



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group R
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0005643
Fieldwork ID:	MON-0036433

About the designated centre

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

St. Anne's Residential Services Group R is a designated centre operated Daughters of Charity Disability Support Services Company Limited by Guarantee. The designated centre provides community residential services to five adults with a disability. The centre is located on the outskirts of a town in Co. Tipperary. The centre is a detached two-storey house which comprises of five individual resident bedrooms, entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. Staff support is provided by a social care leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 June 2022	10:00hrs to 15:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance as required which included the use of personal protective equipment (PPE). Staff were observed to be wearing appropriate face masks as per current guidance throughout the inspection.

This centre provided residential community service to five residents. The inspector had the opportunity to meet and spend time with one resident as they went about their day, albeit this time was limited. The other four residents had left to attend their day service. Four residents attended day service five days a week. One resident received their day service from their home in line with their assessed needs. The resident that was present was supported by a day service staff member. The day service staff member assisted with getting the resident ready in the morning and brought the resident out in the community for a short period of time. When they returned the inspector went into the kitchen area to meet the resident. The resident primarily used facial expressions, vocalisations and gestures to communicate. They were sitting in the kitchen area and were observed to be making vocalisations. The person in charge stated that these vocalisations indicated the resident was happy and content. The resident appeared comfortable and approached a staff member to indicate they wanted a drink.

The premises was a large, detached two storey house located near a town in Co. Tipperary. A large garden area surrounded the home. The home consisted of a spacious kitchen and dining area, separate sitting room, five bedrooms all en suite, a main bathroom, utility and staff office. The kitchen and sitting room had recently been renovated, a new kitchen had been installed, there were new couches in the sitting room. These rooms had recently been painted. Pictures had been purchased for the sitting room and were waiting to be hung on the wall. Each bedroom was individualised with favourite pictures and items that were important to the residents on display. The communal rooms and bedrooms were in an overall good state of repair. However, bathrooms in this home required repair and maintenance, this was mainly due to general wear and tear over a period of time. One en-suite had recently had a significant leak and the ceiling was badly damaged. Some of the issues noted included, small areas of mould present, shower trays damaged, rust on radiators and accessibility equipment. These areas required review, replacement and maintenance as it impacted on the ability to effectively clean these areas.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated

infections. These included regular temperature monitoring of both the resident and staff members, pedal operated bins, PPE and hand hygiene facilities. The premises was observed to be visibly very clean and cleaning schedules were in place.

Overall, it was found that systems were in place to ensure that infection prevention and control (IPC) measures were consistent and effectively monitored. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with the Regulation 27 and the national standards.

The next two sections of the report will discuss findings from the inspector's 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

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre. For the most part the issues identified on inspection such as premises and staffing had been self-identified by the provider in audits and reviews.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The person in charge was responsible for the management of one other designated centre. They had only recently commenced in this post. The person in charge had delegated local responsibilities to staff and reviewed these regularly. For example, the IPC checklist audit was assigned to the shift leader on a daily basis. The centre was also supported by a senior management team which included an on-call system. There was a dedicated IPC team that met on a quarterly basis and were available to support the centre if any infection control or COVID-19 concerns arose. There was regular management presence in the centre and the person in charge was present on a regular basis. For example, on the day of inspection the service manager was present to complete an audit.

It was evident that the provider was undertaking regular audits of infection prevention and control. The person in charge had completed an in-depth IPC audit in recent weeks. Daily IPC checks were in place. In addition to this the person in charge had completed a full premises review to identify any possible issues. Cleaning records and temperature checks were reviewed on a continual basis by the person in charge. All audits and checks had identified areas for improvement and action plans were developed in response. For example, the person in charge had identified that cleaning schedules were not being filled in accordingly. This was addressed with the staff team at a recent team meeting and noted improvements

had occurred.

There was an established staff team that comprised of health care assistants in place. Regular agency staff and relief staff were utilised as needed. The provider had recently completed a full staffing review of the service because it was identified that the staffing compliment in place was not at an optimal level. There were five residents the required full support and supervision in many aspects of their care, including personal care needs. A review of rosters with the person in charge indicated that two staff were present for many shifts. However, it was identified that three staff were required at certain times of the day to ensure residents were supported and there were opportunities for community inclusion. In term of infection prevention and control measures, the staffing number present sometimes impacted on the recording of cleaning in relevant schedules.

