



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

Issued by the Chief Inspector

Name of designated centre:	Glenbow Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 September 2022
Centre ID:	OSV-0003364
Fieldwork ID:	MON-0036164

About the designated centre

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

Glenbow Services is run by the Health Service Executive and is located a short distance from a town in Co. Sligo. The centre provides residential care for up to eleven male and female residents, who are over the age of 18 years and have mild to profound intellectual disabilities. The centre is based on a campus setting and comprises of two bungalow dwellings located within close proximity to each other. Residents have access to their own bedroom, some en-suite facilities, shared communal areas, bathrooms and each bungalow provides residents with level access to a green area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Monday 19 September 2022	10:15hrs to 17:15hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. The inspector met and spoke with residents and staff throughout the inspection. In addition, the inspector observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre consisted of two bungalows that were located next to one another. The centre was part of a congregated setting on a campus that was located near a town in Co. Sligo. There were five residents living in one bungalow and four residents living in another. Each resident had their own bedroom. One bedroom had an en-suite bathroom with level access shower. Each house had a kitchen, living-room, dining-room, utility room and two shared bathrooms. One of the shared bathrooms had a bathtub while the others had level access showers. The centre was equipped with specialised equipment for use by the residents. This included specialised seating, sleep systems, shower trolleys, shower chairs and profiling beds. Outside one of the bungalows, a new patio area had been created with raised planters. Outdoor seating was located at the other bungalow. All residents had access to the large grounds of the campus.

The centre in good structural repair. The furniture in the centre was clean and free from any damage. New floors had been fitted in each of the dining rooms in recent months. New fire doors had been fitted in both kitchens. The person in charge reported that chipped tiles in bathrooms had been replaced. In both houses, it was noted that there were small areas where paint had chipped due to daily wear. The person in charge reported one house was due to be fully repainted in the next few weeks. The chipped paint would be repaired at this point. There were also plans to replace or repaint any radiators that were rusted or chipped. In the other bungalow, there were plans for residents to relocate to a new designated centre in the very near future.

The centre was clean and tidy. Large surfaces were clean and free from dust. There was no discolouration or residue noted in any of the bathrooms. All pieces of residents' equipment that were inspected were clean. This included specialised seating, shower chairs and shower trolleys. There were adequate hand hygiene facilities located throughout the centre. A hand sanitisation station was located at the front door of each bungalow with hand sanitiser, face masks and a pedal bin to dispose of used personal protective equipment (PPE). All hand sinks throughout the centre had hand soap, paper hand towels, hand towel dispensers and operating pedal bins. PPE was stored in cupboards throughout the house and staff reported that stocks could be easily and quickly replenished when needed through a requisition form. There was also an emergency stock available on the campus that could be accessed at any time. It was noted that some single-use clinical equipment was stored in a bathroom in the centre. While some items were stored in a sealed

box, others were kept on open shelves. This was not in keeping with best practice in relation to infection prevention and control.

There was signs at various points throughout the centre that gave information to residents, staff and visitors on steps that they could take to protect themselves from infection. At the front door of the bungalows, there were signs that informed visitors that face masks should be worn in the centre. There were posters that gave guidance on good hand hygiene technique. There were also posters that showed how to put on and take off PPE. The signs and posters were clearly displayed and in line with current public health guidelines.

There was a staff sign-in sheet at the entrance to the bungalow. This sheet also asked staff to complete a check to ensure that they were hand hygiene ready and free from any symptoms of COVID-19. It was noted that the sign-in had been completed every day and had been completed by the staff on duty on the day of inspection. The inspector noted that all staff were hand hygiene ready. Cleaning checklists for each room in the centre were kept on the doors of the rooms.

The inspector met with residents at different points throughout the day. Residents were busy going about their daily routines. Some left the centre to attend appointments. They spent time in different parts of the centre throughout the day and were supported by staff to complete daily activities. One resident chatted to the inspector about their experience with COVID-19 with the support of staff. They talked about the need to stay safe from 'the bug'. They talked about washing their hands to keep safe and good cough etiquette. They told the inspector that they had needed to stay in their room because of the bug. They had completed art projects and watched television during this time. The resident talked about seeing their general practitioner (GP) when they felt sick and that they would come to see them in their house. They talked about their interests and activities. They told the inspector about a recent day trip that they had taken and enjoyed.

Staff were observed assisting residents throughout the day. They interacted with the residents in a friendly and caring manner. Staff and residents appeared very comfortable in each others' company. Staff completed a number of household tasks during the day, including assisting residents with personal care, meal preparation and laundry. The staff team also included housekeeping staff. On the day of inspection, there was a housekeeper in each of the two bungalows. They completed routine cleaning tasks throughout the centre. All staff wore appropriate PPE throughout the day.

Overall, the inspector observed that the centre was very clean and in a very good state of repair. Some refurbishments had already occurred in the centre and the provider had definite timelines in place to complete other refurbishment projects. There were adequate hand hygiene facilities throughout the centre. Staff adhered to hand hygiene guidelines and wore appropriate PPE. Residents were knowledgeable on steps that they should take to protect themselves from infection. The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the

quality of the service delivered to residents.

