



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

## Issued by the Chief Inspector

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|----------------------------|--|
| Name of designated centre: | Woodvale Group - Community Residential Service |
| Name of provider:          | Avista CLG                                     |
| Address of centre:         | Dublin 15                                      |
| Type of inspection:        | Unannounced                                    |
| Date of inspection:        | 23 November 2022                               |
| Centre ID:                 | OSV-0003058                                    |
| Fieldwork ID:              | MON-0038424                                    |

## About the designated centre

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

Woodvale provides residential services to adults with an intellectual disability. The service provides 11 full-time residential placements to male and female residents who are over 18 years of age and have intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporate home-based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area of Co. Dublin. They are close to a variety of local amenities such as shops, parks and hotels. There are gardens to the front and rear of both houses. Both houses are a short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Staff are based in the centre when residents are present. Both houses have a waking night staff overnight, and one house has an additional sleepover staff. Each house has its own transport to support residents access their local community.

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

|  |    |
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| Number of residents on the date of inspection: | 11 |
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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 23<br>November 2022 | 09:40hrs to<br>16:00hrs | Sarah Cronin | Lead |

## What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). The inspector found that the provider had implemented good management systems and structures to ensure that procedures were in line with the National Standards for Infection Prevention and Control in Community Settings (HIQA, 2018). However, some improvements were required to come into full compliance.

The designated centre provides a full-time residential service to 11 people across two houses in a suburb in Dublin. The first house is a large detached house which is home to five residents. Downstairs, there are two resident bedrooms, a bathroom, utility, kitchen and sitting room. Upstairs comprises a staff sleepover room, three resident bedrooms, two bathrooms and another sitting room. To the rear is a large garden, with a shed used for storage. The second house is home to six residents. It is a large detached house in a nearby estate. Downstairs comprises of a sitting room, two resident bedrooms, a kitchen, bathroom and small office area. Upstairs there are four resident bedrooms and another bathroom. Laundry was done in a separate shed out the back garden. Both houses were found to be very clean and tidy. Residents all had their own rooms which were personalised to their tastes and they had ample space to store their personal belongings. One of the bathrooms in the first house required refurbishment and this was identified by the provider and in the process of being actioned.

The inspector had the opportunity to meet nine of the residents during the day in addition to 4 staff members. Many of the residents communicated using vocalisations, body language, eye contact, using specific phrases and leading staff to items they required. As such, these residents required staff to get to know them well and to learn about their specific communication support needs. The inspector observed residents to be comfortable and well presented. It was evident that they knew the staff members who were supporting them on the day well. Staff were noted to reduce the level of language they were using and followed residents' leads. Interactions were kind and caring and residents were noted to be very comfortable with the staff in both houses. Singing and joking between staff and residents could be heard and there was a friendly atmosphere in both homes. Staff were observed to support residents with personal care needs in a dignified manner. One of the residents spoke to the inspector about their experience of isolation due to COVID-19 in the house. They spoke about how they stayed in their room and their symptoms and reported that the staff 'looked after them well'.

Many of the residents required staff to provide direct prompts and support to enable them to follow IPC practices such as hand hygiene or wearing masks. Where appropriate, there was easy-to-read information available to residents along with digital material such as videos on hand hygiene. Residents' care plans documented any known healthcare-associated infections. Consent was sought for healthcare

interventions including vaccinations. There was evidence that residents with additional communication support needs had been supported during government restrictions. There were activities such as bingo, easy to read information and visual supports about managing anxiety while cocooning and visual activity planners for residents with autism.

In summary, from what the residents and staff told the inspector, what was observed and from a review of documentation, the inspector found that this centre had put a number of measures in place to protect residents from healthcare-associated infections. It was evident that residents were receiving a good quality service which was person-centred in houses which were suited to their needs. As stated earlier, there were improvements required to ensure specific IPC risks in the centre reflected current guidance and individual needs, to ensure staff were appropriately trained and that contingency plans were detailed. The next two sections of the report will outline the findings of the inspection in relation to governance and management and how these arrangements impacted on the quality and safety of the service being delivered in relation to infection prevention and control. The findings will be presented under Capacity and Capability and Quality and Safety followed by an overall judgment on compliance with Regulation 27.

## Capacity and capability

The provider had suitable arrangements in place to monitor and oversee the quality and safety of care of residents, including IPC and antimicrobial stewardship. There was an IPC Committee in place and membership included the Director of Nursing, the Quality and Risk Officer, nominated centre nurses and liaison nurses for IPC. The committee met on a quarterly basis and reported to the CEO. There was an IPC Control Strategy in place in the organisation and this included contingency planning, management plans, emergency plans, outbreak management, allocation of resources and deputising arrangements. The provider had a number of policies and procedures in place relating to IPC to guide staff practices. The IPC policy had been found to be inadequate to guide staff practices on previous inspections. The provider had since developed clear guidelines which outlined staff roles and responsibilities in relation to IPC and laid out mandatory training for each level of staff in the organisation. Guidelines in place included the management of water quality, household hygiene, wearing of face masks, environmental cleaning, managing infection and hand hygiene. The provider's annual review had included reflection on IPC.

Monitoring of IPC at centre level was largely the responsibility of the person in charge and this was overseen by the person participating in management. Bi-annual audits of IPC and antimicrobial surveys were completed in addition to a regulation 27 checklist. Daily and monthly checklists were completed by staff in relation to cleaning. The provider had recently changed governance and management arrangements in relation to IPC audits. These had previously been carried out by

local management or by the provider's IPC specialist. They were now done by the person in charge and the staff nurse. While the audit was identifying some areas requiring improvement, many of the scores were very high and it did not identify areas which arose as IPC risks on this inspection. For example, risk plans, isolation plans, maintenance issues and staffing. Many of the actions from an audit which was carried out in July 2022 were not documented as complete.

To ensure good information sharing and learning took place, there were a number of meetings held on a regular basis. At local level, the person in charge met with their line manager monthly to review key aspects of the service and these reviews included IPC. Persons in charge in the area also met on a monthly basis and there was evidence of sharing learning across centres in relation to IPC. Minutes of staff meetings included IPC on the agenda and where required, included a reflection on a recent outbreak and identified actions.

Systems in place for the oversight and management of risk required improvement. The risk register and safety statement had a number of risks relating to IPC. However, many of the risk assessments required review to ensure that they were up to date and in line with recent guidance.

The provider had resourced both houses with an appropriate number of staff to support residents with their daily routines. However, there were a number of vacancies on the day of the inspection. One house was found to have a stable staff team, with use of only one relief staff in the four week period prior to the inspection taking place. The second house had a number of vacancies. and there had been an increased number of agency staff used in the weeks prior to the inspection taking place. However, the provider had successfully recruited staff to fill vacancies and they were due to take up their post in the weeks following inspection. Rosters indicated who was responsible for IPC on each shift to ensure oversight on a day-to-day basis.

The inspector viewed the staff training matrix. Staff had done some courses related to IPC such as hand hygiene, donning and doffing of personal protective equipment and the National standards fo IPC. However, a large proportion of the staff members required a refresher for hand hygiene. The provider had identified a number of IPC related courses as mandatory for various staff grades. All staff were required to have courses in areas including antibiotic stewardship, breaking the chain of infection, and respiratory hygiene and cough etiquette. There were additional courses identified for nursing staff and social care workers. There was not evidence of these being identified or scheduled for this designated centre.

## Quality and safety

It was evident that residents were involved in making choices about their everyday lives and in the running of the centre. Residents meetings took place on a regular basis and these meetings included giving information about IPC and practical

demonstrations of performing hand hygiene. As outlined previously, many residents had significant communication support needs and staff were noted to adapt their communication to best meet those needs. There was a system in place in order to collect clinical specimens and results were received through a secure online system and were reviewed between the GP, local management and public health where required. The Clinical Nurse Specialist in IPC acted as a resource for staff and ensured that staff remained up to date with guidance issued on a national level. A review of residents' care plans indicated that there were risk assessments in place relating to COVID-19 and to support residents to access the community. Isolation plans were in place but these required review to ensure that they were suitably modified for each residents' specific needs. For example, for a resident who was unable to isolate, staff were able to describe how they would do reverse isolation. However, documentation was not in place to indicate this was the measure in place. Residents had hospital passports in place and these included information about how best to support residents who used methods other than speech to communicate. Point-of-care testing was available where it was required and this minimised disruption to residents.

Staff were observed to wear face masks in line with public health guidance. They were knowledgeable on standard based and transmission -based precautions and when each would be used. The inspector found that staff were knowledgeable about other aspects of IPC practices, they were able to describe how they had managed a recent outbreak, they were aware of how to manage contaminated laundry and how best to support different residents to isolate where they were symptomatic. This was of particular relevance to residents who would not be able to isolate due to their support needs. They had access to spill kits and could tell the inspector how they cleaned and disinfected areas of the centre at different intervals.

Cleaning was the responsibility of staff members. There were a number of cleaning schedules in place for daily, weekly and monthly cleaning. Touch points were cleaned four times each day. Shift planners assigned IPC related tasks and cleaning to one staff member to ensure it was completed to a high standard. There was an equipment cleaning log in place which included mops, wheelchairs and mobility aids. Colour coded cloths, mops and chopping boards were all in use to minimise the risk of cross contamination. Equipment in the centre such as blood pressure cuffs, oxygen saturation monitors and thermometers were all cleaned after each use.

The management of linen required review. In one of the houses, residents had their own day for laundry and there was a protocol in place for handling and washing contaminated laundry. In the second house, the house had a wash each day, with residents' clothes being laundered together. Staff in this house were able to describe how they managed laundry in the event of an active infection or if laundry became contaminated and they had access to alginate bags. However, everyday laundry arrangements were posing an IPC risk in the house. There were appropriate arrangements in place in relation to waste. Staff described how they managed clinical waste during a recent outbreak.

For the most part, the inspector found both houses to be clean and in a good state of repair. Residents had their own bedrooms which were decorated in line with their

interests. Since the last inspection, one of the bathrooms had been replaced and the house had been painted. There remained a number of outstanding issues which included staining on the floor in a bathroom, a rusted handrail, a stained shower chair and rusted radiators. The provider had already identified these issues and they were in progress on the day of the inspection. The centre had a recent outbreak of an infection and there was evidence of regular engagement with local management and with public health. The outbreak had been reviewed and discussed with staff at the most recent staff meeting. There had been another outbreak in the second house earlier in the year and staff were able to describe how they had managed to best support residents at that time.

## Regulation 27: Protection against infection

The provider had suitable governance and management arrangements in place to ensure sustainable delivery of safe and effective infection prevention and control antimicrobial stewardship in the service. Staff were knowledgeable, residents were well supported and the provider had demonstrated learning from previous inspections. The following areas required improvement:

- There was a need to review the overall risk register and individual risk assessments to ensure that they were up-to-date and in line with current public health guidance and reflective of residents' individual needs.
- Contingency plans were required to be updated to ensure all relevant information was available for staff such as zoning the centre, PPE, supporting residents who are not able to isolate, allocation of staffing, cleaning, bathrooms etc
- Staff training required improvement to ensure it was in line with IPC training which was defined by the provider.
- Personal isolation plans for residents required specific information on what supports each resident required in order to isolate successfully. For those who were unable to isolate due to their support needs, there was a need for documentation on how to manage this within the house.
- Outstanding maintenance issues required completion to ensure that cleaning and disinfection could be completed to a high standard.
- The management of laundry in one of the houses required review to minimise the risk of cross infection in one of the houses.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>              |                         |
| <b>Quality and safety</b>                   |                         |
| Regulation 27: Protection against infection | Substantially compliant |

# Compliance Plan for Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0038424

Date of inspection: 23/11/2022

## 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> <ul style="list-style-type: none"> <li>• The PIC, PPIM and staff team will review all risk assessments to ensure that they are up to date and in line with current public health guidance and reflective of residents individual needs.</li> <li>• The PIC, PPIM and staff team will update contingency plan to ensure it reflects all relevant information to guide and support staff in IPC and covid management.</li> <li>• The PIC will ensure all staff have completed the necessary IPC training that is defined in the IPC policy.</li> <li>• The PIC, PPIM and staff team will ensure all personal isolation plans are specific to support each residents individual’s needs.</li> <li>• The PIC will ensure that all outstanding maintenance issues are completed by end of January 2023.</li> <li>• The PIC and staff team will review the management of laundry in one of the houses to minimize the risk of cross infection.</li> </ul> |                         |

**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. | Substantially Compliant | Yellow             | 31/03/2023                      |