture required attention to mitigate an infection risk.

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 16 Sion Hill Road OSV-0002094

Inspection ID: MON-0035755

Date of inspection: 06/09/2022

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 following measures have already been completed in respect of the Inspector's findings (these addressing matters occurring in the same order in which they have been identified in the Inspector's report):</p> <p>As per page 8 (Capacity and Capability)</p> <ul style="list-style-type: none">• The May 2021 Covid-19 Infection Prevention and Control Strategy has been updated and the no longer relevant controls have been removed. This new strategy now sits alongside an outbreak management plan specific to 16 Sion Hill Road and dated the 06 October 2022, which will be reviewed annually or sooner if required. This latter document contains a procedure specifically identifying the plan to be followed in respect of the arrangements for residents who share a bedroom in relation to either or both being subject to an infection, which requires one of them being isolated in another bedroom.• A standalone, provider led IPC audit has now been designed and is in operation from 06 October 2022. In addition, a comprehensive IPC section has been added to the in-house forms used in relation to the six monthly un-announced inspections.• The provider undertakes to ensure that water testing will now take place twice annually and that the scheduling of these tests will be timed to ensure that the results are available before residents return from their summer holidays. <p>As per pages 9 and 10 (Quality and Safety)</p> <ul style="list-style-type: none">• An item of furniture on which the fabric was torn has been repaired.• A new sharp box has arrived and is in operation.• Immediate changes have been made in the cleaning of cleaning equipment such that a rota of cleaning responsibilities is now in place to include duties identified in the inspection report including the cleaning of fans, mop handles, the washing machine and	

the car. In addition, a second mop has been ordered to be used to supplement the existing mop.

As per page 10 and 11 (Protection and Against Infection)

- Two members of staff will be attending a IPC link Practitioners programme run by HSE in mid-November, following this course it is intended to enhance the IPC audits systems.

The following measures remain to be completed in respect of the Inspector's findings (these addressing matters occurring in the same order in which they have been identified in the Inspector's report):

As per page 5 (What residents told us and what was observed).

- The Provider is in discussions with the centre's maintenance manager to find a viable means of insuring that the centre's gardens are regularly tended to, a new system to be in place by 1st November 2022.

As per page 9 (Quality and Safety)

- A letter specific to requesting information from families concerning any hospitalisations or other IPC risks which might have occurred during the long summer break will be drafted and it will be required of parents/guardians/residents that this letter be returned to the Clinical Nurse Manager the week prior to residents returning from this two month break; this letter will be in use from August 2023.

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	18/11/2022