



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

## Issued by the Chief Inspector

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| Name of designated centre: | St. Vincent's Residential Services Group I |
| Name of provider:          | Avista CLG                                 |
| Address of centre:         | Limerick                                   |
| Type of inspection:        | Unannounced                                |
| Date of inspection:        | 23 February 2022                           |
| Centre ID:                 | OSV-0003933                                |
| Fieldwork ID:              | MON-0036034                                |

## About the designated centre

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

The designated centre provides residential services to up to 18 adults with varying degrees of intellectual disability. The designated centre is comprised of three bungalows in a campus style setting. Residents are supported by staff nurses, care staff and household staff. Staffing supports are provided on a 24/7 basis. The oversight of the centre is maintained by an appointed person in charge. The specific care and support needs in the centre is intended to meet for the assessed needs of each individual and in accordance with each individual's personal plan. Each house of the centre comprises of living/dining room, kitchen, utility room, quiet room, six individual bedrooms, two bath/shower rooms with toilet, sluice room, laundry room and staff office.

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

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| Number of residents on the date of inspection: | 17 |
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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>February 2022 | 10:00hrs to<br>17:30hrs | Laura O'Sullivan | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection which focused on the infection prevention and control measures which the registered provider had implemented within the centre. These measures were in place to prevent the risk of cross infection and to keep residents safe from infection. This report incorporated the findings evidenced through documentation, observations and interactions over the course of the inspection.

The centre presented as three bungalows located on a large campus. The inspector was greeted by a staff member of one of the houses. While the person in charge completed a meeting the staff member showed the inspector around the house and introduced them to the residents who were getting ready to start their day. The first task requested of the inspector was to complete a COVID 19 questionnaire. . The inspector was also requested to complete hand hygiene and take their temperature. These tasks were completed for all staff and visitors of the centre.

During the course of the inspection the inspector also visited the other two houses of the centre. Overall, similar evidence of IPC practices were identified in all three house. Staff were observed through the course of the inspection adhering to IPC measures. For example, in one house when a staff member left a residents bedroom they were observed using hand sanitiser. All staff spoken with had a clear understanding of the IPC measures in place. All staff were wearing FFP2 masks when providing direct support to residents. Surgical masks could be used if direct support of a resident was not being provided.

The inspector was shown around the house, the staff member clearly articulated a number of key infection control measures which were in place. This included cleaning regimes of each room and adherence to legionella checks. Whilst completing the walk around the centre, the inspector did observe some areas that required attention. This included a number of pedal bins which were not working correctly and damage to flooring in the hallway. Tape was being used to hold same down. This did not allow for adequate cleaning to be completed in this area. This house within the centre overall was warm and homely. Some premises work was required but this had been identified by the governance team with actions in place to address this. This included refitting of a bathroom area not being used in one house and refitting of a kitchen press which presented with mould. The press was currently not in use.

Each house in the centre presented in a similar way. A large dining living room, a smaller living room, a utility and laundry room, a fully equipped kitchen area and individual bedrooms. Domestic staff oversaw the majority of cleaning within the centre on a daily basis and recorded cleaning checks. However it was noted by the inspection that if a domestic staff was not present no cleaning was accounted for. Also, some cleaning duties allocated as responsibility of the night staff were not recorded. The three houses of the centre did present as neat and tidy with the

inspector observing staff completing high touch cleaning regularly through the day in each house.

The inspector had the opportunity to meet with one family when they were visiting their relative. The resident was very happy during the visit and the family reported they had found it difficult when they could not come in to say hello. They complimented the staff on the supports they gave everyone during the current pandemic and on keeping their family member safe. Through the inspection, the inspector had the opportunity to meet with residents. One resident had returned from a shopping trip, one of their favourite activities. They loved the colour blue and had bought some new blue clothes. Another resident spent some time in the living room with the inspector when they were completing the documentation review. They were very content in their environment and liked to sit and watch the coming and goings of the centre.

Residents of all three houses were observed to have an active day in accordance with their personal interests. One resident was relaxing in one of the small living rooms watching TV. They showed the inspector their favourite teddy and handbag. Staff reported all residents were doing well and were enjoying getting out and about again. The inspector reviewed one of the vehicles attached to the centre. This was found to be clean and tidy. A small supply of PPE was maintained in the vehicle to be utilised if required.

Overall, the inspector found the arrangements required to ensure good infection prevention and control practices were in place within the centre. Through review of documentation and conversation with staff, it was evident that the governance team appointed maintained oversight of measures in place. Where a concern was identified this was addressed in a timely manner through a monitored action plan. This will be discussed in the report under capacity and capability and quality and safety.

## Capacity and capability

St.Vincent's Residential services Group I provides full time residential support to adults and had been previously inspected in July 2020 where an overall good level of compliance was found across the 18 regulations reviewed. As part of a programme of inspections commenced by HIQA in October 2021 focusing on infection and control practices (IPC), it was decided to carry out such an inspection of this centre to assess the discipline and practice in this area in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The registered provider had appointed a clear governance structure to the centre. The person in charge was suitably qualified and experienced to fulfil their role. They were also the allocated IPC lead person in the centre. They reported directly to the

person participating in management appointed to the centre whom provided additional governance support. The inspector had the opportunity to meet with both members of the governance team on the day of inspection. They both possessed an awareness of the need for effective IPC measures in the centre and the measures to be implemented to maintain clear oversight of this.

The registered provider had ensured the development and implementation of a number of monitoring systems relating to IPC within the centre. A weekly health and safety walk around was completed for each house. While these did focus on health and safety they were utilised to provide oversight in a number of IPC areas such as ventilation, clutter and overall cleanliness. The HIQA self-assessment IPC tool was also completed. Firstly this was completed at provider level following this the person in charge completed a review to ensure this was specific to group I. The person in charge completed observations such as barriers to effective hand hygiene, hygiene audit and mattress audit.

The annual review of service provision and six monthly unannounced visit to the centre had been completed in accordance with regulatory requirements. IPC and COVID 19 were reviewed as part of both monitoring tools and incorporated in both reports. Actions had been identified and goals developed to ensure these were addressed. These action included, full painting of all three houses, replacement of kitchen presses due to the presence of mould and repair to damage in flooring. The registered provider had identified areas of IPC which required improvements and was implementing actions to address these.

Given the ongoing COVID-19 pandemic, it was seen that the provider had a documented management plan and communication flowcharts for responding to any suspected or confirmed case of COVID 19. These outlined, amongst others, who was to be contacted and what action was to be taken in the event of a concern arising. Staff members spoken with were aware of such matters and of the potential COVID-19 symptoms to observe for. An on-call system was also available for staff if the person in charge of the centre was unavailable and staff demonstrated an awareness of this. Information was displayed on the notice board of each office.

The inspector was informed that staff members were given information relating to COVID-19 and infection prevention and control through specific COVID-19 folders kept in the centre and through staff meetings. Clear pathways had been developed to ensure adherence. Guidance had also been developed in a manner to promote adherence to best practice. This included the use of photographs in guidance documents in the use of personal protective equipment. The COVID-19 folders reviewed by the inspector contained various relevant organisational risk assessments, procedures and guidance. The person in charge provided regular updates to staff on IPC measures through face to face interactions, staff meetings and email communications.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the infection control policy which provided standard infection control guidance and additional guidance required during an infectious outbreak and the

COVID 19 pandemic. This policy was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre and regularly reviewed to reflect any change in guidance. Should any additional support or guidance be required the governance team communicated with other members of the governance team within the provider or through external agencies such as the public health team.

## Quality and safety

St.Vincent's residential services Group I provides full time residential supports to adults presenting with multiple and complex disabilities. Supports are provided over three bungalows located on a large campus. The premises overall presented as warm and homely. Each resident had a private bedroom space which they had been supported to decorate in accordance with their wishes and interests. Staff were observed adhering to IPC guidelines through the day in a very respectful manner. Each resident had been consulted with respect to individual isolation needs should this occur. This was clearly documented in each resident's personal plan to ensure consistency.

Each resident had been supported to develop an individualised personal plan. These plans incorporated as required any IPC measures which were required to be completed by the staff team. These included, for example, Stoma care, wound management and use of required equipment such as nebuliser and oxygen mask. This guidance overall was noted to be clear and concise. Staff spoken with were aware of all procedures to follow. Should a concern or query arise re IPC procedures advice was sought from the relevant clinical nurse specialist or relevant members of the multi-disciplinary team. While stoma care processes were clear, disposal procedures required review to ensure best practice was adhered to and IPC measures were in place. For example, on the day of inspection the equipment used for disposal was unclean.

Given the complex needs of residents currently availing of the service within Group I a large volume of sterile equipment was present in all three houses. This included dressings, nebuliser masks and tubing. No stock count was maintained of these products. Following a review by the inspector it was noted that a number of products were out of date and no longer sterile. A number of items deemed sterile were also found to be opened. This required review.

The registered provider had ensured an ample supply of PPE equipment was present within the centre. This included surgical masks, respiratory masks and hand sanitiser. Whilst checks were maintained of stock levels, these checks did not include expiry dates. On the day of inspection all staff were observed adhering to the correct use of PPE including the use of hand sanitiser at the correct times and the correct use of facemasks.

Each house consisted of a large living dining room, a fully equipped kitchen and laundry room. One house had a bathroom area not in use at present and were awaiting building work to be completed to restore its use. Staff completed legionella checks on the sink, bath and toilet of this areas regularly as it was not in use. As stated previously the registered provider had identified the need for internal work of the premises included painting of all rooms. Some walls had chipping paint and a bathroom had a rusted radiator. This was not conducive to effective cleaning.

Domestic staff had been appointed to the three houses to oversee regular cleaning. The inspector had the opportunity to speak with one member of the domestic team. They clearly articulated the cleaning requirements in the centre and the additional measures required during any IPC outbreak. They ensured the centre had a full supply of cleaning equipment and maintained this stock. They reported a meeting was planned with the senior management and the infection control nurse to ensure the products used were of the best standard available.

Cleaning schedules had been developed for use in the centre. These were completed daily by the domestic staff. No recordings of cleaning however, was completed when they were not present. This included cleaning of wheelchair, equipment etc. Staff reported that cleaning was completed but at a lower level but no list was available to ensure all areas were cleaned such as bathrooms, toilets etc. Staff did complete records of high touch areas and in the cleaning of vehicles allocated to the centre.

## Regulation 27: Protection against infection

Overall, the registered provider had implemented suitable and effective arrangements for the management and control of infection prevention and control within the centre. The governance and staff team within the centre possessed a keen awareness and knowledge of IPC measures in place and the rationale for same. Through the implementation of monitoring systems the registered provider had identified a number of actions required to improve IPC within the centre and had commenced actions to address these including painting works of premises and kitchen refits. Residents were consulted in relevant areas of IPC, including an individuals preference in the area of isolation.

The inspector noted minor improvements were required in the following areas to ensure compliance with Regulation 27:

- Ensuring cleaning schedules are completed by all staff.
- Setting out clear guidance for staff on their responsibilities in the area of cleaning.
- Completion of premises works including repair to flooring and bathroom areas.
- Completion of stock checks of equipment within the centre.

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 St. Vincent's Residential Services Group I OSV-0003933

Inspection ID: MON-0036034

Date of inspection: 23/02/2022

## 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> <p>The Registered Provider in conjunction with the PIC and PPIM will ensure:</p> <ul style="list-style-type: none"> <li>• The updated Cleaning Standards will reflect the need for cleaning schedules to be completed over a 24 hour period. When the designated household staff is off duty identified mandatory daily cleaning will be carried out by the staff team.</li> <li>• Cleaning schedules identified for completion by night staff e.g. cleaning of wheelchairs will be completed and in addition monitored as part of a weekly checklist.</li> <li>• Kitchens in the designated center are scheduled for replacement and upgrade works.</li> <li>• The OT, Maintenance Manager, Registered Provider, PIC have established a renovation plan for one bathroom in the designated center.</li> <li>• Painting has been completed in one house (including the radiators) and the designated center and remaining two houses currently being painted.</li> <li>• All floor coverings not meeting standard, identified and will be replaced.</li> <li>• The PIC, PPIM and link IPC have devised since inspection a monitoring tool to ensure all sterile equipment i.e. dressings, nebulizer masks, tubing, first aid etc. is in place and in date.</li> <li>• The monitoring tool for PPE has been amended by the link IPC Nurse in conjunction with the PIC and PPIM to reflect the action of checking expiry dates and to ensure the rotation of stock.</li> <li>• The IPC Nurse, PIC, PPIM, CNS in Stoma Care from University Hospital Limerick and key worker/staff nurse since inspection are developing a local Standard Operating Procedure incorporating the care/management of Stoma Care, this will include waste management and all Infection Prevention and Control measures will be adhered to.</li> <li>• Pedals bins have been replaced with foot operated bins where needed.</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).

| 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      | 31/07/2022               |