



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

## Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0004638
Fieldwork ID:	MON-0034643

## About the designated centre

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

Hazel Grove comprises of two properties located within a relatively short drive of each other. Both properties are located in populated areas in walking distance of services such as shops, restaurants and public transport links. The centre provides a residential service for a maximum of six residents assessed as requiring a broad range of staff support. The support provided ranges from supervision to full support with all activities of daily living. One property is a single-storey detached house where an individualised service for one resident is currently provided. The other property comprises of four apartments that accommodate residents on a single occupancy or shared basis; the maximum possible occupancy of each apartment is two residents. The apartments offer semi-independent living arrangements for residents. In each location there are two staff available to offer care and support during day-time hours and one staff during night-time hours. The model of care is social and the staff team is comprised of social care and support workers with day-to-day management delegated to the person in charge supported by a lead social care worker.

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

Number of residents on the date of inspection:	6
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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 - 2015 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 27 October 2021	09:45hrs to 16:45hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken to assess the provider's compliance with Regulation 27: Protection against infection. This inspection found the provider had adopted and implemented procedures consistent with the National Standards for infection prevention and control in community services (2018). These procedures were part of the daily management and routines of the centre.

The inspector found evidence of strong governance and leadership and, systems for reviewing infection prevention and control practice. Staff had completed training and, understood their infection prevention and control responsibilities. Collectively these arrangements safeguarded residents and staff in this centre from the risk of preventable infection. For example, there has been no outbreak of COVID-19 in this centre. The inspector did make some recommendations to consolidate the good practice that was found and, minor improvement was needed in the arrangements for environmental cleaning.

Six residents live in this designated centre across two different locations. Residents present with a diverse range of needs and abilities; this is reflected in their living arrangements and, in their engagement with the inspector. For example, three residents enjoy a good level of independence in their own apartments. The inspector met with five residents and, this engagement ranged from detailed and informed conversations to observation of the routines and, the support provided.

It was evident from these inspection findings that management and staff saw infection prevention and control as central to their roles and, an integral part of providing safe, effective care and support for the residents living in the centre. This was balanced however with an understanding of the impact on residents' quality of life, for example when it had been necessary to impose restrictions in response to COVID-19. For example, from records seen and, discussions with the person in charge and residents, it was evident that residents had been supported to have access at all times to family. Garden visits and window visits were facilitated during periods of high restrictions and, residents had been supported to develop their skills in utilising technology to stay connected with family and life in general. Visitors were now welcome in both locations. Reasonable controls were implemented to ensure visiting could be safely facilitated. Signage based on national guidance was displayed advising visitors of these controls and, the requirement to comply with them. Inspector well-being was ascertained prior to entering both locations so as to protect residents and staff.

Discussions with the residents confirmed they were reengaging with life and, with services and activities that they had previously enjoyed. Residents said that they had found the restrictions very hard. It was evident to the inspector that residents were consulted with and, provided with the information that they needed to safeguard themselves from the risk of infection. Residents understood that there was ongoing risk and, a need for measures to keep themselves and others safe from

the risk of infection. For example, a resident discussed the ongoing need to maintain a safe physical distance from others, the use of a face mask and, regular hand sanitisation when out and about in their community. The resident was delighted to have returned to their part-time work where they said they were well looked after, attending mass, going swimming and, having meals out. The resident had his COVID-19 vaccination certificate and said that he always took this with him. The resident was aware of the current rise in cases and, was concerned for the impact on the hospital services. The resident said that he felt safe in his home, had good support from staff to safely access his community and, was quite happy not to re-engage with some previous routines such as grocery shopping. The resident had continued the on-line shop commenced during the highest restrictions.

Conversely, another resident told the inspector that they loved shopping, had not really enjoyed the experience of online shopping and, was delighted to have access to shops again. The resident was retired from work but understood the importance of remaining active and, was very happy to have returned to the local gym. This resident said that they loved their home, felt safe in it and never wanted to leave. This resident and another peer had also recently returned to their community based day service.

From these discussions and, from records seen such as risk assessments, the inspector saw that residents were consistently consulted with in a way that fostered understanding of why infection prevention and control measures were so important. For example, one resident said that he "followed all of the rules" but the resident also knew the purpose of the "rules" and, choose to follow them so as to stay safe and well. It was evident that staff and residents worked collaboratively together and, with other services so that residents could safely re-engage with life and, their local community. For example, staff described and, there was documentary evidence of the sharing of risk assessments so that staff were assured of the infection prevention and control measures in external services accessed by residents. The person in charge engaged with residents in person or, using video applications. Residents were also actively engaged in the internal advocacy forum.