Capacity and capability

The provider had developed policies, protocols and guidance documents for staff in relation to infection prevention and control. There were defined lines of accountability and escalation in relation to infection management. The provider maintained oversight of the infection prevention and control arrangements in the centre through the use of comprehensive audit tools. There were adequate staffing arrangements in the centre to support residents and to complete necessary tasks relating to infection prevention and control.

There were identified management structures and clear lines of accountability in the centre. Staff in the centre reported to the person in charge. The person in charge escalated issues that could not be dealt with in the centre to more senior management, as required. The person in charge had overall responsibility for the management of infection prevention and control in the centre. They also had the role of COVID-19 Lead Worker Representative (LWR). The person in charge reported that a staff nurse in the centre had recently completed specific training in infection prevention and control. They had been appointed as an infection prevention and control link nurse within the centre. As part of this role, they promoted good hand hygiene practice within the centre and had completed some on-site hand hygiene training with staff. It was hoped that this staff member would complete audits specific to infection prevention and control in the future.

There were a number of policy and guidance documents available to staff in the centre to inform best practice in relation to infection prevention and control. These documents gave information to staff on good practice in relation to hand hygiene, standard precautions, transmission-based precautions, sharps management, laundry management and waste disposal. There were staff sign-off sheets that indicated that staff had read and understood these documents. There were copies of recent publications and updated guidelines from public health available. Additional policies in the centre gave guidance to staff on local arrangements for managing infection prevention and control. For example, the site specific safety statement gave information on how to dispose of sharps bins and clinical waste in the centre. The statement identified a named individual who could be contacted to collect and dispose of these items.

Staff were also guided by the risk assessments in the centre. The person in charge maintained a risk register that comprehensively assessed the risks to residents, staff and visitors. This included risks from biological agents, risks associated with exposure to blood or bodily fluids, and risks from exposure to sharps. These assessments identified control measures to reduce the risk and were regularly reviewed. The risk register also identified the risks to staff from the use of certain chemicals and cleaning agents.

The centre had a specific plan in place to guide staff on how to respond to a suspected or confirmed case of COVID-19. The plan was last reviewed on 19 August 2022. It had been signed by 17 staff members in that time to indicate that they had read the plan and understood its content. The person in charge reported that the plan was due for a further review in the coming weeks. The plan gave guidance on how and where staff should isolate if they became symptomatic of COVID-19. It gave information on the local infection prevention and control team who could be contacted for advice in the event of a confirmed case of COVID-19. It identified named members of an outbreak team that would be put in place in the event of an outbreak in the centre. There were also named senior managers who could be contacted in the event of staff shortages and the staffing contingency plan that was in place should this occur. Specific tasks relating to the prevention of COVID-19 in the centre were also allocated to named individuals.

The provider maintained oversight of the measures taken to prevent the spread of infection through a number of audits. The person in charge completed monthly COVID-19 LWR audits that examined the practices that were in place to reduce the spread of COVID-19 in the centre. The person in charge also completed a quarterly infection prevention and control audit. The inspector reviewed the audits that had been completed in the previous two quarters and found them to be comprehensive. The audit included an examination of the structural issues in the centre that could create a risk of infection. It also reviewed the cleanliness of the centre. Hand hygiene facilities were monitored. Staff knowledge and practice in relation to hand hygiene was also included. Any actions identified on audit were recorded and listed on the centre's quality improvement plan. This outlined actions that needed to be taken to address any issues identified and a target date for their completion. The quality improvement plan also included goals that were identified through the provider's annual review into the quality and safety of care and support and the provider's six-monthly unannounced audits. This included actions that were related to the management of infection prevention and control. There was evidence that issues identified were progressed and addressed. For example, the need for new room-specific cleaning schedules was identified and this had been completed on the day of inspection.

The staffing arrangements in the centre were reviewed. The person in charge maintained a planned and actual staff roster. This showed that there was an adequate number and skill-mix of staff on duty to support the residents with their assessed needs. The availability of household staff seven days per week meant that there were adequate staff available to also complete the cleaning tasks required in the centre. The cleaning of residents' personal equipment was the responsibility of healthcare staff. Staff reported that they had capacity to complete these tasks as well as assist residents with their needs.

Staff training in the centre was reviewed. The provider had identified a number of training modules that were mandatory for all staff and additional modules that were identified as specific to staff working in the centre. This included a number of modules that were specific to infection prevention and control. An overview of this training was recorded on a training matrix. The person in charge reported that they updated this matrix on a quarterly basis and it was therefore not fully up to date on

the day of inspection. The person in charge had obtained certificates from staff when they had completed training in these modules. These were presented to the inspector on the day of inspection and it was noted that most staff were fully up to date with their training in infection prevention and control. For example, all staff had up-to-date training in hand hygiene and standard precautions. The person in charge also reported that a clinical nurse specialist in infection prevention and control had offered to provide on-site training to staff. The person in charge had plans to arrange this training in October and November 2022. Staff were knowledgeable on the precautions that should be taken to prevent the spread of infection. Staff knew where to get additional information if they needed guidance on managing a particular infection risk. They reported that this information was available in policies in the centre, through contacting the person in charge and by contacting the local infection prevention and control team. They could describe the particular requirements for reducing the risk of infection when completing certain tasks. For example, the infection prevention measures that should be taken when caring for a resident's gastrostomy tube or cleaning a particular item of equipment.

