



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

Issued by the Chief Inspector

Name of designated centre:	Teach Geal
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0003261
Fieldwork ID:	MON-0035224

About the designated centre

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

Teach Geal offers residential services to five adults whose primary disability is an intellectual disability and a range of medical and physical care needs. The majority of residents generally attend day services outside of the house, except in the case of short - term illness when arrangements can be made to either recuperate in Teach Geal or go home to their families if residents wished. One resident avails of an in house day programme. There is one staff available to the residents during the day, two staff in the evening and a sleep over staff at night. Fulltime nursing care is not required. The centre comprises two semi-detached houses which are interconnected via a bedroom and office on the first floor and accommodates two and three residents in each. The residents all have their own bedrooms with four double bedroom and one single bedroom across the two houses with kitchen, living and suitable bathroom facilities in each. The centre is located in a housing estate in close proximity to the local community and all services and amenities. There is transport provided to travel to and from day services.

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 26 April 2022	10:20hrs to 17:20hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC) under the National Standards for Infection prevention and control in community services (2018) (the standards) and to monitor compliance with the associated regulation.

Overall, while there were some good IPC practices and arrangements in place, improvements were required with regard to IPC guidance, oversight arrangements, oversight tools, cleaning, cleaning schedules, hand hygiene arrangements, storage of some items, staff training, and IPC risk assessments and care plans. These identified issues will be discussed further in the report.

The centre was made up of two houses. The inspector was greeted by a staff member at the door of one house, invited to sign the visitor's book and sanitise their hands. There was antibacterial gel and face masks available upon entry to the house. Throughout the inspection, the inspector observed the person in charge and staff adhere to public health guidelines. For example, they regularly practiced hand hygiene and wore personal protective equipment (PPE) in the form of an FFP2 mask.

The inspector completed a walk-through of both houses. The centre had recently benefited from the addition of a new kitchen in each house and they appeared clean and bright. Each resident had their own bedroom with adequate storage for their belongings. Each bedroom contained a hand wash sink and residents shared the bathroom facilities. While the centre was observed to be visibly clean and well-maintained in the majority of areas, the inspector did identify some areas for improvement that required more thorough or periodic cleaning. These issues will be discussed in the next sections of this report.

The inspector found that for the most part, arrangements were in place for hand hygiene to be carried out effectively. There were a number of hand-sanitising points located throughout the premises and all were in good working order. However, some of the centre's stock of antibacterial gel was expired, including the bottles for use at both front doors. In addition, the soap dispenser for the kitchen was empty and some soap dispensers were not clean.

The inspector met four of the five residents that lived in the centre. Residents spoken with said they were happy to be back attending their day service and back doing activities they wanted to engage in. Four of the five residents attended an external day service on the day of inspection. The other resident was supported by a specific day service staff that worked in the centre. They went for a drive, followed by a walk and lunch out.

Residents' rights were promoted through a range of easy-to-read documents, posters and information, supplied to residents in a suitable format. For example,

easy-to-read versions of techniques for hand washing was available. Work was completed with residents on an individual basis in preparation for the COVID-19 vaccine and to establish residents' consent.

There were residents' meetings occurring in the centre and they included discussion regarding COVID-19. One meeting was held to discuss the new site specific isolation plan scenarios that were devised in January 2022. One resident spoken with said they understood about COVID-19 and the reasons why isolation was needed when someone had COVID-19.

Of the staff spoken with, they were knowledgeable regarding the procedures to be followed in the event of a suspected or confirmed case of COVID-19. One staff member detailed the steps taken during the last outbreak of COVID-19 within the centre. These included, PPE stations and PPE bins being set up outside of isolation rooms.

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.

Capacity and capability

Overall, while there were some good practices observed and identified with regard to IPC on this inspection, the provider did not adequately monitor all care practices in the centre. In addition, the provider did not demonstrate that there were adequate arrangements in place to determine and oversee performance in this area.

There were a number of potential people to seek support information from in relation to IPC such as, the provider had a COVID-19 lead who was the operational manager and they chaired the COVID-19 response meetings. The day service manager was the IPC lead for the organisation. From speaking to a staff member and the person in charge, they were aware who had COVID-19 and IPC oversight in the organisation however, they were not confident in the reporting structure. The organisation would benefit from a clear IPC organisational chart to demonstrate reporting structure and accountability.

The person in charge had overall responsibility for IPC and they were the designated COVID-19 lead in the centre. However, the training needs required review to ensure that the IPC lead had the resources and knowledge to guide the staff team and to mitigate against the risk of residents acquiring a healthcare associated infection.

There was an IPC policy and a range of guidance documents available for staff regarding IPC. The IPC policy included information on standard based precautions however, did not include guidance on transmission based precautions.