Where residents had higher needs and did not have the ability or health to engage with such discussions or forums, staff described person centred practices. For example, the person in charge described how having a regular staff team where staff were well-known to the resident, reduced the risk of possible upset and anxiety when the use of face-masks by staff had been introduced.

The person in charge described how management were actively and positively engaging with the property management company for agreement on developing the outdoor space in the apartments. The second property which was a detached property had a very pleasant garden to the rear and, ramped access had been provided since the last HIQA (Health Information and Quality Authority) inspection. Both external spaces had been used to facilitate the garden visits mentioned above.

There was evident provision of hand sanitising units, stocks of face masks and gloves and, prominent signage but this did not impact negatively on the presentation of the apartments or the bungalow. Both locations presented as

welcoming and homely and, residents discussed with the inspector how they liked to purchase items to personalise their apartments. For example, there was much display of personal photographs, artwork that had been completed by residents and, fittings and furnishings that residents had chosen for themselves. Staff assisted residents in the cleaning of their apartments and, in the completion of laundry; there was a domestic type washing machine in each apartment and, in the house. Both locations presented as visibly clean. However, some observations during this inspection such as the storage of products and equipment, highlighted the need to review and assure cleaning policy and procedures.

The next two sections of this report will describe the governance and management arrangements in place and, how these arrangements ensured and assured the quality and safety of the service provided to residents by ensuring compliance with Regulation 27: Protection against infection.

## Capacity and capability

The inspector found evidence of the good leadership, governance and, management needed to ensure compliance with Regulation 27: Protection against infection. It was evident from these inspection findings that protection against infection was part of the daily operation of the service and, was seen as a shared responsibility by management and staff. The provider continued to be vigilant to the possibility of outbreaks and, possible further restrictions.

The person in charge assumed local responsibility and accountability for the implementation and oversight of infection prevention and control measures but, there were also delegated staff functions such as the staff COVID-19 lead representative. The person in charge confirmed that she had access to advice as needed from her line manager and, from the nursing resource available within the organisation. The centralised COVID-19 response committee was also available and, the pathway of communication was clear.

For example, at provider entity level the provider had adopted and implemented infection prevention and control policy consistent with national guidance. This policy was reviewed and amended as national guidance developed and evolved. While a comprehensive document, the inspector found that it was easy to retrieve information from it. The person in charge described how management synopsis changes and updates made to this policy and, then circulated these to the person in charge so that staff were made aware of the changes. There was documentary evidence of this and, staff spoken with said there was very good communication with and, from management on infection prevention and control matters.

In addition, the inspector saw a range of displayed documents for staff such as the immediate safeguarding actions to be taken in the event of any suspected COVID-19 and, how and who to report this to. Records of team meetings demonstrated that infection prevention and control matters were regularly discussed and, there was

good staff representation at these meetings. The inspector did recommend adding infection prevention and control as a standing item to the staff meeting agenda template so that it was always considered for discussion at each meeting.

The staffing levels on the day of inspection were as set out in the statement of purpose. The person in charge was satisfied that staffing levels supported effective infection prevention and control practice. For example, the person in charge was assured that staff had the time to complete the additional frequent cleaning required in response to the risk posed by COVID -19. Staffing, and planning for responding to the possible need for additional staffing and possible staff absences, was included in the provider's infection prevention and control contingency plan. A range of options were outlined from which suitable staff could be deployed. The contingency plan also outlined the arrangements for maintaining governance and management of the service in the event of an outbreak.

The provider had agreed and prescribed for staff the minimum range of infection prevention and control training they had to complete and, the frequency of that training; this including refresher training in 2021. This training included hand hygiene, infection prevention and control, breaking the chain of infection and, how to correctly put on and take off PPE (Personal Protective Equipment). Training records seen indicated that all staff had completed this training. Staff spoken with were knowledgeable. For example, staff readily retrieved the personal protective equipment (PPE) that would be needed in the event of suspected or confirmed COVID-19. Staff clearly described the use of standard precautions in their daily routines and, the use of the correct level of PPE as appropriate to the task, for example, when supporting residents with personal care.

