



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

## Issued by the Chief Inspector

Name of designated centre:	Bray Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0002642
Fieldwork ID:	MON-0035560

## About the designated centre

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

Bray Supported Accommodation is a designated centre operated by RehabCare and located in County Wicklow. The aim of Bray Supported Accommodation is to provide a community-based accommodation service for five adults, both male and female with mild to moderate intellectual disabilities. The aim of the service is to provide a homely, comfortable and safe environment to support each individual's specific needs. The service supports each resident to maximise their independence taking into account their specific needs and abilities. The importance of each resident having valued social roles is acknowledged by the service. Each resident is supported in line with their needs to actively engage in the local community and pursue activities of interest to them. Residents are supported to participate in everyday community life. Residents have access to external day services during the day-time. The service provides a social model of care and therefore cannot support the needs of those experiencing complex medical conditions that require significant levels of daily nursing care.

The house is a two storey semi-detached property with five bedrooms, two bathrooms and a sleepover room for staff. There is also a kitchen/dining area, office, sitting room, sun parlor and an external laundry room. The service is currently staffed 24/7. This includes day-time staff and sleep-over staff. This is a lone-working service which means one staff on shift at anytime. The centre is staffed by a person in charge, team leader, support workers and relief support workers.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 29 September 2022	11:05hrs to 16:05hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

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

On arrival to the designated centre, the inspector was greeted by staff members and entered the centre through a side entrance for visitors which had hand-washing and sanitising facilities available and visitor sign-in charts. There was one staff member on duty, and one of the four residents was at home, with other residents out of the centre, for example in another county on holidays or attending day services.

Staff could speak knowledgeably about infection prevention and control practices, the policies and procedures that guided their practice and their knowledge of how to promote good hygiene and cleaning practices in the designated centre.

In the kitchen area residents had displayed a timetable which outlined which resident was responsible for what household chore on a given day, for example, setting the table. Residents were encouraged to be active participants in the running and upkeep of their home, and the designated centre operated an assisted living model of care and support.

The inspector had the opportunity to meet two residents during the day of inspection, and observe interactions between staff and residents along with the daily routine on this particular day.

Staff were seen to adhere to good hand hygiene throughout the course of the inspection. The inspector also observed staff routinely wiping down communal equipment such as the computer desk and counter tops. When supporting a resident to screen using an rapid antigen test during the day, staff were seen to wear appropriate personal protective equipment, and took measures to promote good infection prevention and control practices. For example, having a small separate disposal bag for used test products, completing the task in a well ventilated area in the garden space and wiping down equipment or table tops with cleaning products once waste had been disposed of.

Residents who returned to the designated centre during the day, were wearing face masks as they had been using public transport, and at resident meetings in the home, residents chose to continue to take this measure on public transport or busy areas as a personal protective measures.

There was evidence of laundry practices which were in line with best practice in infection prevention and control. The centre had a separate area for washing and drying clothes. Washing machines were shared between residents, who took turns to use the space for their personal laundry. There was hand-washing facilities in the utility room, and residents were seen to be encouraged to wash their hands after

completing laundry tasks. Residents were seen to manage their own laundry, bringing their items down in laundry baskets or bags to the outside utility space, with verbal guidance or support from staff.

The centre was operating a person-centred service which was striving to support residents' autonomy in regard to managing their health and their activities of daily living. Residents were informed regarding IPC and the measures to protect themselves from COVID-19. IPC was discussed regularly at resident meetings and residents were provided with education to support them in maintaining their autonomy in areas such as the management of laundry in a safe manner.

The designated centre was seen to be clean, tidy and homely and had been decorated to suit residents' wishes, for example, the living room had certifications and achievements on display along with photographs of residents. Residents had their own individual bedrooms, and communal areas of the house were tidy and clean.

The provider had replaced carpet downstairs in one part of the centre and had renovated the kitchen cabinets. The kitchen was clean and well laid out, there were colour coded boards for meal preparations and utilities and equipment were visibly clean. There was a sheltered seating area in the back garden which residents were seen to enjoy sitting in, and the grounds and gardens of the designated centre were well maintained. Residents had use of a shared kitchen and dining room, front living room and there were showering facilities both upstairs and downstairs.

Overall, it was demonstrated through observation and discussions with staff that there were strong governance and oversight systems in place to lead and guide effective infection prevention and control practices in the designated centre. Staff working in the designated centre had good knowledge and demonstrated practices that promoted infection prevention and control. Residents were provided with a comfortable and clean home and actively encouraged and supported to maintain it to a good standard.

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 deliver safe infection prevention and control arrangements and protect residents from the risk of healthcare-associated infections

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 person in charge reported to the senior manager formally and informally and information was shared in a timely manner to ensure senior management and the provider were aware of any concerns or risks in relation to infection prevention and control.

The provider had put in place a national COVID-19 committee as part of their governance structure, which included senior leaders to oversee and monitor service delivery, manage risk through a case management team along with a best practice working group to ensure all staff were provided with up-to-date information from public health and best practice guidance.

The provider had oversight systems in place to monitor and review practice in relation to infection prevention and control, for example, specific compliance audit had been completed in relation to regulation 27, there were monthly hazard inspections and audits completed locally in the centre. The person in charge and senior manager had accountability systems in place, to verify and check that tasks in relation to infection prevention and control were carried out as planned, for example to determine if cleaning checklists were fully completed and the monthly hazard inspections.

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

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.

There were arrangements in place for the management of known infection prevention and control risks in the designated centre, these were well documented and kept up-to-date. For example, assessment of the risk of blood borne viruses and risk assessments in relation to food poisoning.

The provider had appointed a sufficient number of staff with the right skills to work in the designated centre, based on the infection prevention and control requirements. There was a stable staff team, and little requirement currently for temporary or agency staffing. 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 training available to staff to support their knowledge and practices, for example, all staff had completed training in hand hygiene and infection prevention and control training (which included best practice and standard precautions). Guidance was available in the designated centre on different infectious diseases, how to prevent their transmission and the transmission-based precautions that were required in their management. Staff had also been provided with access

to training on implementing the National Standards for infection prevention and control in community based settings.

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.

## Quality and safety

The inspector found that residents were in receipt of a service which was delivered in a safe manner and was in line with the National Standards for infection prevention and control in community services. The service was delivered in a manner which was person-centred and provided residents with education to understand how best to protect themselves and others from infection.

In this designated centre residents were supported through an assisted living and social-care model of care and did not require nursing support. Residents had access to their own General Practitioner (GP) for any health related issues or supports, or through allied health and social care professionals through their GP or employed by the provider. In general, the person in charge outlined that there was a low risk of infection in this designated centre and very low admission to acute hospital settings for specific health-care related needs.

There was easy-to-read information and visual aids available in the designated centre to support residents to understand the certain illnesses and requirement for testing for COVID-19. Residents had assessments and personal plans in place, which guided their supports and these included any requirement for additional infection prevention and control measures. Residents' wishes and consent were sought in relation to any specific testing for infection, or vaccination to prevent COVID-19.

The inspector reviewed a sample of residents' personal plans. The plans reviewed did not identify any particular high risks or needs from an infection prevention or control perspective such as an infectious disease. There was evidence of good record keeping in relation to residents' health and any associated risk of infection, for example through risk assessments and review. Generally, residents managed their own personal care needs, with some verbal encouragement from staff.

Due to the low support needs of residents, there was limited requirement for the use of specialist equipment or devices for residents' care and support. There were suitable arrangements in place for routine cleaning of a shower chair that was single-person use.

Personal protective equipment (PPE) was stored appropriately and was in good supply. There were arrangements to replenish stock when required as well as access

to additional PPE if required.

There were suitable arrangements in place for waste disposal in the designated centre, and no requirement for clinical waste, however if necessary, policies and procedures would guide this practice effectively.

The premises were tidy and clean and there were systems in place to ensure regular and enhanced cleaning regimes as part of daily tasks. For example, daily cleaning checklists, and records of periodic cleaning particular items such as curtains and carpets. Residents took responsibility for general cleaning in the house, and were proud of their home and liked to keep it tidy. There was visual signage around the designated centre to encourage good hand-washing and cough etiquette.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19 in the designated centre, along with risk assessments and control plans for different risks associated with COVID-19 for individual residents. Residents had isolation plans to guide their supports should they need to isolate in order to prevent transmission of an infectious disease. Each resident had their own individual bedroom and were supported by the staff team during times of required isolation to ensure their wellbeing. Following an outbreak of COVID-19, the staff team and management had completed a review, inclusive of reviewing if the plan had been effective and any learning from the experience.

Overall, residents were afforded with a homely, clean and safe environment to live, that was minimising the risk of transmitting a healthcare-associated infection.

## 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 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 were detailed policies and procedures in place to guide staff practice, and these were based on evidenced based information.

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

Staff demonstrated a good knowledge of best practice in infection prevention and control in the context of their daily roles and the services provided.

The provider had hired a sufficient number of staff who had access to appropriate training in relation to COVID-19 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 and person in charge had contingency plans in place to manage COVID-19 risks. There were structures in place to consistently review and monitor these risks and adapt control measures in response to changing circumstances or information.

The person in charge and staff team were promoting residents to take ownership of their home tasks and chores, and the approach to infection prevention and control in this community based designated centre was through engaging residents to take the lead and to learn and understand how to protect themselves from infection risks.

The premises and environment were 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.

Overall the provider demonstrated that they were protecting residents from the risk of acquiring a healthcare-associated infection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant