



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

## Issued by the Chief Inspector

|                            |                                        |
|----------------------------|----------------------------------------|
| Name of designated centre: | St Anne's Residential Services Group E |
| Name of provider:          | Avista CLG                             |
| Address of centre:         | Tipperary                              |
| Type of inspection:        | Unannounced                            |
| Date of inspection:        | 08 November 2022                       |
| Centre ID:                 | OSV-0003948                            |
| Fieldwork ID:              | MON-0036880                            |

## About the designated centre

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

St Anne's Residential Services Group E is a designated centre operated by Avista CLG. The designated centre provides community residential care for a maximum of 10 adult residents, both male and female, with intellectual disability. The centre consist of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a two story detached house which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. The second house is a detached bungalow which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. The centre is staffed by a person in charge, staff nurses and care staff.

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

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 9 |
|------------------------------------------------|---|

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 8<br>November 2022 | 10:30hrs to<br>16:30hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place when precautions relating to the COVID-19 pandemic were still required. In addition, there was an identified positive COVID-19 case in one of the units. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The designated centre was home to nine residents on the day of the inspection. The inspector had the opportunity to meet with five of the residents over the course of the inspection, albeit this time was limited. The unannounced inspection was facilitated by the Clinical Nurse Manager and Service Manager as the person in charge was on leave.

In the morning, the inspector visited the first unit which was a two-story detached house which was home to five residents. The inspector observed four residents being supported to attend their day service. One resident returned later in the morning and was observed engaging in activities of daily living and having lunch. The inspector met with another resident in their apartment. They welcomed the inspector into their apartment and showed the inspector around their home. Both residents appeared comfortable in their home.

The house comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. Overall, the house was decorated in a homely manner. However, some areas of the premises required attention to ensure effective infection prevention and control. For example, some areas of flooring in the utility room was lifting, a number of shower trays in the residents en-suites required replacement, surfaces on the units in the utility room were worn and rust was observed on one radiator in a bathroom. This had been self-identified by the provider.

In the afternoon the inspector visited the second unit. As noted this unit was managing a positive COVID-19 case on the day of inspection. The inspector observed the measures in place to reduce risk of infection. This included wearing face masks, additional PPE, regular hand hygiene and temperature checks. The inspector was informed of a one way system in place and all persons entering and

leaving the centre. There was some restrictions in place for visitors for the duration of the isolation period. The inspector had the opportunity to meet with three residents while one resident was being supported to self-isolate. Residents were observed listening to music, relaxing in their home and engaged in activities with the staff team. Overall, the residents appeared content in their home and in the presence of the staff team.

The second house is a detached bungalow and comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. There was evidence that the unit had recently been repainted and new flooring installed. Also, one resident's en-suite and the kitchen had been upgraded. Overall, the inspector found that the centre was visibly clean, homely and kept in a good state of repair.

During the inspection, the inspector observed aspects of fire containment which required review. For example, two fire doors were observed to be wedged open in one unit. This was identified to the Clinical Nurse Manager on the day of inspection.

There were systems to ensure residents residents rights and dignity were respected. For example, residents were made aware of the infection prevention and control measures that may be used in the centre. Also, regular communication with residents in the centre was evident. Residents enjoyed regular meetings with peers and staff where infection control and COVID-19 was regularly discussed with them. The inspector reviewed meeting minutes and found that issues including cleaning and hand washing techniques had been discussed.

Overall, the inspector found that the provider had effective arrangements in place in relation to infection prevention and control. However, some improvements were required in some infection control practices and in the upkeep of areas of the premises.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

## **Capacity and capability**

Overall, it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full-time person in charge in place. An on-call management system was in place for staff to contact outside of regular working hours if any infection control or COVID-19 concerns arose.

There was evidence of regular quality assurance audits of the quality and safety of care and infection control measures taking place, including the annual review and unannounced provider six monthly audits. In addition, an infection control audit and mattress audit had been completed. These audits identified areas for improvement and developed actions plans in response. For example, the mattress audit completed in August 2022 identified a number of mattresses requiring replacement. These were ordered and the provider was awaiting delivery at the time of the inspection. In addition, the infection control audit completed in July 2022 identified a number of areas for improvement including five shower trays requiring replacement in one unit and rust on a radiator in one bathroom.