The provider had a range of systems in place for reviewing and assuring the appropriateness and consistency of its infection prevention and control arrangements. For example, the inspector saw that infection prevention and control had been integrated into the template used when completing the six-monthly unannounced reviews of the service. The lead worker representative was completing monthly infection prevention and control checks. The person in charge was undertaking unannounced spot checks of infection prevention and control practice such as the correct use of face masks by staff and, the performance of good hand-hygiene technique. The person in charge was also completing formal infection prevention and control reviews. The template for these latter reviews was closely aligned and, referenced to the principles of the National Standards for infection prevention and control. The findings of these internal reviews were satisfactory. However, they will be discussed again in the next section of this report when discussing environmental cleaning. At verbal feedback of these inspection findings the inspector did recommend that the provider review the different systems in use for reviewing infection prevention and control, in particular their timing, frequency and, their co-relation so that collectively they provided structured, time-effective, consistent and inter-related review and oversight.

## Quality and safety



As discussed in the previous section of this report there was a clear commitment to providing each resident with a safe, quality service; the provider had the arrangements in place to ensure this. For example, there were sufficient staff who had been provided with appropriate training. There was evidence of good infection prevention and control practice that was regularly reviewed and monitored. When reviewing, the provider considered not only the practice, but also any impact on residents such as the impact of restrictions to keep residents safe. Both premises were visibly clean and conducive to cleaning, but practice would have benefited from review and, the development and implementation of service specific cleaning policy and procedures.

The person in charge confirmed that none of the residents living in the centre had an underlying healthcare associated infection, such as methicillin-resistant staphylococcus aureus (MRSA). One resident had a healthcare need that required the use of additional equipment for the monitoring of blood sugar levels. There was no shared equipment and, any equipment in use such as specialised seating and, a hoist were supplied for single resident use.

Some residents were however at higher risk from infection due to their age, pre-existing conditions and, prescribed treatments. The risk posed by infection to all residents and, this higher risk was captured and documented in the range of risk assessments maintained by the person in charge. To protect residents from preventable infections, infection prevention and control was now part of the residents' daily routines and, the routine delivery of care. The inspector saw that the process of risk management was dynamic and, controls increased and decreased in line with local and national developments. Currently and, in line with national guidance there was no evidence of unnecessary or unreasonable restrictions on residents' routines and choices. When infection prevention and control concerns arose, these were identified, documented and, controlled in a timely and effective manner. For example, referral for COVID-19 testing and, the following of national guidance on restricted movements and, symptom management.

As discussed in the opening section of this report residents described to the inspector their re-engagement with life and, society in general. Visits to the centre were facilitated. Residents were supported to complete education and training on hand hygiene and, the correct use of a face mask. The review of the risk assessments by the inspector demonstrated that talking with and, supporting residents was an ongoing process, and, there were times when residents needed some prompting and reminding so as to stay safe. Where resident needs were higher, staff spoken with described the use of standard precautions to protect the resident and themselves, for example hand-hygiene before and after care delivery and, the use of a face mask.

Staff and residents were monitored for the signs and symptoms of infection in line with national guidelines to facilitate the early detection and, to control the spread of infection. The inspector was assured that residents had access to any healthcare service or clinician that they needed. There was evidence of regular consultation

with the General Practitioner (GP), community and provider based nursing services, occupational therapy, physiotherapy and, speech and language therapy. All residents had been supported to avail of vaccination and, arrangements were being put in place for some residents to receive their booster vaccine. All staff working in the service were also reported to be fully vaccinated.

Staff were familiar with resident well-being baseline and, clearly described other indicators that would raise the index of suspicion for COVID-19. For example, if a resident was presenting with symptoms that could be indicative of COVID-19 but, the symptoms were also suggestive of a pre-existing illness, for example a recurring cough. The inspector did recommend however, that a decision-making framework for such occurrences, should be agreed and, explicitly set out as part of the resident's care plan.

There was evidence of other arrangements that further supported infection prevention and control. For example, the provision of individual living arrangements to residents' significantly reduced the risk of transmission. There was evidence of monitoring and, care aimed at preventing residents acquiring an infection. For example, regular speech and language input and, safe eating and drinking plans to reduce the risk of aspiration and infection. Staff were seen to provide the care recommended. At verbal feedback of the inspection findings the practice of microbial stewardship as provided for in the standards was discussed. The provider was open to and, saw the possibility for expanding its medicines management systems to support the concept of antimicrobial stewardship. For example, introducing a system for recording the use, indication, duration, frequency and, outcome of antimicrobial prescribing for individual residents. This information could then be shared with prescribers.

There were a variety of systems in place to ensure that the standard of environmental cleaning was good. For example, the provider had implemented cleaning checklists, there was a colour coded system of cleaning, the infection prevention and control policy addressed the management of waste and, described the important difference between cleaning and disinfecting. Staff described good practice such as the management of possibly contaminated laundry and, the laundering of reusable cleaning cloths. Designated staff had completed training on the safe handling of chemicals. A range of products were provided and safety data sheets were available to staff.

However, the inspector noted that all cleaning and sanitising products and, equipment were not appropriately stored and, not adequately labelled. For example, it was not clear from one label that had been affixed to a container, if the contents were a concentrate or diluted, a detergent, disinfectant or both. Larger containers of cleaning and sanitising products were not safely stored in line with the provider's own policy for their use and storage. Mops while colour coded were stored in too close a proximity to each other and, were not labelled to indicate which apartment they were allocated to. These findings had the potential to compromise the standard of cleaning and its effectiveness in preventing and controlling infection. The provider needed to ensure that it had local cleaning policy and arrangements aligned to national guidance but also suited to the nature of the service. For example,

guidance for staff on the methods of cleaning, the frequency, the products to be used and, the maintenance and storage of products and equipment. Systems of review were then needed to benchmark that policy, identify and address any deficits arising.

## Regulation 27: Protection against infection

The provider had adopted and implemented procedures consistent with *the National Standards for infection prevention and control in community services (2018)* and, these procedures were part of the daily management and routines of this centre. These procedures included a variety of systems to ensure that the standard of environmental cleaning was good. The centre presented as visibly clean. However, the inspector noted that all cleaning and sanitising products and equipment were not appropriately stored and, not adequately labelled. These findings had the potential to compromise the standard of cleaning and its effectiveness in preventing and controlling infection. The provider needed to ensure that it had local cleaning policy and arrangements that set out for staff the methods of cleaning, the frequency, the products to be used and, the maintenance and storage of products and equipment. Systems of review were then needed to benchmark that policy, identify and address any such deficits.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Hazel Grove OSV-0004638

Inspection ID: MON-0034643

Date of inspection: 27/10/2021

## 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 the observations highlighted by the Inspector during the inspection regarding the storage of products and equipment, and the highlighted need to review and assure cleaning policy and procedures are appropriately in place will be immediately actioned. An appropriate risk assessment has been put in place, and the sourcing of adequate storage is being actioned.</p> <p>Status: In progress <span style="float: right;">Deadline: 30/12/2021</span></p> <p>The PIC and Service provider will complete all recommendations by the Inspector regarding the different systems in use for reviewing infection prevention and control measures, in particular their timing, frequency and, their co-relation so that collectively they provided structured, time-effective, consistent and inter-related review and oversight.</p> <p>Status: In progress <span style="float: right;">Deadline: 20/1/2022</span></p> <p>The PIC will endeavour to address with immediate action highlighted situation of 1 resident presenting with symptoms that are suggestive of a pre-existing illness. Recommendations of a decision-making framework for such occurrences, are to be agreed and, explicitly set out as part of the resident’s care plan with the appropriate involvement of Medical professionals.</p> <p>Status: In progress <span style="float: right;">Deadline: 7/12/2021</span></p> <p>In regards the area of microbial stewardship; the PIC &amp; Service provider is reviewing its medicine management systems to support the concept of antimicrobial stewardship .This system will ensure appropriate recording of usage, indication, duration, frequency and, outcome of antimicrobial prescribing for individual residents.</p> <p>Status: In progress <span style="float: right;">Deadline: 19/4/2022</span></p>	

It was highlighted in the Inspection that not all cleaning and sanitising products and equipment were not appropriately stored and, not adequately labelled. Larger containers of cleaning and sanitising products were not safely stored in line with the provider's own policy for their use and storage. Mops while colour coded were stored in too close a proximity to each other and, were not labelled to indicate which apartment they were allocated to.

PIC will ensure that all products and equipment are appropriately stored, labelled in line with policy as of immediately. Mops have been moved and assigned per apartment and stored within appropriate proximity. Storage for cleaning and sanitising products is in progress.

Status: In progress

Deadline: 30.12.2021

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/12/2021