



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St. Teresa's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0004064
Fieldwork ID:	MON-0033776

## About the designated centre

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

St Teresa's Services is registered children's respite service which can provide respite services for up to six children aged between six and eighteen years. The children have a diagnosis of intellectual disability and some of the children also have complex physical, medical and/or mental health issues. St Teresa's Service is located in Co. Galway. The centre comprises of a six bedroom bungalow. All of the bedrooms are spacious, two of the bedrooms have been designed for wheelchair users and provided with overhead ceiling hoists. There is a shared accessible bathroom with overhead ceiling hoist and a separate accessible shower room. The centre has two sitting rooms, a dining room, kitchen, multi-sensory room and children have access to secure well maintained gardens. Children attending St. Teresa's Service generally access education by attending local schools during the week. The centre is staffed by two to three staff during the day and a waking staff at night.

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

Number of residents on the date of inspection:

3

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 8 February 2023	08:00hrs to 13:30hrs	Aonghus Hourihane	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the providers compliance with Regulation 27, protection against infection. The previous Infection prevention and control inspection in April 2022 was found to be non-compliant and the provider had responded with a compliance plan to address the issues with IPC.

During the course of the inspection a decision was taken to also assess Regulation 17, premises and Regulation 9, residents rights as there were significant concerns found in both these areas during this inspection.

On arrival at the centre the inspector noted that the outside of the centre was covered in leaves and the gutters were full. There were a number of old plastic decorations in the front lawn and some of these were clearly there since Christmas as. The inspector was greeted by a member of staff but was not asked to sign any visitor book. There were three children availing of respite on the morning of the inspection. It was just after 8am and all three children were up and getting ready for school. There was three staff on duty and they were attentively attending to the needs of the children. One child was getting assistance with breakfast and another child was running around with their breakfast. The children were non verbal but the staff appeared to understand them and their needs through gestures and were observed to speak gentle with them. The inspector met the third child who was busily getting ready for school and also took time out in the sensory room.

The inspector observed that overall the centre appeared tired and was not an inviting space to welcome children. The two sitting rooms were essentially bare. There was a couch and two armchairs in each room, the walls were bare with paintwork that was clearly old, heavily marked and altogether not very child friendly. There was a small television behind a protective box and there was one poster that appeared faded. The rest of the centre was similar in nature, all the rooms and communal areas needed to be painted. There was one wall that contained a mural but apart from this it was difficult to distinguish this as a children's service. There was no evidence of children's art or crafts on display and there was no supply of materials available in the centre. There was a cupboard with some toys in the dining room. There was a play kitchen located in a bedroom and staff reported that this belonged to a resident but the resident hadn't used the toy in many years . There was a secure outside area that contained one swing. The area was not child friendly and there was no further evidence of any outdoor toys or games.

The staff team were observed to be busy getting the children ready for their school transport to arrive. The staff team were later observed to clean the centre after the children had left and there was clear documentary evidence that this was a routine that they followed on a daily basis. Staff spoken with acknowledged that the centre needed to be updated and this had been escalated to the provider. The person in charge reported that they try and do as many activities with the children when they are on respite. They reported that the children are brought to a number of different

playgrounds locally, they can go for river walks, drives to local towns for shopping, visits to the local cinema or the astro turf pitch. They also described how some of the children like to do cooking and baking and the staff team will facilitate this. There was also evidence that the staff team supported some of the older children with independence skills as they reached 18 years old.

The staff team reported that children usually bring their own electronic devices such as tablet. There were no visiting restrictions operating in the centre in this time but given the nature of the service it did not present as a significant issue generally.

While the children appeared to enjoy a decent quality of life and there was good evidence that the staff team were committed to the children, there were still significant and multiple non-compliance's in many aspects of the providers infection prevention and control practices within the centre. The entire centre needed upgrading especially in terms of painting, the governance and oversight arrangements needed to be enhanced within the centre and the provider needed to ensure the privacy and dignity of the residents was fully respected during respite stays.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the children's lives.

## Capacity and capability

The provider still did not meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018). The provider also was not compliant with Regulation 17 in relation to premises and Regulation 9 in relation to residents rights.

The provider had completed a significant number of actions in response to the last inspection relating to Regulation 27 when it was deemed non-compliant. The provider had introduced terminal cleaning checks for all bedrooms and bathrooms at the end of respite visits, the provider had a new colour coded mop system in place as well as clear documents available for staff on types of cleaning and products to use. The centre presented as generally clean and tidy with ample supplies of personal protective equipment. However the provider had not carried out a comprehensive review of Regulation 27 since the last inspection, the provider had responded to the sample evidence only from the last inspection.