The provider had arrangements for an annual review and six-monthly provider-led

visits in order to meet the requirements of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The findings of the two most recent provider-led visit reports were reviewed by the inspector, the most recent had occurred in December 2022. However, there was minimal reference to IPC in one of the six-monthly visits and no reference in the second visit. When referenced it was focused on COVID-19, under stakeholder views regarding easing of restrictions and day services recommencing. These visits would benefit from the inclusion of a review of wider infection prevention and control risks.

At the end of 2021 the provider had undertaken to commence annual IPC only audits throughout the service. While this was a positive undertaking by the provider, the audit would benefit to include a more in-depth review of the IPC practices in the centre.

The person in charge had completed a self-assessment tool to assess the centre's current IPC practices. This was to ensure the centre was implementing appropriate measures to protect the safety and welfare of the residents and the centre staff. However, the self-assessment tool was not always reviewed within recommended review periods and at the time of inspection was overdue for a review. In addition, it would benefit from more elaboration of the systems in place.

The provider had ensured that there was adequate staffing in place at all times in the centre to meet the assessed needs of the residents and there were staffing contingency plans available in case they were required. The person in charge had ensured where possible, that familiar staff worked in this centre. This had a positive impact for the residents, in that familiar staff were aware of how to effectively communicate with, and encourage them to adhere to public health safety guidance to the best of their ability.

The person in charge had ensured all staff had necessary training in relation to COVID-19 and infection prevention and control. Staff were provided with appropriate training which included, hand hygiene, donning and doffing PPE, and the Health Information and Quality Authority IPC training. It was observed that in the case of some staff it had been some time since their initial training. It was not clear from speaking with the person in charge or from reviewing the training records if practical competency assessments had been completed with staff in relation to hand hygiene or donning and doffing PPE.

Monthly team meetings occurred in this centre and there was evidence that IPC was discussed at the majority of meetings.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Residents were informed and supported in the

prevention and control of health-care associated infections. However, as previously mentioned some improvement was required with regard to the centre's cleaning, cleaning schedules, oversight of cleaning, for all surfaces to be conducive for cleaning, guidance for cleaning certain facilities, IPC risk assessments, and care plans.

There were arrangements in place to promote and facilitate hand hygiene, such as antibacterial gel available in several locations in the centre and disposable towels. However, improvements were required to ensure antibacterial gel provided was in date, that all soap dispenser locations had soap as one was empty, and that dispensers were clean.

The provider had a sufficient stock of PPE and staff were observed to wear and doff PPE in line with national guidance. Staff spoken with were able to talk the inspector through when additional PPE would be required and how to safely doff the PPE when finished with it.

The inspector reviewed the quality of cleaning of the overall centre and supporting documentation. Staff in the centre were responsible for the day-to-day cleaning of the centre. The majority of equipment used to support residents was not included in cleaning checklists and of those that were included, there was minimal evidence to demonstrate that they were being cleaned. In addition, there were frequent gaps found in the centre's general cleaning documentation.

During a walk around of the centre, the inspector found that overall the centre was generally clean with some exceptions in specific areas such as some bathroom mirrors, shower doors and some sinks which were found to be dirty. Some slight mildew was observed in some areas around some bedroom windows.

The inspector found that the cleaning for some appliances and fixtures required to be added to the cleaning checklists. For example, the oven, extractor fan, kitchen presses, shelves, and windowsills. As a result of them not being present on the checklist, it resulted in some areas having a build up of dirt. Guidance for cleaning of these items was also required.

Most surfaces in the house were conducive to cleaning however, there was some limescale build-up around some taps. In addition, some surfaces were damaged or the surface was peeling such as, handrails, locks, a radiator, skirting boards, and gaps in staff room flooring which would make effective cleaning difficult.

There were arrangements in place to manage general waste. Bins available were all pedal operated. In the event that the centre had clinical waste, there was guidance in place. Both the person in charge and a staff member spoke of the arrangements in place to deal with clinical waste however, there were some discrepancies regarding the method for disposal compared to organisational guidance. The majority of bins in the centre did not have a bin bag or liner in them and there was no guidance in place for staff to guide them on how to clean the bin receptacle if no liner was used.

More consideration was required to the storage of some items in the centre. Some

personal care wipes were being stored on the ground in an outside shed and boxes of PPE were stored on the concrete floor under the stairs.

Laundry was completed on-site using a domestic washing machine. The centre had access to water-soluble laundry bags for the laundering of contaminated garments if required. Staff spoken with were clear on procedures to follow when managing residents' clothes and linens, including managing items which may carry an infection risk. However, there was no system in place for maintenance washes of the machine and the machine was found to have detergent build-up and some residue build-up on the drum and seals.

There was a color-coded system in place for cleaning the centre, to minimise cross contamination. However, guidance in place for use of chopping boards did not fully match the chopping boards in place. While there were some improvements since the last inspection in relation to the storage of mops, further improvement was required for the storage of additional mops as some were observed to be stored on the ground.

While there was IPC risk assessments and care plans in place some required review to ensure all risks were still applicable and that control measures were still accurate.

The provider had developed contingency plans in response to an outbreak of infection in this centre. Learning from previous outbreak and infection risks had been reflected into revised management plan. While the management plan had been reviewed recently, it was not reviewed in light of the most recent outbreak of COVID-19 in the centre.

The inspector found evidence that learning from infection control risks and outbreaks were discussed at team meetings, person in charge meetings and the health and safety committee. However, team meeting minutes were vague on what was discussed and no analysis of learning was compiled.

Regulation 27: Protection against infection

While there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of areas to ensure that the IPC procedures were in line with the standards.

Areas requiring improvement in order to comply with the standards include:

- monitoring by the provider of infection prevention and control practices in the designated centre required review as the two most recent provider led visits had either not assessed IPC or it was discussed in a limited capacity, and the annual IPC audit appeared limited in scope
- the organisation's IPC policy would benefit from a review and to include transmission based precautions
- some improvement was required to the hand hygiene arrangements such as,

- some antibacterial gel was expired and soap dispensers required cleaning
- while the house was generally clean and tidy some areas required a more thorough or deep clean
 - some areas such as the oven, kitchen presses, extractor fan, vents, maintenance washes for the washing machine, and equipment used to support residents, required to be included on the cleaning checklist to ensure they were periodically cleaned
 - some areas required repair or replacement in order to ensure they were conducive for cleaning such as, a broken radiator and one tap had no top on it
 - training needs required review to ensure that the IPC lead for the centre had the resources and knowledge to guide the staff team and it was not evident if any practical assessment of skills acquired by staff in online trainings took place
 - some risk assessments and care plans required review to ensure all risks were still accurate and applicable, and that control measures were still accurate
 - review of the oversight tools was required in relation to the oversight of the cleaning schedule in the centre and the IPC self-assessment tool to ensure they reflected what actually took place in the centre and that it was reviewed every 12 weeks
 - further improvement was required regarding the storage of mops in the centre
 - more consideration was required to the storage of some items in the centre, to ensure items were not stored on the ground such as, the concrete floor under the stairs or in the shed
 - some improvement was required to ensure that learning from outbreak and infection risks were analysed and recorded.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Teach Geal OSV-0003261

Inspection ID: MON-0035224

Date of inspection: 26/04/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Hand-sanitizing gels will be checked for expiry before they enter the center and will also be checked periodically while on-site. Soap dispensers will be checked regularly and adequately stocked going forward. 23/5/22 • The IPC reporting structure will be discussed at the next team meeting. There will be signage put on display in the staff room with information and contact details of the IPC and Covid leads. 23/5/22 • IPC policy to be reviewed to include transmission-based precautions by Compliance Manager • 6 monthly and annual internal audits to include IPC oversight. • Internal IPC audit conducted by the IPC lead to include an Inspection review of IPC practices in the center on site <p>PIC to complete a review of the self-assessment tool and include a review of all IPC systems currently in place. 24/5/22</p> <ul style="list-style-type: none"> • PIC to review the training needs of all staff in relation to IPC and ensure that all trainings are in date and out-of-date trainings to be completed in the coming weeks. 20/6/22 • There is a training day scheduled for the 7/7/22 which all PIC's will attend, the IPC lead for the organization will give an information session on IPC, they will also provide a demonstration to PICs on how to carry out hand hygiene competency assessments and also how to carry out competency assessments on the correct donning and doffing of PPE. At this training day PICs will also be provided with guidance on how to analysis future outbreaks to ensure staff learn from these outbreaks and are better prepared in the future. • A complete and comprehensive review of the cleaning schedule will be carried out, all equipment currently being used in the center will be added to the schedule along with all the items mentioned in this report. 22/5/22 • The gaps that have been identified in the center's cleaning schedule will be discussed at the next team meeting, staff will be reminded of the importance of good IPC practices 	

and there will be an emphasis placed on consistent recording of all IPC practices.

23/5/22

- A list will be compiled of all renovations that are required in the center, this list will be submitted to the maintenance manager for completion. 13/6/22
- A review on waste disposal practices will be completed and this will be discussed at the next team meeting. 23/5/22
- The PIC will review storage of PPE with IPC lead and review accordingly 10/6/2022
- Maintenance washes will be carried out on appliances and a schedule for these washes will be drawn up. 26/5/22
- New chopping boards will be purchased. 26/5/22
- The correct storage of mops will be addressed and discussed at next team meeting. 23/5/22
- PIC will carry out a review of all IPC risk assessments and of all resident's care plans. 10/6/22
- There will be a review of the center's outbreak plan carried out and it will be discussed at the next team meeting. 22/5/22
- Going forward there will be more detail included in the minutes of team meeting's around IPC. 24/5/22
- PIC will draw up an oversight schedule to ensure that IPC practices are being completed to the required standard. 10/6/22
- Deep clean by external contractors to be completed by 15/6/22

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.	Not Compliant	Orange	18/07/2022