



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

Issued by the Chief Inspector

Name of designated centre:	The Grange
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0001524
Fieldwork ID:	MON-0035565

About the designated centre

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

The Grange is a four bed residential neuro-rehabilitation service. It follows a non-nursing model of care and supports a bio-psycho-social model. The service provides individualised, community based supports, designed to maximise the quality of life for each person living with an Acquired Brain Injury (ABI). This service is based in the community and can accommodate four adults with an ABI. The Grange is a five bedroom detached home located in Co. Dublin close to many local amenities and public transport links. Each resident has their own bedroom with access to a kitchen, dining room, living room, bathrooms and a garden area. The service is staffed 24 hours, seven days a week by Neuro Rehabilitation Assistants and a Team Leader. The team receives supports from a Person in Charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 7 September 2022	10:10hrs to 13:50hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all three residents who lived in the designated centre at the time of the inspection and spoke with residents about the centre, their interests and hobbies and their daily routines.

On arrival to the designated centre, residents greeted the inspector and inside the inspector was encouraged to sign the visitors log and check their temperature, as a precaution. There was hand sanitiser available in the hall way for visitors to use on entry.

In the hallway, there were signs in relation to the values of the organisation and the registration certification was on display.

Residents were happy to speak with the inspector about the designated centre, and outlined that they liked living there, that it was a really nice place and staff were very helpful. Some residents felt that the quality of their life had improved since moving into the designated centre, as they were learning new skills and talents, for example, learning how to cook.

Residents told the inspector that they all took part in different chores or tasks in their home, for example, preparing food and cooking, cleaning and keeping things tidy. Staff also supported with the day to day cleaning and upkeep of the house and garden. Residents each had their own private bedrooms, that they decorated as they wished. Some residents gave permission for the inspector to see their bedroom, and showed them important items such as art projects that they had created.

It was seen that both the person in charge and the staff team had respectful and positive relationships with residents. There was positive and encouraging communication between residents and staff which was person-centred and kind. Residents appeared to know each other well and were comfortable in each others' company.

Residents attended regular house meetings, and took turns to chair the meeting between them. These meetings regularly discussed and practiced hand hygiene demonstrations, the colour-coding mop cleaning system and the reasons for the different colour chopping boards to promote safe food practices. Resident meetings also discussed COVID-19, and precautions that everyone can take to protect themselves along with information on vaccination programmes.

The designated centre was very homely, it was visibly clean and tidy and in general was well-maintained. There was a bright sitting room, a kitchen, dining room with patio doors out to a back garden, a shower room downstairs and two bedrooms. Upstairs there was two bedrooms, one of which was vacant, a bathroom and two staff rooms. There was a notice board in the dining room for residents, which had

information on their rights and autonomy, the confidential recipient and other important information regarding the centre and supports available to them.

The shower room downstairs was shared between two residents. Some residents required equipment to support them while showering and there were systems in place to clean and disinfect this item following every use which were documented. The shower room was seen to be clean, with cleanable wall panels, an extractor fan and floor tiling which were cleaned as part of the house cleaning schedules. The handrail beside the toilet and a wall mounted shower chair were rusted, however this had been identified through an audit previously and later in the day they were being replaced with new items.

The upstairs bathroom had a bath, toilet and wash-hand basin. Bathrooms had had soap and paper towels available. Both bathrooms had a shower curtain to stop water from spilling out. While bathrooms and shower curtains were visibly clean, they had not been included in the routine cleaning schedules. Staff outlined that this would be added as a priority, so that records could demonstrate it. In the upstairs bathroom, the bath was not frequently used by residents. It was included in the cleaning schedule on a regular basis, but had not been reviewed to determine if a more structure flushing regime was required to reduce the potential risk associated with legionella.

The kitchen area was clean and well laid out and had sufficient space for the hygienic storage of food. Fridge temperatures were regularly checked, and there were colour coded systems in place for food preparation. The wooden cabinets in the kitchen were in need of replacement in some areas, due to water damaging their protective covering. This would impact on the ability of the staff to thoroughly clean the cabinet surfaces, due to exposed wood. The inspector read an audit completed on behalf of the provider, which had identified this issue already, and it had been escalated through the appropriate channels. There were plans for the kitchen to be reviewed and a quote for planned works, the day following inspection.

Some residents told the inspector that they did their own laundry and looked after their own clothes. There was a washing machine and dryer available in the designated centre, which were seen to be clean internally and externally. Residents had their own laundry baskets in their bedroom. Staff could explain how to safely manage soiled clothing or linen, should it occur and there was written guidance and equipment available to support best practice in relation to this, along with written individual policies.

The person in charge and staff outlined that in general, this was a low risk centre in relation to infection prevention and control, with no requirement for additional waste management, such as healthcare or hazardous waste or sharps. There were arrangements in place for general waste disposal and sanitary waste disposal in the designated centre.

One resident suggested to the inspector that they felt it would be a good idea to disinfect the compost wheelie bin after it was emptied each week, to keep it clean and stop any bad smells. Staff spoke with the resident about their good idea and

agreed that they would make a plan with the resident about this.

There was a nice back garden for residents to use, which had a gazebo covering and a greenhouse. There was a new storage box outside the back door, which had been recently put in place to ensure a clean and appropriate storage of mop buckets after cleaning. This had been identified through an audit, and addressed in a timely manner.

The centre vehicle was cleaned and checked regularly to ensure it was clean and in good condition, this was a part of the centre's safety checks and cleaning processes.

Overall, it was evident that there were strong governance systems in place to ensure effective infection prevention and control practices were carried out by the staff team. There were regular audits and checks, which resulted in timely identification and actions for improvement in the designated centre. There was ongoing sharing of knowledge and best practice to drive residents' independence in relation to protecting themselves from risks associated with infection. Residents were supported in a clean and safe environment by a competent and familiar staff team, which promoted residents' independence and safety in relation to infection prevention and control. There were some minor areas for improvement, which will be outlined in the below sections of the report.

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

The provider demonstrated through their written policies, procedures, management structure and systems that they had the capacity and capability to protect residents from the risk of healthcare-associated infections. Some minor improvements were required in relation to guiding policies for staff.

There were governance and management arrangements and escalation structures in place to ensure the provider was aware of any infection prevention and control issues within the designated centre.

The provider had ensured that staff read and understood guiding policies and procedures in relation to infection prevention and control, for example by requiring staff to sign each policy to indicate they had been read and understood. While there were policy documents for infection prevention and control, there was limited information to guide staff on the management of waste and the management of spillages of bodily fluids.

Infection prevention and control arrangements were discussed regularly at staff team meetings, reviewed as part of stand-alone specific audits on regulation 27 as well as including regulation 27 in the six-monthly provider visits.

As part of their quality team, the provider had appointed a COVID-19 co-ordinator in the organisation who also had a focus on wider infection prevention and control areas, and the provider had created a specific audit focusing on Regulation 27 and the national standards for each designated centre to use. It was seen on inspection that the majority of actions raised within the audit had been quickly addressed, and any outstanding actions had clear plans in place.

Similarly, there were strong systems of accountability and oversight in the designated centre. For example, internal audits and reviews were sent to the quality team and the senior manager for review. This ensured that actions were followed up, and responsible people accountable for bringing about improvements. Similarly, in the designated centre systems to demonstrate good infection prevention and control practices, such as daily cleaning records, were reviewed and signed daily by a team leader to validate that they had been done, and corrective action taken to bring issues back to the team if there were gaps.

The provider had out-of-hours and on-call arrangements in place, and staff were aware of who to contact after-hours in the event of a risk in relation to infection prevention and control. This was planned out in advance each month, and on display to support staff.

The provider had identified named infection prevention and control representative staff in the designated centre, whose role included championing good infection prevention and control practices, and ensuring staff were knowledgeable on best practice.

There were arrangements in place for the management of known infection prevention and control risks in the designated centre through the provider's risk management systems. Staff in the designated centre were aware of infection control risks, and in general there was low risk of acquiring a healthcare associated infection in this designated centre. Where any potential risks were identified, these were assessed and controlled through person-centred support plans. However, in the absence of a clear policy or protocol for the management of bodily spillages some risk assessments required further development of potential control measures to ensure staff had practical guidance on how to manage a risk of a spillage, should it occur.

The provider had appointed a sufficient number of staff to work in the designated centre, based on residents' needs and the infection prevention and control requirements. There was a stable staff team in place of neuro-rehabilitative staff, and no requirement currently for temporary or agency staffing. The staffing resources were well managed to ensure consistency of care and support in the designated centre. Staff demonstrated a good knowledge of how to carry out their daily duties in a manner that promoted infection prevention and control practices, and were aware of guidance documents and best practice guides in relation to

infection prevention and control.

The provider had made a variety of training available to the staff team to support their knowledge and practices in relation to infection prevention and control, for example, all staff had completed training in food safety, infection prevention and control, the use of personal protective equipment and COVID-19. Along with this, each staff were trained in the National Standards for infection prevention and control in community based settings 2018.

Overall the provider ensured there were effective governance and management structures and systems in place, along with adequate resources and clear lines of communication to promote best practice in relation to infection prevention and control, in order to protect residents from the risk of acquiring healthcare-associated infections. Some improvements were required to ensure the guiding policies adequately covered waste management of health-care waste and the management of spillages of bodily fluids.

Quality and safety

The provider demonstrated through their practices and care arrangements that they were implementing effective infection prevention and control arrangements with some slight improvements required in relation to the daily cleaning practices and policy documentation. These improvements would further enhance the good quality infection prevention and control practices in place in the designated centre.

The premises were tidy and clean and there were systems in place to ensure regular and enhanced cleaning regimes as part of daily tasks. There was good oversight of daily cleaning tasks to ensure any areas in need of improvement could be quickly identified and addressed.

In general, there was a low requirement for equipment to support residents' needs. Equipment that was needed in the designated centre was decontaminated and well maintained to minimise the risk of transmitting a healthcare-associated infection. There were systems in place for equipment to be checked and replaced if required, by occupational therapy.

Staff demonstrated good knowledge, based on clear written policies for routine care that had associated risks from an infection prevention and control perspective, for example, the management of soiled clothing. Any infection prevention and control risks, associated with the routine delivery of care had clear guidance put in place to support residents and staff to manage it.

Residents were provided with information to safeguard themselves from potential infection risks, for example, through repeated skills teaching at resident meetings on hand hygiene and food safety. Residents were supported to seek full information in order to make well informed decisions, for example regarding screening for illness or

vaccination programmes that were available to them. There was a focus on teaching and supporting residents to make their own decisions and to consent to support interventions in relation to their care, and advocacy supports were discussed regularly. There was also information on display to inform residents on how to contact advocacy services, if they required this.

Residents were encouraged to be involved in household chores and tasks, and supported to learn the skills to do this well and in line with good practice. There were colour coded cleaning systems in place to support residents and staff to carry out cleaning and cooking in a safe manner, and equipment available for decontaminating the premises and equipment. Apart from previous incidents of COVID-19, there had been no other outbreak of any other health-care associated infection in the designated centre since it was first registered as a designated centre. The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19

Overall, staff working in the designated centre had good knowledge and demonstrated local practices that promoted infection prevention and control in line with their policies and best practice guidance. Residents were encouraged to take the lead on self-protection from health care associated infections. The environment was clean and well maintained, with some minor improvements required in relation to the use of shower curtains, and reviewing risks in relation to a infrequently used bath.

Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be substantially compliant with regulation 27 infection control, and the National Standards.

The provider demonstrated that they were protecting residents from the risk of infection, through their governance and management structure and the care arrangements being delivered with the designated centre. There was clear roles and responsibilities in relation to infection prevention and control within the designated centre, and there were policies and procedures in place to guide staff practice.

The provider had hired competent staff who had access to a variety of different training in relation to infection prevention and control and there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support. The provider had focused the delivery of the care and support in the designated centre in relation to regulation 27, by training their staff in the national standards, creating audits aligned to the national standards and where areas for improvement had been self-identified, the provider was seen to take timely action to address these.

The premises and environment were clean and tidy, well kept and there were systems in place to raise issues with buildings or their facilities and to routinely clean

and maintain premises and equipment.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both specific audits and as part of the provider's wider auditing systems.

This inspection found evidence of good practice, but also identified a small number of minor areas for improvement. These are as follows:

- There was an absence of specific focus on waste management in the infection prevention and control policies
- There was an absence of a specific procedure or protocol for managing spillages of bodily fluid
- Cleaning schedules required the addition of shower curtains
- the risk of legionella for infrequently used bath required review to determine if additional measures were required as part of the cleaning schedule.

While some minor areas of improvement were noted on inspection, overall these presented as a low risk, and once addressed would further enhance effective systems already in 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 The Grange OSV-0001524

Inspection ID: MON-0035565

Date of inspection: 07/09/2022

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>Organisation-wide policies being compiled to specifically highlight procedure for dealing with Waste Management of Healthcare Waste. Also, same happening for policy re Spillage of Bodily Fluids. Both policies should be in place by 1/11/22.</p> <p>Regarding cleaning of shower curtains – this was actioned immediately and added to staff daily cleaning tasks in ABII Ellensborough. Same for the infrequently used bath – it is now a daily cleaning task to rinse that bath and 'flush' it to avoid any potential spread of disease such as legionella.</p>	

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	01/11/2022