The person in charge was full time and this was the only centre they were in charge of. The rosters reviewed indicated that the person in charge was not in the centre as often as prescribed in the statement of purpose and they reported that they had been assisting the provider with another local centre. There were 15 children utilising the service and given the nature of the service they reported a large

administrative burden in ensuring that the service met regulatory requirements.

The person in charge had completed a review of training records and there was evidence that largely all staff had the required training in all aspects of infection prevention and control. A review of the rosters indicated that there were three staff on duty usually and depending on which children were availing of the service there was flexibility to the staffing arrangements in line with the assessed needs of children. The staff team had continuity despite some changes in the past six months.

The annual review for 2022 was yet to be completed but from a review of the annual reviews for 2021 and 2020, they did not evidence any feedback from the children or their families as is a requirement under regulation 23.

The provider had completed two unannounced audits of the service on June 27th 2022 and October 28th 2022. These audits had found the service to be compliant in Regulations 27, 17 and 9. The most recent audit described good evidence throughout the centre of child friendly resources and decor. This was not how the centre presented on the day of the inspection. The person in charge acknowledged the building issues and had escalated the issue with the provider and the documented response on the providers own system was that the work would be completed in 2022. There was still no plan evident on the day of inspection as how the provider was going to address the issues identified. The most recent audit did address IPC practices within the centre but again this was in response to the sample evidence from the last inspection carried out by inspectors on behalf of the chief inspector as opposed to a comprehensive review of the providers IPC practices within the centre.

There was evidence that staff meetings were taking place on a regular basis but there was no mention of IPC issues noted in the last three meetings reviewed. There was evidence of house meetings and elements of IPC were discussed at these meeting with the children on a regular basis.

## Quality and safety

The provider had introduced some practices and protocols to ensure that infection prevention and control practices were part of the daily routine within the centre. The provider strived to ensure that the health and welfare of residents was promoted during their respite stays and there was consistent and written evidence that the changes the provider made were actively implemented by the staff team.

As stated above there were significant issues with the premises, its presentation and how the space was used to enhance the lives of the children. There was a sensory room but overall there was an absence of toys and equipment for both internal and external use and little evidence of the children's daily activities within the centre.

The provider had addressed some aspects of storage in the centre after the last inspection but the issue of storage of children's personal possessions between respite visits remained a significant concern especially from a privacy perspective.

The general environment was clean and tidy and a review of records indicated that the staff team had responded and were implementing the new procedures adopted by the provider since the last inspection. There was much better evidence of what products were in use and the difference between cleaning and disinfecting. However the centre was using an IPC policy that was not approved by the provider and was dated 2012. There was no cleaning protocol in place for the sensory room and this was observed to need a higher quality of cleaning and updating.

On the day of the inspection it was noted that the cupboards in two rooms contained bedlinen. The person in charge assured the inspector the linen was clean but the storage of it meant it wasn't possible to clearly verify which child it belonged to.

The children attending for respite had a variety of health care needs. The primary health care needs were managed through the children's families but the provider needed to review their own processes to ensure that they had the correct staff mix and training to respond to the often complex health care needs that the children presented with. Given these health care needs the provider needed to have enhanced IPC protocols, procedures and policies in order to protect the children from infection during their respective stays. The children generally did not share necessary equipment with children having their own slings for example. However, it was noted that there was a new specialised shower chair in the centre that was going to be used by more than one child and the provider needed to ensure that it implemented proper procedures to ensure it is maintained to minimise the risk of transmitting a healthcare associated infection.

There was clear evidence that the person in charge ensured that the children attending the service had an annual review. The files of two children were reviewed and minutes of their most recent review were available. The children had updated intimate care plans in place as well as in date assessments. There was a need for communication and hospital passports to be reviewed as they were not fully updated since 2020 and the information available was dated in relation to the the children's vaccine status and other pertinent aspects of infection status.

## Regulation 17: Premises

The designated centre was not kept in a good state of repair either externally or internally. The walls of the entire centre internally needed to be repainted as the painted walls were not conducive to good infection prevention and control procedures. The paint was heavily marked, scuffed and was peeling in parts, the matter had been escalated to the provider by local management but to date no action had been taken.

As this is a designated centre for children the provider is obliged under regulation to ensure that 'appropriate outdoor recreational areas are provided which have age - appropriate play and recreational facilities'. There was one swing in the back area that appeared old and unused. There was no other areas or facilities externally to facilitate or encourage play. The front and back gardens had large amounts of leaves that presented a slip hazard for the children. The centre was poorly equipped with toys and other resources to enhance their development on a daily basis.