Quality and safety

The inspector noted good practice in relation to the arrangements that were in place in the centre to manage infection prevention and control. This included good practice in relation to cleaning in the centre and the maintenance of cleaning records. Record keeping and guidance in relation to the care of residents regarding infection prevention was clear and up to date.

Residents were supported to take steps to protect themselves from infection. Information was given to residents in relation to infection prevention and control at their weekly residents' meeting. This included the use of hand gel and cough etiquette. Residents were given information about their GPs and knew that they could be seen by the GP if they were feeling unwell.

A sample of residents' care plans were reviewed during the inspection. Detailed medical histories were kept for each resident. Care plans were routinely updated. Some plans related specifically to care that carried an increased risk of infection, for example, intimate care, skin breakdown and care of gastrostomy tubes. These plans advised staff to ensure that they followed good practice in relation to hand hygiene. Residents had access to a wide variety of health professionals and records of their appointments and reports were recorded. Residents' care plans recorded their colonisation status, if known. Information relating to residents' vaccinations was also recorded. Residents had hospital passports that gave relevant information to hospital staff should they be admitted. Staff reported that, if there was an identified risk relating to infection or colonisation status of a resident, this would be recorded on the hospital passport to alert hospital staff. The person in charge reported that if a resident required admission to hospital, a staff nurse would also accompany the resident to hospital and give a handover of information regarding the resident. In

cases where residents had to be admitted to hospital, staff in the centre phoned the hospital ward daily to remain informed of the resident's care and any alerts regarding any infection risks.

As noted previously, the centre was in good structural repair. Some identified refurbishment tasks had been completed and there were plans to complete additional tasks in the coming weeks. The centre had a very good level of cleanliness. Cleaning checklists were maintained that showed that routine cleaning was completed daily. The checklists were sufficiently detailed and specific to give assurances that all necessary cleaning tasks were completed in line with the provider's guidelines. In addition, there were specific cleaning records for residents' personal equipment. This included specialised seating, positioning aids for sleep and floor mats. These checklists specified the cleaning task, the equipment needed to complete the task and the staff who would be responsible for completing the task. The checklist provided assurances that the pieces of equipment were cleaned daily in line with these guidelines. There were arrangements for residents' regular laundry to be washed in the centre. Each bungalow had a washing machine and dryer. In cases where there was a risk of infection with laundry, dissolvable laundry bags were available and that laundry was washed in a central laundry on the campus. There were adequate waste collection services in the centre for household waste and recycling. There were also arrangements for the storage and collection of clinical waste, when required.

The inspector reviewed the records of the measures that had been taken during a recent outbreak of COVID-19 in the centre. There was evidence of correspondence between the person in charge, members of senior management and the local infection prevention and control team. Minutes from outbreak meetings showed that specialist guidance was provided to the person in charge in relation to the management of the outbreak. There was an email from a specialist member of the infection prevention and control team to give guidance to the person in charge in relation to the deep clean that was required in the centre after the outbreak. An outbreak review meeting was held once the outbreak was closed. This identified learning from the event. This included a need to improve ventilation when the centre's transportation was in use when there was a suspected or confirmed case of COVID-19. It was noted that the risk assessment relating to ventilation on the bus had been updated following the outbreak. The centre's COVID-19 plan had also been updated.

Overall, there were good practices in the centre in relation to infection prevention and control. The centre was kept very clean and tidy. Refurbishment issues had been addressed and there were definite plans to complete additional projects. Residents were kept informed of the steps that they should take to protect themselves. Records relating to the residents' medical needs were well-documented. There was a record of any learning noted from a recent COVID-19 outbreak. Information was shared sensitively between services to promote residents' safety in relation to infection prevention and control.

Regulation 27: Protection against infection

There was good management and oversight of the service in relation to infection prevention and control. The provider maintained oversight through a number of comprehensive audit tools and issues that were identified were addressed. There were clear lines of management and accountability in the service with specialist input from clinical specialists in infection prevention and control, when needed. There was adequate information available for staff in the centre in the form of policies, guidance documents, risk assessments, cleaning checklists and staff training. Staff were knowledgeable on the steps that should be taken to protect residents from the risk of infection. Residents were provided with information and support to keep them safe from infection. Information was recorded and shared with relevant staff to ensure that the risk of infection to residents was reduced. The centre was clean and tidy. It was in a good state of structural repair. The provider had plans in place to deal with a potential outbreak of COVID-19 and had learned from previous experiences in the centre.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant