



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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Residential Services Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	03 November 2022
Centre ID:	OSV-0003926
Fieldwork ID:	MON-0037820

About the designated centre

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

This service provides residential accommodation to six residents, male and female with moderate to severe intellectual disability with behaviours that challenge. The designated centre is a six-bedded bungalow located in a cul de sac on a campus based on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden. An appointed person in charge provides day to day oversight of service provision within the centre. Residents are supported to engage in a range of meaningful activities in accordance with their individualised personal plans. Staff provide supports to residents at all times.

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
Thursday 3 November 2022	10:15hrs to 15:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with all of the residents during the inspection at times which suited their daily routines.

This designated centre was last inspected in May 2021 and was found to be compliant with regulation 27: Protection against infection during that inspection.

On arrival, the inspector was greeted by a member of staff and one resident. The inspector was informed of the planned activities for the residents during the morning. One resident had already left the designated centre with staff support to go on a planned drive. Another two residents were being supported to commence their daily activities later in the morning. These residents were supported to have their breakfast in the dining room when they awoke.

Another resident was being supported by a day service staff at the time the inspector arrived. The staff outlined the plans for this resident to attend their day service on the campus with other peers. During the morning, the inspector was introduced to another resident in their self-contained apartment. This resident spoke positively regarding their planned move into a community house with two other peers. This included how they enjoyed choosing new furniture and paint colours for their new bedroom. The resident stated they were happy to be able to go to the cinema and other social outlets in the community to meet these peers since the public health restrictions had eased.

The inspector was informed staff were actively supporting one resident to engage in regular hand hygiene. Staff proudly spoke of the progress this resident was making. The resident was also reported to be enjoying engaging in personal care activities such as having their hair blow dried by staff. In addition, the resident was being encouraged to participate in more art activities and display these in the communal space that they liked to spend time in. The resident acknowledged the inspector on their return from their morning spin. They chose not to engage any further with the inspector at that time, but did respond when the inspector was leaving the designated centre and waved.

As the person in charge was attending scheduled training on the morning of the inspection, the person participating in management accompanied the inspector when conducting the walk around of the designated centre. The presence of unexpected visitors to the designated centre did adversely impact on one resident. They gestured to staff that they did not wish to have the visitors present in the communal areas or to enter their bedroom. This was respected and the inspector reviewed documentation in a vacant bedroom to reduce the impact of their presence in the designated centre on this resident.

During the inspection, staff were observed to ensure the ongoing safety of the residents in relation to infection prevention and control practices (IPC). This included encouraging residents to wash their hands regularly and promoting good hygiene while maintaining each residents' dignity. For example, one resident was encouraged by a staff member to change their clothing after they had finished their lunch before they commenced their planned afternoon activities.

At the time of this inspection, five residents were being supported in the designated centre. However, the provider had advanced plans in motion to transfer two of the residents to a new community home. The inspector was informed that the remaining three residents would continue to be supported in this designated centre. These plans had been delayed due to the pandemic but staff outlined the positive impact for all of the residents once the planned transitions were completed.

The inspector met a number of different staff during the inspection along with the core staff team that were working in the designated centre during the inspection. All staff were observed to be wearing appropriate personal protective equipment (PPE) and demonstrated some good IPC practices. This included members of the senior management team and the clinical nurse specialist (CNS) health promotion nominated IPC nurse. This will be further discussed in the capacity and capability section of this report.

The designated centre was found to be well ventilated and some areas were decorated with personal items reflective of the residents living in the designated centre. However, some issues were identified with the premises during the inspection. These mostly related to wear and tear on some surfaces such as communal seating and storage presses. In addition, not all areas had been subject to frequent cleaning which resulted in the build-up of dust being evident. For example, excess dust was observed on a number of room vents and in one bedroom that was vacant at the time this inspection. This will be further discussed in the quality and safety section of this report.

All of the residents had been effectively supported to remain safe during the pandemic in 2020. In September 2021, one resident recovered after contracting COVID-19 in the community. While all of the residents and a small number of core staff contracted COVID-19 in July 2022, immediate actions taken prevented further cases during the outbreak. This included restricting the number of staff supporting the residents and ongoing monitoring. Staff reported this period of lock down for the residents was difficult. There was ongoing input from public health services and the provider's own specialist in IPC. When all of the residents recovered and tested negative the period of isolation was determined to be no longer required. In the best interest of the residents the period of isolation was successfully stopped after eight days.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols,

guidelines and relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs. However, not all of the provider's protocols were evidenced during the inspection to have been consistently adhered to or documented in this designated centre.

The person in charge was new to the role since August 2022. They worked full time and had remit over one other designated centre located nearby within the campus setting. The staff member who held the role previously in this designated centre had provided a detailed and comprehensive handover. While they had taken up a role in another designated centre on the campus they were still available, if required, to provide ongoing support to the staff team and met with the inspector on the day of the inspection. A clinical nurse manager, (CNM) was also part of the core staff team.

The inspector was informed that residents were supported with a model of care in line with their assessed needs. The staff team were observed to provide a person centred service to residents in this centre and was overseen by the person in charge. There was an actual and planned rota in place which demonstrated the flexibility of the staff team to ensure residents were supported at all times in line with their assessed needs by familiar staff. This was found to have been very effective and beneficial during the recent outbreak. The provider's own post outbreak review found the good teamwork that was demonstrated during this period had assisted in reducing the number of additional staff required to provide support at the time. The person in charge outlined to the inspector the importance of maintaining a consistent staff team to support the residents. All staff had completed refresher training in the area of IPC in September 2022. The person in charge had scheduled plans to commence regular staff meetings and supervision with staff in the weeks after this inspection.

The staff team included dedicated hours allocated for household cleaning. At the time of this inspection, this person worked four days each week. It was evident regular cleaning was being completed within the designated centre. This was documented in a hygiene standards log. However, on the day of this inspection no household staff was rostered to be on duty. The inspector was informed the core

staff team were responsible to ensure essential specific IPC cleaning was completed in the absence of the household staff being on duty. The inspector acknowledges that the staff team prioritised the care needs of the residents throughout the inspection. However, not all staff spoken to during the inspection were aware of provider's protocols and guidance in relation to number of IPC issues in the designated centre. These included the guidance on the use of cleaning cloths in the kitchen, the recommended frequency of general waste bins to be emptied and the guidance on the management of bath mats after use. This guidance was clearly documented by the provider but was not evidenced to be consistently adhered to in the designated centre. In addition, two dispensers were observed to be empty of cleaning wipes during the initial walk around of the designated centre. Also, not all checklists had documented evidence the cleaning of areas such as the IPC specific daily tasks and toilets had been completed as frequently as required by provider's protocols. At the time of this inspection these activities were required to be completed four times during a 24 hour period.

It was evident the provider ensured they had systems and protocols in place to ensure safe IPC practices were maintained within the designated centre. These included internal provider led audits, IPC hygiene audits, post-outbreak review, daily and weekly cleaning checklists. The provider had also undertaken a review of their local hygiene standards to reflect up-to-date guidance and learning that had been obtained during the pandemic. The inspector was informed the local hygiene standards guideline were scheduled to become active on the day of this inspection. The CNS in health promotion and the person participating in management outlined the in-depth review that had taken place to ensure the latest document addressed gaps that had previously been identified. Revised checklists and templates were being introduced to ensure the comfort and well being of residents was maintained with a consistently clean environment. The person in charge outlined how each of the checklist templates would also include centre specific tasks. For example, this designated centre had its own water dispenser to support the specific needs of one resident which would not be found in other buildings. The cleaning of this would be included in the relevant checklist. The inspector was also informed that the provider had plans to ensure that the revised hygiene standards guideline were included in upcoming planned meetings with all grades of staff to ensure consistency.

The person in charge had completed the recent review of the health information and quality authority (HIQA) self-assessment in preparedness planning. This had been completed on 31 July 2022. The provider had ensured there was a site specific contingency plan for the designated centre. This had last been reviewed in February 2022. However, not all of the information regarding the type of face masks to be used by staff when supporting residents reflected the most up-to-date public health guidance. In addition, while the provider had ensured a protocol was in place for the weekly monitoring of stocks of PPE this was not consistently documented as being completed. The last documented stock review had taken place on 9 September 2022.

Quality and safety

The welfare and well being of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from possible infection in a manner that was consistent with the provider's protocols and relevant national standards.

The inspector was aware of the planned transition of two of the residents to a new designated centre in advance of this inspection. These transitions are expected to take place before the end of 2022. Once these transitions have successfully occurred the provider plans to upgrade the self-contained apartment and support one of the remaining residents to move into this area if they wish. In addition, the inspector was informed of plans to renovate the kitchen in the designated centre. These renovation works would provide greater accessibility for the remaining residents to engage in food preparation and other household chores in the kitchen area. The person in charge informed the inspector of the plans to change the existing radiator covers, but no date of completion was available at the time of this inspection.

The provider had addressed a number of issues that had been identified during their own internal audit in June 2022. This included signage in place for the hand washing sink in the kitchen. But the installation of more wall mounted soap dispensers could not be progressed until the successful transition of one of the residents to the new designated centre due to an identified high risk to the individual.

However, some issues relating to IPC found during this inspection were as a direct result of the state of repair of some other fixtures and fittings. These included damaged surfaces evident on seating in one of the sitting rooms. Evidence of water egress on storage presses in two of the bathrooms impacted the effective cleaning of these units. A vacant bedroom did not evidence regular cleaning had been completed. There were cobwebs evident on the window, items were being stored on the floor which included stocks of PPE and a clear plastic bag containing clothing. This directly impacted the effective cleaning of the floor space in the room. There was build-up of deposits evident in the wet room where the floor surface joined the wall surface. There was a cover missing on a fixture containing toilet roll in the staff toilet.

While the provider had identified a number of issues relating to the premises which included replacing the radiator covers, one radiator had a large number of clothes tags inserted inside the radiator cover which were difficult to remove. The items had been placed there over a period of time by one of the resident's. There was also a build up of dust evident inside the covers of a number of the radiators.

There were IPC risk assessments completed, both centre specific and for individual residents. While most of the risks were subject to regular review, the inspector noted that there was a high rated risk that had not been reviewed since January

2022. The risk identified was to ensure safe staffing levels with appropriate skills in each area during the COVID-19 pandemic. It was documented to be reviewed on or before 1 March 2022.

A colour coded system was in use to identify what cloths and mops to use for specific areas of the centre to prevent cross contamination. An ample supply of clean dry cloths and mop heads were available to staff and clearly identifiable. Appropriate signage was also on display relating to this colour coding system. The management of laundry was also clearly outlined. However, as previously mentioned in this report the use of cloths within the kitchen area was not observed to be in line with the provider's protocols. In addition, adequate supplies of cleaning wipes were also not readily available at the beginning of the inspection.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- Damaged surfaces impacted the effective cleaning being completed in the designated centre. This included seating, storage presses in two bathrooms and a damaged fixture in the staff toilet.
- The use of cleaning equipment was not consistently adhering to the provider's guidance and protocols. For example, the use of cleaning cloths in the kitchen.
- The radiator covers present in the designated centre had evidence of debris build up on the outer surface. One radiator had a large number of items and build-up of dust visible inside the cover which could not be easily removed.
- There was build-up of deposits evident where the floor covering and wall surface in the wet room joined which impacted the effective cleaning of the area.
- There was dust build-up evident on a number of room vents in the designated centre. For example, in one bathroom that did not have any other source of external ventilation.
- The storage of items on the floor in a vacant bedroom impacted the effective cleaning of the room. In addition, cobwebs were observed around the inside of the window and dust build-up was evident on part of the floor surface.
- Not all of the dispensers in the designated centre contained the required cleaning equipment. For example, two cleaning wipe dispensers were observed to be empty during the inspection.
- The weekly monitoring of PPE supplies was not consistently documented.
- The site specific contingency plan was last reviewed in February 2022 and did not contain up-to-date guidance on the type of face masks for staff to use when supporting residents.

- Not all risks relating to IPC had been subject to regular review. For example, the risk of safe staffing levels during the pandemic was documented for review on 1 March 2022.
- Not all of the IPC specific daily checklists were consistently completed as per provider's protocols.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for St Vincent's Residential Services Group C OSV-0003926

Inspection ID: MON-0037820

Date of inspection: 03/11/2022

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"> • Damaged surfaces had been identified as part of the hygiene audit/Infection Prevention Control Visit by the named nurse who is a Clinical Nurse Specialist. • The Person in Charge has contacted the provider's maintenance manager regarding damaged surfaces, seating, storage presses and fixtures in need of repair/ replacement. Same will be completed by 31/1/23. • The providers Hygiene Standards document outlines the system in place i.e. color coded equipment ,storage of same, and washing of kitchen cloths after each meal etc. The Person in Charge will meet with all staff team at a scheduled meeting and reiterate this document and its contents. • Household staff have been met by Chairperson of Infection Prevention Control committee and Clinical Nurse Specialist and have had input of the Hygiene Standards and its guidance. • PIC has met with the designate center household staff and all radiators and covers will be clean and dust free going forward. The Maintenance manager will remove radiators covers as required to facilitate cleaning and replaced if required. • The person in charge has met with the household staff to ensure all floor coverings and areas where wall surfaces and floors meet, and that all vents in the designate center are thoroughly cleaned. The person in charge will liaise with the provider's maintenance manager if further action is required. • Person in charge will arrange cleaning and clearing out of the bedroom currently not in use. • Person in Charge will ensure all staff replace wipes, paper towels, and soap as per daily checklist included in the hygiene standards. • Person in Charge will ensure that a weekly monitoring of PPE checklist currently is in place. PIC will complete the weekly audit of checklists which will capture any gaps in same. Same will be addressed where identified. • Person in Charge and Person Participating in Management will update the designated 	

center's contingency plan to include the most up to date Public Health Guidance including up to date information on face masks.

- Person in Charge with support of the Health and safety officer will ensure the risk assessments in relation to Infection Prevention Control and Staffing levels are updated.
- The Person in Charge will meet with all staff to reiterate the role of all staff in the completion of the daily checklist, and will audit same for gaps as part of the weekly audit of checklists and address same.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2023