



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

Issued by the Chief Inspector

Name of designated centre:	Cabra Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	29 May 2023
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0038951

About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for up to five ladies, over 18, with an intellectual disability. The centre is located in a quiet residential area and the house consists of six bedrooms, one of which has an ensuite bathroom, and the other which is a staff sleepover room/office. There is also a large kitchen, a separate dining room, and a large living room. There is a large front garden with a drive way and a side and back garden. There was also a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

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
Monday 29 May 2023	09:00hrs to 13:15hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the premises, staff training, storage of supplies including cleaning equipment, and some documentation in the centre. These areas will be discussed later in the report.

The designated centre comprises of a bungalow in North West Dublin. There were six residents living in the centre at the time of the inspection and the inspector of social services had an opportunity to briefly meet with each of them during the inspection.

On arrival, the inspector was directed by staff to an area of the house where hand sanitiser, and the visitors book was. There was a warm and welcoming atmosphere in the house. Resident had moved back into the centre in late 2022 following renovations and an extension to the house. The extension had resulted in a number of additional communal spaces being available for residents, and an additional large bedroom with an ensuite bathroom. There was also now a large accessible kitchen, and two large living rooms one of which had a dining room table and chairs.

The inspector had opportunities during the inspection to engage with residents and to observe them spending time in their home. Residents left to attend appointments and to go for coffee during the inspection, and one resident had plans to go swimming in the afternoon. A few residents were very busy during the inspection and greeted the inspector and had a quick chat about their newly renovated home but then went back to what they were doing. They each said they were happy with their newly renovated home. One resident spoke about wanting a bigger bedroom with more storage space and they had raised this in the latest annual survey and it was discussed at a recent staff meeting.

Throughout the inspection, residents were observed chatting and laughing with staff. One resident spoke to the inspector and the person in charge about their plans to meet their friends for lunch later in the week. Another resident spoke about things they liked to do and about how they liked to spend their time. Residents had a number of communal spaces to choose to spend their time in and they were observed to move freely around their home. They were observed spending time in their bedrooms, watching TV in the living room, sitting and chatting with staff in the kitchen, doing arts and crafts in the living room, and using their tablet computers or laptops. One resident returned from an appointment and talked with the person in charge about how they got on. They had bought a gift for their friend they shared

their home with while they were out, and talked to staff about looking forward to giving it to them.

There was a shed in the back garden which contained laundry equipment, and this shed required some work. It was being used to store PPE and additional stock of products used by residents. There were two large boxes of supplies stored on the floor. This required review to ensure that supplies were stored appropriately. In addition, mop buckets were stored in this area and there was no area to hang mop heads when not in use.

Residents and their representatives views were being captured as part the annual review of care and support in the centre by the provider. In the latest surveys residents indicated that they were happy with care and support in the centre. They each indicated they were involved in decisions about their home and aware of the complaints procedure. One resident discussed their involvement in the upkeep of their home and how much they enjoyed preparing dinner with staff and doing the dishes. The annual review was in development at the time of the inspection.

One resident completed a satisfaction survey during the inspection. They indicated that overall they were happy with care and support in the centre. They wrote about thing they liked, how they liked to spend their time, detailed how staff supported them, and stated that they were aware of the complaints process. They also described their involvement in the upkeep of their home.

In summary, residents appeared happy and comfortable in their home. They were busy doing things they enjoyed, and had things to look forward to. A number of improvements had been made in their homes since the last inspection. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

While there was evidence of good practices relating to infection prevention and control in the centre, there were areas where improvements were required. These areas related to the premises, staff training, storage of supplies including cleaning equipment, and some documentation in the centre.

The provider was self-identifying areas where improvements were required and implementing a number systems and controls to keep residents and staff safe from the risk of infection. For example, the latest six monthly review had identified that a site specific contingency plan was required, that old IPC related documentation needed to be archived, that some staff needed to so some IPC related trainings, that IPC auditing was required, and that some maintenance was required in areas of the premises.

The new person in charge had commenced in the centre a few weeks before the inspection. They were present in the centre regularly and found to be self-identifying areas for improvement. They were supported by a number of clinical nurse managers and a service manager. While the provider was in the process of filling the vacant person in charge post, one of the clinical nurse manager was providing additional support to residents and staff in the centre. During this time IPC was regularly on the agenda at staff and residents' meetings.

