



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	An Ghrianán
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0004656
Fieldwork ID:	MON-0036082

## About the designated centre

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

An Ghrianán provides a full-time residential service to four residents who are over the age of 18 and have a mild to moderate intellectual disability. The centre consists of one single-storey house located in a residential neighbourhood outside a large town, where public transport links are available. The centre is also in close proximity to a bus stop and residents can use the bus service and taxis to access their local community. Residents also have use of a hire car, which can be used to visit areas of interest and go on day trips. Each resident has their own bedroom which is decorated with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. The centre is staffed with a mix of nursing and care staff, with one staff member providing sleepover cover each night.

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

Number of residents on the date of inspection:	4
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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
Tuesday 23 August 2022	10:35hrs to 17:15hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, a staff member and the person in charge. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre was a five bedded bungalow located on the outskirts of a large town. There were four residents receiving residential care at the time of inspection. The inspector got the opportunity to meet with all residents and staff supporting them throughout the day.

On arrival to the centre, the inspector met with one staff member and a resident. The person in charge arrived to the house shortly afterwards. The resident spoke about their plans for the day, which involved going out for a beverage and attending an appointment in the afternoon. They agreed to show the inspector around the house, including their bedroom. The house had been recently re-painted internally and some works had been completed on the back garden area, which enhanced the overall comfort and appearance.

The house was clean, bright and well ventilated. The art work, pictures and furnishings around the house created a warm and homely atmosphere. On the day of inspection, there were bright balloons and flowers on display in the house. It was reported that one resident had celebrated their birthday by having a garden party over the weekend, where friends, family members and the local priest attended. The inspector later met with this resident who spoke about their birthday celebrations, and talked about how they had chosen what to do and how they planned it. They showed the inspector some gifts that they had received also. They also spoke about an upcoming hotel break the following weekend, as part of their birthday celebrations. It was reported that the resident had little opportunity to have a big birthday celebration the previous year, in part due to COVID-19 pandemic, therefore they were enjoying organising celebrations with friends and family this year.

Two residents were attending a day service on the day of inspection and the inspector met with them on return to the centre that evening. Residents spoke about how they were getting on and about the activities that they enjoyed. They also spoke about plans that they had over the Summer, one of which included a holiday to another county. Some residents spoke about how much they enjoyed the holiday and the activities that they did while there, including going for beauty treatments and meals out. One resident spoke about how they missed going on the holiday due to COVID-19; however they talked about their experience of this and how they were supported to self-isolate in their home. They also spoke about plans in the near future to travel abroad with some family members for a family

celebration and about how they had recently returned from a weekend break away in another country.

Residents were supported to understand IPC through a range of easy-to-read documents, social stories and posters on display throughout the home. In addition, regular discussions took place at house meetings about health and safety issues. Two residents spoke with the inspector about their experiences of having COVID-19 and about the isolation arrangements at the time. Residents appeared to have a very good understanding of COVID-19 and about ways to minimise risks of contracting and transmitting infections. In addition, residents were provided with information about their rights, advocacy and given opportunities to raise complaints or issues at regular residents' meetings.

Residents were observed throughout the day coming and going to the house for shopping trips, going out for beverages and going to a healthcare appointment. Residents were observed wearing face masks while going out, and coming into, the centre. One resident explained about how they wear face masks in their day service and on the transport as a precaution against COVID-19.

Each resident had their own individual bedrooms which they agreed to show the inspector. Bedrooms were noted to be clean, bright and individually decorated, with each resident having a sink and adequate storage facilities in the rooms. There were personal effects on display in their bedrooms, and each resident had their own television also. Some residents pointed out and spoke about their personal effects, such as art work, a doll collection and certificates of achievements which were framed and on display. Residents were involved in the cleaning and upkeep of their home and bedrooms, with a timetable and schedule of duties on display in the kitchen. Some residents had preferences for particular tasks, such as bringing out the bins etc. and these choices were facilitated. Residents were observed during the day carrying out laundry and doing some household tasks.

There were two communal bathrooms, both of which appeared clean and hygienic and contained accessible showers. There were supplies of hand soap, paper towels and bins located in the bathrooms. One bin was noted to be an open bin (no lid), and it was explained that some residents had difficulty operating the foot operated bins, so this option was best suited to their needs. It was explained that this bin only contained used paper hand towels and was emptied regularly so that any IPC risks were minimised. In general the bathrooms were clean and well maintained, however one grab rail beside the toilet in one bathroom was visibly rusty. The person in charge explained that this issue was in progress of being addressed through the provider's maintenance request process.

There was a spacious sitting-room which had comfortable furniture and homely furnishings. This was accessible through the kitchen/dining area or through the main hallway. The kitchen area appeared bright, clean and well equipped. There were notices on display, including the household tasks rota, the staff roster and a notice board for shopping lists. The laundry area was located in the kitchen, and included a washing machine and dryer located in a small storage room within the kitchen. Residents were observed carrying out laundry tasks throughout the day. While there

was a risk assessment completed on carrying out laundry, it required review to include all the control measures in place to reflect the transporting of laundry through the kitchen area. This will be discussed in more detail in the quality and safety section of the report.

The back garden area had been recently renovated which created a lovely, relaxing space for residents to enjoy. The garden was accessible from the back door, and had a ramp and hand rail for ease of access. There was a paved patio area, which contained comfortable and well maintained garden furniture. There were a range of potted plants and shrubs, in addition to a strawberry plant and a variety of herbs which some residents had been involved in growing.

From a walkaround of the centre it was observed that the provider had put measures in place for IPC arrangements. This included easy access to personal protective equipment (PPE), posters on display about hand washing and PPE use. In addition, hand gels and paper towel dispensers were readily available to promote good hand hygiene practices. There were colour-coded mops and notices on display about cleaning practices. The provider was implementing a new colour coded mop system, and the new supplies had recently been delivered to the centre.

Through a review of documentation and discussions with staff, the person in charge and residents it was evident that residents were supported to enjoy a full and meaningful life in line with their individual preferences. Residents had the option of attending day services and some had chosen to attend on a part-time basis. Residents enjoyed a range of activities and roles in their local community, such as work experience in a local hotel, volunteer work in a charity shop, taking part in 'chairobics' classes, horse-riding, attending religious services, going on holidays, visiting family and receiving visitors to their home. There was no restrictions on visitors, and the documentation about visitors included the adherence to arrangements in line with public health advice.

Staff spoken with were knowledgeable about residents' individual healthcare needs and about how to support with this. The inspector was informed about an area of independence related to healthcare that a resident was currently being supported with, in line with the resident's preferences. Staff were observed to be treating residents in a caring and respectful manner, and were responsive to any communications and requests. Staff spoken with appeared knowledgeable about practices for IPC and were observed wearing PPE, such as face masks, as appropriate for the tasks that they were completing.

Overall, the inspector found that there were good arrangements in place in An Ghrianán for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

## Capacity and capability

There were good arrangements in place for the governance and management of the designated centre. The systems in place ensured ongoing monitoring of IPC by the management team, which was found to be effective and to a good standard. However, some improvements were required in the area of staff training records, assessment of laundry risks and in addressing a maintenance issue in a bathroom.

The local governance structure included a person in charge who reported to an assistant director of nursing (ADON) and who in turn reported to a director of nursing (DON). The person in charge had responsibility for two other designated centres and managed their time between all three centres. They appeared very knowledgeable about the needs of the residents in An Ghrianáin, and it was evident that they were well known to residents.

There was a management on-call arrangement for out-of-hours and a deputising arrangement for when the person in charge was on leave. There were clear lines of accountability for the management team and systems in place for ongoing monitoring of the centre. There were policies and procedures in place for the management, control and prevention of infection. The Safety Statement, IPC procedures and COVID-19 contingency plans all outlined the roles and responsibilities of staff and the management team. The person in charge was the responsible person for compliance and was also the lead worker representative.

