



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

Issued by the Chief Inspector

Name of designated centre:	Centre B1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 August 2022
Centre ID:	OSV-0005389
Fieldwork ID:	MON-0036327

About the designated centre

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

Centre B1 is a designated centre based on a campus setting in West County Dublin. It consists of four units and an additional unit which is divided into two separate individual apartments. The centre supports up to 16 persons with intellectual disability with an aging profile through the 24 hour residential services it provides. The staff team comprises of staff nurses, care assistants, household staff, a clinical nurse manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Friday 26 August 2022	10:10hrs to 16:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the registered provider had in place for the management of infection prevention and control and the risks relating to healthcare-associated infections. During the course of the inspection the inspector met and spoke with residents, the person in charge and staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

This designated centre consisted of four bungalows in a cul-de-sac on a campus setting. One of these bungalows was divided into two single-occupancy apartments, and the other three bungalows were registered to be shared by four to six people in a shared residence. Residents had a single private bedroom which were observed to be clean and to be decorated according to residents' choices and preferences, with photographs, ornaments, posters and merchandise from favourite football teams. Where desired, some residents had televisions in their rooms, with one person being supported to get a subscription for channels they wanted. Residents had access to suitable kitchens, living rooms, dining areas and bathrooms which were accessible for people with mobility support needs. The communal areas were suitably decorated, and had recently been furnished with new armchairs. The cleanliness and upkeep of residents' homes was overall well maintained. While some areas for improvement were identified on practices in residents' homes related to infection risk control, which will be detailed later in this report, the direct impact on the day-to-day lives of the residents was not major.

The inspector observed residents being involved in activities based on their interests. Some residents spent time in a wellness service located on the campus in which they got involved with art, pottery and other classes. Other residents went shopping with staff members for clothes. One resident was looking forward to going to mass service, which had recently recommenced on site following suspension due to COVID-19.

A restraint-free environment was encouraged in these houses, with residents able to freely move around their home and between the houses as they pleased. The inspector met one resident who was out talking their dog for a long walk. The grounds of the centre were pleasant and nicely featured, including safe walkways, garden spaces, and a field in which residents enjoyed watching and feeding donkeys. Shortly before this inspection the provider had closed off a car park located between the bungalows and turned it into a covered hangout spot for residents with picnic benches, planters and space for outdoor activities.

Residents told the inspector that they felt happy and safe in their homes, and the inspector observed a relaxed and friendly atmosphere in the houses. Residents were supported to get up very early or sleep in later if they wished, and residents and staff members were observed to have a friendly rapport. Residents were familiar with what the Health Information and Quality Authority (HIQA) inspections entailed

and welcomed the inspector into their houses, offered coffee and a chat, and invited the inspector to be shown around. Residents showed the inspector a large mural on display done by the residents of that house, and living rooms included photos of the residents enjoying activities and outings together.

It was evident to the inspector that the provider had encouraged and facilitated the residents to understand and be educated on infection control risks and practices in a manner suitable for their communication styles. Through house meetings, individual sessions with their keyworkers, social stories and easy read guidance, residents were educated on how they could do their part in keeping themselves and others safe during the COVID-19 pandemic. There had been outbreaks of COVID-19 in the designated centre and residents were supported to understand how they and their peers were affected and what would happen next. Residents and staff were provided support through a bereavement and to express how they were feeling. Residents were provided suitable information to make informed consent when receiving their vaccinations and boosters against COVID-19. Residents were provided realistic information on the speed at which restrictions would be lifted during the pandemic, and were kept updated on changes, and residents commented on their enjoyment of preferred activities and social opportunities being available to them again. For infection control and other aspects of the service, the inspector found evidence of how the experiences and feedback of the residents was reflected upon in audits and provider oversight.

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 in respect of infection prevention and control.

Capacity and capability

Overall the inspector found evidence indicating that the registered provider had suitable oversight and reporting structures, auditing systems and risk control measures in effect to protect residents and staff members from risks related to healthcare-associated infections.

The quality and safety audits of the designated centre, most recently reported in June 2022, reflected on the challenges and achievements of the service during their experiences with the pandemic, social restrictions and infection outbreaks. The audits included testimonials from residents on what they had been involved in as restrictions eased, such as shopping, holidays and meetings with friends and families. Family feedback included commentary on how the provider kept them updated on the level of infection risk and kept them in contact with their loved ones living in the centre.

Staff members were supported to attend training in infection prevention and control, proper hand hygiene and the correct use of personal protective equipment. In addition to online training courses the staff were facilitated to attend in-person

sessions on proper cleaning techniques and risk mitigation protocols. Each house had an infection control lead, who was tasked with communicating the latest updates and guidance to the front-line team, as well as attending “train the trainer” sessions to effectively support their respective teams. The infection prevention and control committee, which maintained oversight of the risk related to this and other designated centres under this provider, included a clinical nurse specialist in infection control. This facilitated the provider to develop centre-specific guidance from the national standards and recommendations, based on expertise in the subject.

The provider maintained a risk register specific to this designated centre which reflected on risks related in infection control. This included risks related to availability of resources in an outbreak, staff depletion, management absences, unvaccinated personnel, visiting arrangements, cleaning procedures, and persons with age or health related vulnerabilities. In addition to COVID-19, the provider had centre-specific risk assessments and controls against other infections including Hepatitis, Aspergillosis, Legionellosis, Meticillin-Resistant Staphylococcus aureus (MRSA), Influenza and Norovirus.

Quality and safety

In the main, the environments of the five locations were kept clean and well-maintained, with some areas for improvement required in the management and oversight of maintenance works, cleaning equipment, food safety and sharp items. Residents were supported to stay educated and up to date with risks and precautions related to infection control.

Residents were provided with suitable and accessible information related to infection risk and what they can do to stay safe. This included explanations on what COVID-19 is, and what happens if someone may have it, what happens if there is an outbreak or if somebody has to isolate themselves. Vaccination, and its benefits and risks, had been explained to residents to ensure they received enough information and assurance to make informed consent. Discussions were also had with residents on how to keep busy and stay in contact with loved ones to reduce boredom or loneliness if isolating. In the event that a resident may have to transfer to hospital, the provider had ensured that the information travelling with them included their status and history with infections or colonisations.

The inspector visited all five locations and found the residents’ bedrooms, bathrooms, kitchens and communal spaces to be generally clean and in a good state of repair. Furniture in the houses had recently been replaced and the new furniture included material which was easy to wipe clean. Bathroom and shower spaces were walled with easy-clean surfaces, and all equipment such as rails, shower chairs and screens were clean. Some areas of the designated centre required work to address maintenance, repair or paintwork deficits. The person in charge had oversight of

these in a system for reporting issues to the facilities team. While items identified during the inspection were reported in this log, it was not evident for outstanding items what action had been taken to progress the work or any expected date of completion.

The provider had procedures described, and control measures outlined, to reduce risks related to laundry, waste management, pest control, food safety and waterborne bacteria. In the main, these measures were consistently in effect, however some risk control measures were not implemented across all five locations. In one house, opened packets of food such as meat were not labelled to ensure they were used within the safe time frames. In another house, the means of disposing of sharp items was not appropriate, with the allocated sharps bin overfilled with items sticking out the top. Some improvement was also required in ensuring that cleaning equipment was itself kept clean. Some mop poles and buckets, including those signed off as cleaned after their last use, were visibly dirty with collected dust and dirt or old sticky tape. Dustpans and brushes also had clumped dirt, dust and hair when they were stored alongside clean equipment. Multiple bottles of chemical fluids for cleaning or disinfecting surfaces which were composed by the housekeeping team, were found around the houses but it was unclear when these had been composed. Staff and residents had access to facilities for washing or sanitising their hands, with all sanitising gel and hand soap dispensers ready for use, however not all hand washing stations had towels available. Cupboards and fridges for storing medicine and clinical equipment were clean and tidy.

The provider carried out routine flushing of seldom-used drains and water outlets to avoid stagnation of water. Periodic water testing took place to assure the provider that there was no unsafe bacteria present. Pest control inspections also took place in the houses to ensure premises were safe. Specific risk control protocols were described where residents had infection risks related to long term illnesses.

The designated centre had experienced some outbreaks of COVID-19 during the pandemic, and the inspector found comprehensive records of actions taken during and after the events to ensure that the outbreak plan was implemented correctly, identify where the plans worked or required revision. Following outbreaks, the provider conducted analyses to use their experiences as learning for the future. The inspector found examples of how risk control measures, safety protocols and contingency measures were developed or revised based on the findings of these reviews, as well as the changing national recommendations.

Regulation 27: Protection against infection

The inspector spoke with managers, front-line staff, and residents, observed environmental appearance and practices, and reviewed records of ongoing safety checks, audits, risk reviews and resident consultation. There was evidence found to indicate that overall the registered provider had an effective, centre-specific and

evidence-based approach to managing risks related to infection control.

Some areas were identified as requiring action to ensure consistent implementation of risk control measures or good practices related to infection control, and to ensure timely progression of areas identified for maintenance. However, in the main, the items for improvement represented a low risk to residents and staff, and the provider was found to be substantially compliant with the requirements of Regulation 27 and of the National Standards for Infection prevention and control in community services (HIQA, 2018).

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 Centre B1 OSV-0005389

Inspection ID: MON-0036327

Date of inspection: 26/08/2022

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> <p>1. Opened packets of food such as meat were not labelled to ensure they were used within the safe time frames Response: The PIC will ensure that all staff are educated on the importance of labelling and dating open food items to ensure they are used within safe time frames.</p> <p>2. Disposing of sharp items was not appropriate, with the allocated sharps bin overfilled with items sticking out the top. Response: The PIC will ensure that all staff are reminded of the appropriate disposal of sharps, including ensuring that the temporary closure mechanism is in place. The PIC will ensure that all staff are aware that the sharps bin must be closed when ³/₄ full and a new sharps bin put in place. This will be audited by the IPC team.</p> <p>3. Some mop poles and buckets, including those signed off as cleaned after their last use, were visibly dirty with collected dust and dirt or old sticky tape. Dustpans and brushes also had clumped dirt, dust and hair when they were stored alongside clean equipment. Response: The cleaning equipment will be replaced, and the PIC will ensure that the cleaning equipment is inspected regularly and replaced when necessary. The household manager will also ensure that household staff inspect cleaning equipment regularly and order replacements if needed.</p>	

4. Multiple bottles of chemical fluids for cleaning or disinfecting surfaces which were composed by the housekeeping team, were found around the houses but it was unclear when these had been composed

Response:

The PIC and Household manager will remind staff on the management of cleaning solutions including composing the solution daily and labelling of the bottle and correct storage.

The number of bottles in use will be reviewed to ensure there is not an overstock of cleaning solution composed, this will be monitored by the staff in each house and the PIC.

5. Not all hand washing stations had towels available:

Response:

The PIC will ensure that staff are reminded to check hand towel dispensers regularly throughout the day to ensure that hand towels are always available.

The PIC will also ensure there is adequate hand towel dispensers in each house.

6. Some areas of the designated centre required work to address maintenance, repair or paintwork deficits. The person in charge had oversight of these in a system for reporting issues to the facilities team. While items identified during the inspection were reported in this log, it was not evident for outstanding items what action had been taken to progress the work or any expected date of completion.

Response:

Senior management will meet with the PIC to prioritise items on the maintenance list and progress them with the facilities team.

A priority system will be established with the facilities team in order to flag urgent repairs in an agreed timeframe that can be updated on the log.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023