The provider had identified a member of staff with enhanced responsibilities in relation to IPC. There was a risk register and a number of COVID-19 related risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. However, the risk register was not up-to-date or reflective of the IPC risks in the centre. In addition, there was an absence of IPC related risk assessments both for the centre, and for residents with certain health conditions which made them vulnerable to infection.

There were policies, procedures and guidelines available to staff on IPC. However, the majority of the information in IPC and COVID-19 folders was out of date, and COVID-19 related. The provider and person in charge had identified this during their audits and reviews and plans were in place to remove out-of-date information and combine the two folders to ensure staff had access to relevant and up-to-date information, and to ensure they were aware of their roles and responsibilities relating to IPC in the centre. Staff had completed a number of IPC related training courses. A small number of staff required IPC related-trainings.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

Quality and safety

For the most part, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-

to-day lives. However, some improvements were required to the premises, storage of supplies including cleaning equipment, and documentation in the centre.

Residents had protocols, guidelines, and care plans in place. However, some documentation relating to isolating in the event of an infection required review, and for some residents with vulnerabilities to infection risk assessments and guidelines were required. Residents were being provided with information on IPC in an easy-to-read format. For example, there were posters on display and folders with IPC related information in an easy-to-read format. This included information on standard precautions, viruses, infections, how to keep yourself safe from infection, COVID-19, vaccine programmes, and the use of personal protective equipment (PPE).

Residents' observations were recorded regularly and the contact details of medical and allied health professionals were available in residents' plans. There was a generic contingency plan in place should there be an outbreak of infection in the centre. However, it was not site specific and did not contain sufficient detail to guide staff practice.

There had been a small number of residents who had contracted COVID-19 since the last inspection, but the control measures in place had proved effective as there was no ongoing transmission to the other residents or any members of the staff team. The provider had developed an outbreak report to identify and share learning across the staff team.

Throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. A small number of staff required some IPC-related training/refresher trainings. There were stocks of PPE available and systems for stock control.

The house were found to very clean during this announced inspection. As previously mentioned, a number of improvements had been made in the centre since the last inspection and further plans were in place. The bathrooms in the older part of the centre were under review at the time of the inspection to identify what works were required. For example, the sink units, toilets and flooring required review.

There were suitable arrangements in place for cleaning and disinfecting the premises, and for laundry and waste management. The provider was installing a patio area and reviewing accessibility to the laundry shed in the back garden at the time of the inspection to ensure some residents could access it if they wished to. There were systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry and waste management in the event of an outbreak of infection in the centre. There were dedicated areas for waste and a system in place for the storage and collection of clinical waste.

There were colour-coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. However, the inspector observed a number of mops which were not stored appropriately. The used wet mop heads were in the buckets and there was no area to hang them up. In addition, there was

a large amount of supplies in the shed at the back of the house and some of this was stored in boxes on the floor, and on open shelving.

Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- There was an absence of risk assessments relating to residents' specific healthcare needs and vulnerabilities, and steps to take to keep them safe from the risk of infection.
- Suitable storage arrangements were not in place for some supplies in the shed at the back of the house.
- A number of mops were observed in the shed and there was no system available to hang them up after use.
- A small number of staff required IPC-related training (aseptic technique, and antimicrobial stewardship).
- A site specific contingency plan was required for the centre.
- An IPC audit had not been completed in the centre since residents moved back in in December 2022.
- The risk register required review to ensure it was reflective of current IPC risks and a number of IPC related risk assessments were required.
- The information folder available for staff on IPC did not contain the most up-to-date policies, procedures, protocols and guidance documents.

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 Cabra Road - Community Residential Service OSV-0003059

Inspection ID: MON-0038951

Date of inspection: 29/05/2023

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:</p> <p>The PIC will ensure that all residents have an up to date risk assessment specific to each individual’s assessed healthcare needs and this plan with clearly outline the plan of care to reduce the risk of acquiring an infection. The provider will ensure that suitable storage is available for supplies. The PIC will ensure that a suitable system is in place for the correct storage of mops and cleaning equipment. The PIC will ensure that all staff have completed IPC related training. The PIC will ensure that a site specific contingency plan is completed for the designated centre. The PIC will ensure that an IPC audit will be completed. The PIC will review the risk register to ensure it is reflective of current IPC risks with corresponding risk assessments in place. The PIC will ensure that the IPC folder contains the most up-to-date policies, procedures, protocols and guidance documents.</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	30/09/2023