The centre had a risk register which included a range of health and safety related risk assessments; including risks associated with exposure to bodily fluids, handling and disposing of healthcare waste, exposure to sharps and risks associated with COVID-19. Some ratings required review to reflect the actual impact and likelihood of risks following control measures in place, and the person in charge addressed this on the day. In addition, the risk assessment relating to laundry required further review to ensure that the risk descriptions were accurate and that it included all the control measures to minimise risk, not only to staff, but also to residents who were involved in laundry tasks.

There were audits carried out in the centre relating to health and safety and IPC. These were carried out by the person in charge who was the lead worker representative (LWR) for compliance. The provider ensured unannounced six-monthly provider audits were completed, the last one which was carried out in May 2022, and which was noted to include a review of health and safety and IPC. There were also daily, weekly and monthly checklists in place for cleaning the home, and which were signed off when completed.

The HIQA self-assessment tool for preparedness in the event of an outbreak had been completed, with all areas found to be compliant. The centre had a 'COVID-19' folder in place which contained relevant documents and communications for staff. Contingency plans were in place for COVID-19, and had been recently reviewed and updated. This included a range of information including staffing arrangements and communications to staff, residents and families.

There appeared to be sufficient staff in the centre to meet the assessed needs of residents and the IPC needs of the service. There were regular agency staff used to



cover shifts, in addition to some permanent staff. One staff member worked with residents each day and covered a sleepover shift each night. However, the inspector was informed that additional staff could be organised for activities and individual short term supports to residents, if required.

The provider had a list of mandatory training required by staff, which included a number of training modules relating to IPC. Staff had undertaken various training programmes in IPC including standard precautions, donning and doffing personal protective equipment (PPE) and hand hygiene. A sample of records were reviewed; however some documentation for staff working in the centre were unavailable therefore evidence of completion of training could not be verified. This related to the three regular agency staff that worked in the centre.

Communications to staff about IPC were through staff notice-boards, a communication diary, team meetings and through the use of a 'COVID-19 folder' which included documents and information about relevant information. Team meetings records were reviewed, and demonstrated discussions about IPC and health and safety risks. There was an Employee Assistance Programme (EAP) available to staff, if required. There was also an induction system in place which included a checklist for the review of a range of policies, procedures and protocols which would help support staff's knowledge around IPC arrangements and other relevant information. Staff spoken with said they felt supported in their role.

Overall, the inspector found that there were good systems in place for IPC with regular auditing of the service. However, improvements as noted above to enhance the good systems already in place were required.

## Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted safe and individualised care and support. However, some improvements were required to ensure that the risks associated with laundry arrangements were fully assessed and in the repair of a hand rail located in the bathroom.

Residents had comprehensive assessments of needs completed which included an assessment of health-related needs. Each resident had care and support plans developed based on their individual assessed needs. Residents were supported to understand, and be involved, in their healthcare. For example, one resident had been supported and educated to take responsibility of a healthcare related daily practice. Residents' care plans included personal and intimate care plans which were found to be comprehensive and detailed specific individual supports and areas of independence. These were noted to have been agreed and signed by the resident.

Residents had assessments completed for healthcare risks and risks of COVID-19 infections also. In addition, residents had Hospital Passports (a document for

relevant information about residents in the event that they were admitted to hospital), which provided relevant information about them in the event that they needed to go to hospital. These also contained information about residents' vaccination status. The department safety statement and contingency plan for COVID-19 outlined the arrangements to share information about residents' infection status in the event of any admissions, discharge or transfer from the designated centre.

Residents were supported to access any healthcare appointments and allied healthcare professionals as required and had access to national screening programmes, vaccination programmes and testing for COVID-19 as required. One resident spoke about a healthcare appointment that they were attending that day, and another resident briefly spoke about a medical test that they had recently. Some residents spoke about their experience of having COVID-19. They appeared to have a very good understanding of control measures to reduce transmission of infections, such as hand hygiene, self-isolation and face mask wearing.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring measures were in place to promote the safety for all on an ongoing basis. Staff were observed adhering to standard precautions such as hand hygiene practices and wearing medical grade face masks, as required. There were hand sanitising equipment throughout the home including in residents' bedrooms and bathrooms. There were plentiful supplies of PPE available in the centre, with emergency supplies available in the event of an outbreak of infection. Staff spoken with were aware of how to act promptly in the event that a resident displayed any signs or symptoms of COVID-19 e.g the use of enhanced PPE.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19. In addition, there was checklist system in place to monitor staff for signs and symptoms of COVID-19. Staff were provided with public health and other COVID-19 related information, as required. There was a comprehensive contingency plan developed for COVID-19 outbreaks specific to the centre. The service contingency plan outlined the arrangements for reviews of any outbreaks, including roles and responsibilities in this regard.

Residents' meetings were held regularly where discussions about health and safety issues were discussed. There was a folder of easy-to-read documents and social stories available and accessible to all residents. This included information about areas related to healthcare, laundry, waste disposal, COVID-19 and overall wellbeing, such as the importance of exercise and self-care. Residents' meetings also included consultation with residents about the cleaning schedules for the house.

There was a daily, weekly and monthly cleaning schedule in place to ensure the home was kept clean, hygienic and well maintained. The cleaning arrangements ensured that the use of shared equipment, such as a shower chair, was cleaned daily and after each use. Cleaning schedules also included the method and products required for cleaning. Safety data sheets were available for cleaning products, including for thick bleach. Residents were involved in cleaning their home and had

dedicated days in which they cleaned their bedrooms. There were arrangements in place for waste disposal and guidance for arrangements for clinical waste. A new system of colour coded mops was due to be implemented in the centre, with a recent delivery of the equipment being received. The person in charge explained that this would be implemented following training in its use to ensure appropriate usage. Overall, the house appeared clean, bright and well maintained. However, as previously mentioned, the grab rail for use in the communal bathroom was visibly rusty and required repair. This had been identified by the person in charge, and a maintenance request had been submitted, and the centre was awaiting for this to be completed.

The laundry facilities were located in a small storage room within the kitchen. Each resident had their own laundry baskets and were involved in their laundry tasks. This was observed on the day with one resident observed bringing their laundry to the laundry facilities in the morning, and one resident observed hanging out clothes on the clothes line in the afternoon. There was a risk assessment in place for laundering soiled linen; however this required review as it was not specific to the risks in the centre such as laundry facilities located within the kitchen/dining area. It also did not include the control measures that the inspector was informed about to minimise risks to residents, such as not carrying out laundry while food was being prepared/eaten and the use of laundry baskets with closed lids to transport laundry through the kitchen/dining area. This required review and at the feedback meeting at the end of the inspection, residents spoke about their plan to review this at their next resident meeting which was scheduled for that evening.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. Some improvements in the assessment and documentation of risks associated with laundry and in ensuring aids in the bathroom were well maintained would further enhance the quality and safety of care provided with regard to IPC.

## Regulation 27: Protection against infection

Overall, the centre had good systems in place to promote IPC and to support safe and effective care and support. However, improvements in the following areas were required which would further enhance the arrangements in place:

- There were gaps in some staff training records relating to IPC training modules
- Guidance and risk assessment for laundry arrangements required updating to ensure it was specific to the risks of the laundry being located in the kitchen area and to include the control measures to reduce risks to residents completing their own laundry.
- Grab rails in the communal toilet had visible rust and required replacement.

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

# Compliance Plan for An Ghrianán OSV-0004656

Inspection ID: MON-0036082

Date of inspection: 23/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"><li>• The Registered Provider has ensured that residents are protected from infection in line with the regulatory standards in relation to Infection Prevention Control.</li><li>• The Person in Charge has ensured that the risk assessment for laundry arrangements has been reviewed and updated to ensure that the specific risk in relation to laundry being located in the kitchen area now includes control measures to reduce risks to residents completing their own laundry.</li><li>• The Person in Charge has ensured the grab rails in the communal toilet have been replaced and are now compliant with Infection Prevention Control guidelines.</li><li>• The Person in Charge has assurance that all agency staff have completed the required training relating to Infection Prevention Control. Training in Infection Prevention Control is online for both Agency and HSE staff. Completed certificates for staff are kept by the Person in Charge within the Designated Centre.</li></ul>	

## 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	30/08/2022