



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

## Issued by the Chief Inspector

|                            |                               |
|----------------------------|-------------------------------|
| Name of designated centre: | Ard Rí                        |
| Name of provider:          | Resilience Healthcare Limited |
| Address of centre:         | Tipperary                     |
| Type of inspection:        | Unannounced                   |
| Date of inspection:        | 21 October 2021               |
| Centre ID:                 | OSV-0005446                   |
| Fieldwork ID:              | MON-0034425                   |

## About the designated centre

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

The statement of purpose describes the service as a residential service that accommodates five residents aged from and including 17 years of age to 45 years of age, both male and female. The statement sets out that the provider aims to provide support to residents with intellectual disability and or autism and behaviours that challenge. The premises is located within easy reach of the local town. The staffing team consists of a person in charge, a team leader, senior support workers and support workers. The centre is open 24 hours a day and seven days a week. The premises is a detached property with a large garden to the front. At the time of the inspection, the centre was being reconfigured to include the creation of an individualised space for one resident within the ground floor. The ground floor of the premises is wheelchair accessible and consists of a kitchen, living room, bathrooms and four bedrooms with ensuites. The upstairs of the building consists of a bedroom with ensuite facilities, a bathroom, kitchen, living room and staff bedroom. There is office space on both floors.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 |
|-----------------------------|------------------------|----------------|------|
| Thursday 21<br>October 2021 | 10:00 am to 4:30<br>pm | Sinead Whitely | Lead |

## What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

On arrival to the centre, the inspector met with the team lead working in the centre, who greeted the inspector and checked temperatures. There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet with all the residents as they were getting ready on the morning of the inspection day. Residents were observed eating breakfast and heading out on various activities for the day. All four residents appeared at ease and comfortable in their home and the inspector observed pleasant and friendly interactions between staff and residents. Staff were engaging in various activities in preparation for heading out for the day including supporting residents to get their lunch and bags and put their coats on before heading out to the car. Residents mostly used non verbal methods to communicate and the inspector observed some non verbal signs that residents appeared happy to be heading out in the service vehicle.

The premises was a large detached two storey property with a surrounding garden. All residents had their own bedrooms and one resident lived in a separate self contained apartment separate to the main communal areas of the centre. The environment appeared warm and homely on arrival. Residents had personalised their spaces with different colours and belongings. The inspector observed a games room upstairs in the centre where some residents had games and toys. Signage was noted around the centre with communication regarding hand hygiene procedures and social distancing.

The staff team comprised of social care workers and support workers. Staff were meeting regularly and using handover documents to communicate important information regarding the care and support to be provided. There was a full time person in charge and a full time leader in place. On the morning of the inspection, the inspector observed that staff were working in close proximity to residents, as a result staff were noted to be wearing face masks throughout the duration of the inspection, in accordance with national guidance for residential care facilities. Residents all had personal plans in place. Activation was being supported by the staff working in the centre and residents were experiencing regular weekly meetings.

The COVID-19 pandemic was ongoing and the centre had experienced an outbreak of COVID-19 in previous months. This appeared to have been managed well. The premises was well laid out to facilitate isolation periods and separate bathroom facilities. Residents affected appeared to have recovered following the outbreak and had all had been supported to avail of the COVID-19 vaccination program. A social story regarding the vaccination program had been developed and shared with

residents.

Overall it was found that residents appeared happy and comfortable living in their home on the day of inspection. However, improvements were required to ensure that infection prevention and control measures were consistent and effectively monitored and to ensure that measures were in place to provide care and support which were consistent with the National Standards and in line with the provider own policy on infection prevention and control. The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

The purpose of this inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). In general, the inspector found that the provider was demonstrating capacity and capability to provide individualised care and support to residents. However, at times, the governance and management arrangements were found to be ineffective in assessing, monitoring and responding to infection control risks.

The centre had a full time person in charge and team leader in place. The person in charge had a full time position and shared their role between two designated centres. There was a clear management structure and lines of accountability. A lead had been identified within the service to manage and respond to infection prevention and control risks and to COVID-19. An on-call management system was in place for staff to contact outside of regular working hours. .

Systems were in place to ensure that the service was regularly audited and reviewed. An annual review of the care and support provided had been completed, as well as an unannounced six monthly inspection. However, with regards to infection prevention and control the inspector did not observe any audit that had taken place to fully monitor if the care and support provided was in line with the national standards to date. Consistent oversight by management of the infection prevention and control (IPC) measures in the place in the centre was not evident. Inspection findings indicated that the services auditing systems were not appropriately self-identifying the issues found on inspection. The person in charge and team leader were completing regular hand hygiene checks with staff and the the service had utilised and completed a self assessment questionnaire issued by HIQA to assess the centres preparedness for a COVID-19 outbreak.

A program of training was in place for all staff working in the centre. The inspector reviewed training records relevant to IPC and found that training was provided in areas including general infection prevention and control, hand hygiene, and donning

and doffing. This had been facilitated online during the COVID-19 pandemic when face to face training had not been an option to the provider and staff due to risks. However, refresher training had not been updated by all staff in line with the providers own infection prevention and control policy.

The staff team comprised of social care workers and support workers. There appeared to be an appropriate number of staff in place to meet the needs of the residents and to safely provide care and support. Staff were meeting regularly and using handover documents to communicate important regarding the care and support to be provided. The centre held regular staff meetings and residents meetings. The inspector reviewed a sample of minutes from these meetings. While COVID-19 was discussed on a number of occasions during these meetings it was not evidenced that COVID-19 and infection prevention and control measures were consistently and comprehensively discussed and communicated with staff and residents. The inspector did not observe evidence that updated national guidance and specific centre level IPC measures were regularly shared, communicated and discussed with staff and residents.

The provider had a range of policies and procedures in place to both guide and instruct staff on infection prevention and control (IPC) measures in the centre. The centre also had had a COVID-19 specific folder in place and the inspector observed a copy of the National Standards for infection prevention and control in community services (HIQA, 2018), readily available in the staff office. However, at times it appeared policies in place were not guiding practices in the centre. This was noted by the inspector on a number of occasions, particularly when observing laundry procedures, cleaning procedures and staff training. Some cleaning products identified in the centres own infection prevention and control policy were not readily available to staff and did not appear to be regularly utilised in line with the centres policy.

## Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared happy in their home and satisfied with the service provided and appeared to enjoy an individualised service with staff who were familiar with their needs and preferences. With regards to infection prevention and control, some improvements were required to ensure that the service provided was always safe and effectively monitored by the management team and registered provider.

The premises was a large detached two storey property with a surrounding garden. All residents had their own bedrooms and one resident lived in a separate self contained apartment separate to the main communal areas of the centre. Aspects of the premises required cleaning and/or repainting on the day of inspection. The inspector observed areas in the centre where there were walls and floors with flaked

and chipped surfaces. This included flaking paint, linoleum and cracked tiles. This made it difficult to appropriately clean these surfaces regularly. Areas of mould and dampness were also observed on the ceiling of one bathroom area in the centre.

COVID-19 had been a focus in the centre during the global pandemic. The centre had experienced an outbreak of COVID-19 in previous months. This appeared to have been managed well and residents and staff had recovered on the day of inspection. Staff and management spoke of the measures implemented to ensure continuity of care and to promote residents safety. Residents were all encouraged and supported to engage in individualised activation during this time. There was evidence that management had engaged with the public health team during this time. A number of measures continued to be in place in the centre to protect residents from the risk of COVID-19 infection. This included regular temperature checks, visitation safety measures and the wearing of surgical face masks, in line with national guidance for residential care facilities. Full stocks of additional personal protective equipment were readily available to staff for in the event of a further outbreak. Hand gels were observed around the centre - however the inspector noted there was no hand gel readily available in one residents self contained apartment.

The inspector requested a number of documents for review on the day of inspection, and this included the centres contingency plan and escalation pathway for in the event of a suspected case or outbreak of COVID-19. Management in the centre were not aware of the location of this plan for some time on the day of inspection. When the document was located, this was on a computer and a copy was not readily available to all staff in the centre. This plan had been developed by the centres previous person in charge and did detail appropriate isolation procedures for residents for in the event of an outbreak. However, the plan could not be successfully implemented by staff providing care and support in the event of an outbreak when it could not be readily accessed.

The inspector also reviewed the centres cleaning schedules which were found to require improvements. The centre had cleaning schedules in place with tasks allocated to different staff members and these appeared to be consistently recorded as having been carried out by staff. The service hired contract cleaners bi-annually to deep clean areas of the centre such as the external building, upholstery, carpets and windows. However, schedules did not include the cleaning of all aspects of the centre and did not include the cleaning of some of the residents equipment, such as hoists. Management communicated that the hoists were regularly cleaned, however this was not accurately recorded. There appeared to a colour coding system in place with red, yellow, blue and green mops observed in place in the centre. However, when asked, staff were not clear on what colour to use for different rooms in the centre. The protocol for this color coded mop system was not clear and was not identified or displayed anywhere in the centre. This protocol was not detailed in the providers own policy or in the centres own cleaning procedures to guide staff. Following a review of cleaning schedules, the inspector found that while some tasks were marked as having been completed by staff, upon further review, the areas were visibly dirty and in need of deep cleaning. This included the centres cooking



facilities such as the oven, microwave and air fryer.