In relation to COVID-19, the provider had developed a clear centre specific COVID-19 contingency plans in the event of a suspected or confirmed case of COVID-19. For the most part the majority of these documents were up-to-date, however, isolation periods stated needed review to ensure they were in line with current guidance. Staff meetings were taking place regularly and the inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed. There was evidence that the person in charge was also regularly communicating with the staff team regarding infection prevention and control through regular supervision and correspondence. Following an outbreak of COVID-19 within the centre, outbreak analysis had occurred at local and senior management level, where specific leanings were identified.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centre staff training records and found that with regards to infection control, the majority of staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of PPE. The person in charge had recently reviewed training records and staff training needs had been identified and were in the process of being addressed.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, as noted some improvement was required in the maintenance of areas of the premises to promote safe and effective infection prevention and control.

As stated previously, the bathrooms were the main areas that required review to ensure they maintained to a standard that would allow infection prevention and control measures to be implemented effectively. Before the walk around of the premises the person in charge discussed these issues in detail and had a document completed where each area of improvement was identified. Maintenance request

forms had been submitted and issues escalated appropriately. On the walk around it was noted that there was some mould present in grouting, tiles and shower trays. Shower trays were in poor condition. Some laminate was missing from counters around sinks. Some rust was present on radiators and equipment to assist with mobility. Other areas that had been identified as needing improvement included a resident's flooring, organisation of PPE in storage area and replacement of floor in utility area. The condition of some areas of the home did not provide assurances that effective cleaning was always possible.

The inspector observed appropriate infection control practices in relation to waste disposal, laundry management and mop storage. For example the provider's policy stated a system for colour coding mops. The four types of mops, that included a specific mop system to be used in the event of an outbreak, was present on the day of inspection and stored in an appropriate manner.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Throughout the day, the inspector observed all staff members wearing personal protective equipment in line with the current national recommendations for residential support settings. The inspector reviewed documentation which demonstrated the staff team were monitoring both the residents and staff teams temperatures. On the day of inspection a number of outside contractors were present to review aspects of the premises. The person in charge completed relevant COVID-19 checks with each person before they entered the building.

Cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms and kitchen/dining area sitting room, and utility room. The centre was observed to be visibly very clean. There were some gaps in the recording of the cleaning being completed but this was in the process of being addressed.

Regulation 27: Protection against infection

Overall, the inspector found that some 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:

- A small number of staff required updated training in a number of areas in relation to IPC measures
- Updates were required in relevant documents to ensure stated isolation periods were in line with up-to-date guidance.
- At surface level, the designated centre was noted as visibly clean on the day

of inspection. Cleaning schedules were overall comprehensive and included the regular cleaning and deep cleaning of the centre. However, the inspector noted a number of gaps where staff had not signed if cleaning tasks had been completed. There had been a noted improvement in this area, however, this would need ongoing review.

- Due to the condition of some areas of the home the inspector was not assured that effective cleaning could take place.

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 St. Anne's Residential Services Group R OSV-0005643

Inspection ID: MON-0036433

Date of inspection: 21/06/2022

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>Since inspection all staff including agency staff have completed outstanding IPC training. Ongoing communication with Day Service Manager re Day Service staff training records; 07.07.2022. This was discussed through Day and Residential managers communication meeting.</p> <p>Since inspection the PIC has reviewed cleaning schedules and IPC will be discussed at the next house meetings on 19/7/2022 and in individual staff communication meetings.</p> <p>Since inspection the en-suite that had a significant leak and where the ceiling was badly damaged at the time of inspection is now fully repaired.</p> <p>Since inspection the PIC and PPIM have reviewed the Covid 19 local management plan and the Designated centre contingency plan in the context of an outbreak of a notifiable disease. The most up to date information is now in place following the review.</p> <p>Since inspection the PIC has reviewed the organization of PPE. PPE is now stored in one area for ease of access.</p> <p>The refurbishment of en suite bathrooms has commenced . Two en suites have been prioritised due to need and works are currently under way to complete same . The provider has committed to upgrade the remaining applicable bathrooms as part of a schedule of ongoing works . The provider has costed the bathrooms for upgrade and a plan is in place re the schedule for completion of same.</p> <p>The provider has committed to replace the flooring in the office, two bedrooms and the</p>	

laundry/utility room.

The fitter is measuring the relevant areas 15/07/2022 with a view to a timely fitting of new floor surfaces.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022