The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a suspected or confirmed case of COVID-19. The inspector reviewed a sample of recent staff meeting minutes and found that the arrangements in place for infection control and COVID-19 was regularly discussed. This included reviewing previous responses to suspected or confirmed cases of COVID-19.

The staff members worked with the residents and were responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. From a review of rosters, staffing levels were maintained to meet the needs of the residents and the centres infection prevention and control needs. Staff spoken with, appeared knowledgeable regarding infection control practices in the centre and measures in place to reduce the risk of COVID-19. All staff were observed wearing PPE in line with national guidance, throughout the inspection day.

There was a program of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE.

## Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, the inspector found that some improvements were required to ensure appropriate practices were in place for

the effective cleaning of personal assistive equipment and the storage of cleaning equipment. In addition, some areas of the premises required attention.

As noted, the centre consists of two houses which are located within close proximity to one another. The inspector completed a walk-around of the two units of the centre and found that the centre was visibly clean and decorated in a homely manner. However, there were some areas of the premises which required improvement. For example, the inspector observed rust on one radiator in one unit and areas of flooring in the utility room were lifting in one unit.

The inspector observed appropriate infection control practices in relation to waste disposal (including clinical waste) and laundry management. Staff spoken with were knowledgeable on the arrangements in place for the management of waste and laundry. Clear systems were in place for the separation of clean and dirty laundry. All residents had separate laundry baskets.

Cleaning schedules were in place and these were implemented by the staff team daily. The cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms, the kitchen, dining areas and living areas. The inspector was informed that the provider was in the process of reviewing cleaning schedule templates. However, on review of the cleaning guidance for personal assistive equipment, some improvement was required in the staff team's knowledge of the guidance. This required review to ensure that the staff team were consistently implementing infection control practices in line with the provider's guidance. In addition, new templates had been introduced to track when personal assistive equipment was cleaned and/or changed. However, on review of the records, it was not evident that one piece of assistive equipment was changed on one occasion in line with the guidance .

There was appropriate areas for the storage cleaning equipment. There was a colour-coded mop system in place. However, the practices for storing the cleaning equipment required review. The inspector found that mops buckets were stored with residue at the bottom in both units. This practice posed a risk of cross contamination.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Risk assessments had been developed regarding potential infection control and COVID-19 risks. The risks had been assessed and mitigating measures were implemented when necessary.

Residents all had appropriate access to healthcare services including a general practitioner (GP). Individualised support plans were in place for the management of any identified healthcare needs. Residents healthcare needs and associated plans of care were regularly reviewed.

Residents were supported to manage their health in the centre and had appropriate access to multi-disciplinary supports when required. Residents experienced regular meetings with staff, where infection prevention and control and COVID-19 was discussed with them, as appropriate.

## Regulation 27: Protection against infection

Overall, the inspector found that the service provider was generally meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were management and oversight systems in place and infection control measures were regularly audited and reviewed. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. The designated centre was visibly clean on the day of the inspection.

However, some improvement was required in areas of the premises to ensure effective infection prevention and control. For example, in one unit it, some areas of flooring in the utility room was lifting, a number of shower trays in the residents en-suites required replacement, surfaces on the units in the utility room were worn and rust was observed on one radiator in a bathroom.

In addition, some improvement was required to ensure the staff team knowledge of cleaning individual assistive equipment was in line with the guidance. The storage practices of cleaning equipment required review.

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 Anne's Residential Services Group E OSV-0003948

Inspection ID: MON-0036880

Date of inspection: 08/11/2022

## 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> <p>Since the inspection the person in charge has ensured that all staff are knowledgeable in line with the guidance in place with the cleaning of individual assistive equipment. This was completed through individual staff supervision meeting and will be addressed at team meetings.</p> <p>The documentation surrounding the cleaning of the assistive equipment has been reviewed and now reflects the appropriate cleaning measures to be deployed in this area.</p> <p>The person in charge will ensure storage practices of cleaning equipment meet the required standards with immediate implementation.</p> <p>The registered provider has a plan in place to replace the flooring in the utility room, to refurbish the en suite bathrooms, to treat and repaint the rust on the radiator and refurbish the surfaces on the utility room units.</p> <p>The areas will be monitored by the provider and periodic deep cleaning of the areas by professional cleaners will be ongoing.</p> |                         |

## 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      | 31/03/2023               |