Risk management systems were in place in the centre. With a risk register and individual risk assessments developed for residents. The service had a designated risk manager and was available to the centre for support. While risk management documentation was well maintained, the inspector found that documentation was not individualised at times to included the assessment of individual risks posed to residents secondary to COVID-19. For example higher risks posed to residents who did not understand social distancing or who posed higher risks of droplet infection to peer residents or staff.

Laundry systems in the centre required improvements. There were no clear systems in place for the management and separation of clean and dirty linen and laundry. Baskets used for clean and dirty laundry were the same and were not subject to cleaning. Laundry for washing was observed left on a work surface in the utility room. The inspector observed staff removing this and handling clean and dirty laundry at the same time without carrying out any hand washing. The inspector observed clean laundry being stored on the floor in baskets in the utility. Laundry procedures observed were not in line with the providers own policy regarding management of clean and dirty laundry, including the wearing of personal protective equipment.

## Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Policies and procedures were not guiding practice at times, this was seen particularly in areas including laundry procedures, cleaning schedules and procedures, and staff training.
- Aspects of the premises required cleaning and/or repainting on the day of inspection. The inspector observed areas in the centre where there were walls and floors with flaked and chipped surfaces. This included flaking paint, linoleum and cracked tiles. One bathroom in the centre had dampness and mould on the ceiling.
- Oversight of IPC measures in the centre required improvements. Auditing and review systems were not self-identifying areas of concern and management had no audits or checks in place to fully review the centres levels of compliance with national standards and national guidance.
- Cleaning Schedules did not include the cleaning of all aspects of the centre, to include residents equipment. Some areas marked as cleaned by staff were observed to be visibly dirty.
- Staff and resident meetings did not appear to consistently communicate or discuss IPC measures in the centre or updates to national IPC guidance for

residential care facilities.

- The centres contingency plan and escalation pathway for in the event of a suspected or confirmed case of COVID-19 was not readily available to staff.
- Risk management documentation was not reflective of individual IPC and COVID-19 risks.
- Laundry systems and procedures observed in the centre did not promote the separation of clean and dirty laundry.

Judgment: Not 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 | Not compliant |

# Compliance Plan for Ard Rí OSV-0005446

Inspection ID: MON-0034425

Date of inspection: 21/10/2021

## 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   | Not 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>• Audit system in place to fully monitor if the care and support provided is in line with the national standards to date. This ensures consistent oversight by management of the infection prevention and control (IPC) measures in the place in the centre.</li> <li>• Staff have completed refresher training to ensure it is in line with the providers infection prevention and control policy.</li> <li>• Laundry procedures and cleaning procedures in place to ensure that policies in place are the guiding practices in the centre.</li> <li>• Stocklist in place to ensure cleaning products identified in the centres own infection prevention and control policy are readily available to staff and utilised when required.</li> <li>• Premises is scheduled for repainting. Damaged floors and walls are scheduled to be rectified. Areas of mould and dampness have also been scheduled for treatment.</li> <li>• Hand gel is readily available in all areas of the centre and checked on a weekly basis.</li> <li>• Contingency plan and escalation pathway are readily available for staff and management in the event of a suspected case or outbreak of COVID-19.</li> <li>• Cleaning schedules have been improved and now include the cleaning of all aspects of the centre such as residents equipment, such as hoists. This is recorded on the cleaning schedules which is checked by management weekly. A visual cleaning check is also completed daily by management or shift leader. Deep cleaning scheule is also included for appliances such as microwaves etc.</li> </ul> |               |

- Colour coding system in place. This has been discussed at a team meeting and staff have conducted training on same. The protocol for this color coded mop system is clear and identified and displayed in the centre. This protocol can now be located with the cleaning schedule.
- Individualised risk assessments in place including the assessment of individual risks posed to residents secondary to COVID-19.
- Improved laundry protocol in place in the centre to ensure that laundry procedures are in line with the providers policy regarding management of clean and dirty laundry, including the wearing of personal protective equipment.

**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. | Not Compliant   | Orange             | 10/02/2022                      |