Judgment: Not compliant

### Regulation 27: Protection against infection

Infection prevention and control practices remained an issue on this inspection. The general building and lack of progress or plan with painting presented challenges for effective cleaning and disinfecting. The provider had placed both Covid-19 and IPC on the risk register, the providers own policy stated that both should be reviewed on a monthly basis but the last time they were reviewed was in October 2022. The risk descriptions, risk ratings and mitigating factors were not in line with current practice in the centre and upon further review it was clear that the risk register had not been updated since December 2021. The sensory room and its shared equipment had no cleaning roster and some equipment needed to be cleaned. The vents in the toilets needed to be cleaned. There were sauces in the fridge that were out of date and not picked up through audit. There was mixed waste in bins, eg. medical gloves in the recyclable bin. The provider had curtains in each bedroom but there was no schedule for cleaning and no evidence available for when they were last cleaned. The provider needed to urgently review its policy on the use of syringes for children that required peg feeding and medication. There was multiple stacked baskets in the kitchen with syringes out of packets belonging to different children and there was a significant risk of cross contamination.

Judgment: Not compliant

### Regulation 9: Residents' rights

The provider had failed to ensure that each child's privacy and dignity is respected in relation to their personal and living space. The layout of the bedrooms and systems that were in place meant that no child could safely or privately store any personal belonging between respite stays. The children who used individual bedrooms had full access to all possessions for every other child that used that room. The centre offered respite to 15 children of various different ages and the inspector observed that children's individual intimate and personal care items were not secured and freely on view in cupboards in the bedrooms.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St. Teresa's Services OSV-0004064

Inspection ID: MON-0033776

Date of inspection: 08/02/2023

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A review of the premises has been completed and the following areas have been actioned for completion:</li> <li>• The exterior of the centre and the grounds will be powerwashed and all gutters cleaned and repaired by 31/03/23.</li> <li>• The interior of the building, walls and ceilings, will be painted by 31/05/23.</li> <li>• Further murals and wallpaper, featuring child-friendly scenes, will be added to feature walls to provide a welcoming atmosphere for the children. To be completed by 30/07/23.</li> <li>• The exterior walls of the centre and the perimeter walls will be painted by 31/08/23.</li> <li>• Plans will be developed to create an outdoor play and recreational area by 30/04/23. A business case to secure the funding to complete this works will be submitted to our main funder or we will seek funding from an alternative source.</li> <li>• A review of toys and activities that each child prefers will be conducted with children, families and schools to identify a suitable collection of toys for the centre. To be completed by 30/03/23.</li> </ul>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Full review of IPC practices conducted in the centre on 10/02/23 and following actioned:</li> <li>• Weekly checks on dates for stored food in place and checked by Person In Charge/Team Leader.</li> </ul>	

- Weekly checks on room cleaning sheets in place and checked by Person In Charge/Team Leader.
- IPC added to team meetings as a standing agenda on 28/02/23.
- Appropriate storage of syringes for PEG feeding and medication has been reviewed and individual storage areas will be provided in the office by 31/04/23. As an interim measure, the medication baskets are stored in the office area since 08/02/23.
- Up to date IPC policy and 'Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID19, Influenza & other Respiratory Infections in Residential Care Facilities' in place and signed by all staff.
- A cleaning rota for the vents throughout the centre has been developed to ensure oversight of monthly cleaning of same. Completed on 26/02/23.
- Importance of checking dates on food items in fridge and food presses reiterated to staff at team meeting on 28/02/23.
- The disposal of waste into appropriate bins was also discussed at team meeting.
- A cleaning rota for the sensory room has been developed and the existing cleaning rotas for rooms throughout the centre have been reviewed to ensure they include the cleaning of all high contact surfaces on the 26/02/23.
- All curtains to be replaced throughout the centre. To be completed by 31/05/23.
- A cleaning schedule for the new curtains will be drawn up with reference to the HSE guidelines on IPC Community and Disability Services, specifically the section on laundry.
- A specific cleaning protocol has been developed for the new shower chair ensuring it is cleaned and disinfected after each use. Completed on 09/02/23.
- The interior of the building, walls and ceilings, will be painted by 31/05/23.
- The bathrooms will be refurbished by 31/12/23.
- A full review of the risk register has been undertaken by the Person In Charge and all risk ratings and controls have been updated. Completed on 12/02/23.

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Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A review of wardrobe/storage facilities available for the safe storage of the children's personal belongings between respite stays has taken place on the 26/02/23
- It has been agreed that additional wardrobe/storage space will be provided in each bedroom so as to provide each child with their wardrobe space to store personal belongings which can be secured and locked when they are between respite stays. To be completed by 30/04/23.
- As an interim measure until individual lockable wardrobes are available, personal items belonging to children not on respite will be kept in a sealed container and stored safely in an area not accessed by other children. Each child's personal belongings will then be returned to the wardrobe in their room prior to the commencement of their respite stay.

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/08/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/07/2023
Regulation 17(3)	The registered provider shall	Not Compliant	Orange	30/07/2023

	ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/07/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications,	Not Compliant	Orange	30/04/2023

	relationships, intimate and personal care, professional consultations and personal information.			
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