



# 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 N
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	15 September 2022
Centre ID:	OSV-0005163
Fieldwork ID:	MON-0037921

## About the designated centre

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

St. Anne's residential service -Group N is a residential centre located in Co. Offaly. The centre currently affords a service to five adults, both male and female over the age of 18 years with an intellectual disability. The capacity of the centre is six residents. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is a detached dormer house which promotes a safe homely environment decorated in tasteful manner.

**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 15 September 2022	09:30hrs to 14:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

On the day of inspection the appropriate checks were carried out in terms of identification check, temperature check and staff ensured the inspector was wearing a face mask and completed hand hygiene. The staff member also completed hand hygiene and was wearing a face covering.

The residents had already left for day service when the inspector had arrived, so there was no opportunity to meet with them on this inspection. The inspector viewed activity records, resident meeting minutes and service user satisfaction surveys to determine if the residents were happy in their home and their rights respected. The satisfaction survey indicated that they were happy and that they had very active and meaningful social lives. The residents meeting minutes highlighted discussions around advocacy, safeguarding, Infection Prevention and Control (IPC) and resident rights. The staff with whom the inspector spoke were very knowledgeable about the residents, their needs and seemed to know the residents very well. The staff members had a strong sense of their responsibilities in terms of infection prevention and control and were noted to be thoroughly cleaning the house when the inspector arrived and were able to answer all questions regarding the residents and IPC. One resident was preparing for a transition to another house as staff and management recognised this centre was not meeting their needs and a more suitable centre was located for the resident. The new centre was nearer to the residents family and in the town where the resident grew up and was well known. The transition support plan and service user consultation indicated that there was respect and consideration for the residents' rights.

The residents enjoyed lots of meaningful activities in their day including fishing, hurling matches, concerts and day trips. The residents recently went on a day trip to the 'Rock of Cashel' which they thoroughly enjoyed as recorded in daily notes. One resident had a job which gave them a great sense of independence. Another resident had gone away on a holiday with family to Kerry and said that they would love to go again they had enjoyed it so much. Some residents liked to go to mass regularly and this was facilitated. The residents had weekly meetings with staff around activities and planning meals for the week. The residents' preferences were noted and food bought accordingly for weekly meals.

The residents bedrooms were very homely, personalised and beautifully decorated. There were some minor defective surfaces on bedroom furniture however there was a very clear plan to replace these.

Overall the centre was clean and there was a regular cleaning schedule and an enhanced cleaning schedule prepared in the event of a confirmed case of COVID -

19. The kitchen and bathrooms were dated and there was a plan to replace them however they were clean. The hand sanitising units were full and there was adequate supply of personal protective equipment for staff use. It was apparent that every effort was made to support the residents understanding of infection prevention and control and to enhance their independence. Family members were also consulted in relation to decision making such as COVID -19 testing and vaccines.

The centre had a vehicle which could be used by the residents to attend outings and activities and there was a cleaning protocol in place for the vehicle.

Throughout the inspection the staff discussed and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. Overall the premises was clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks.

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 residents lives.

## Capacity and capability

The provider did not fully meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018). Some improvements were required to the building in terms of the kitchen and bathrooms. The sealant around the showers trays were gone and the water was leaking out and mould had formed around the base of the showers in all five en suites. The kitchen was dated and had some defective surfaces. There was a renovation plan in place and a date had been determined to begin work.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre and was the designated lead IPC staff member. There were clear management and reporting structures in place within the centre. Staff spoken with were very aware of the reporting pathways available to them in terms of issues regarding infection prevention and control. There was evidence of staff having reported issues with the kitchen and bathrooms.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and the staffing roster reviewed indicated that there was continuity of care provided by a core staff team. On the day of inspection there were three staff members on duty who were all regular care staff. The five residents required full support getting ready for day service and the staff on duty had just

dropped them off at the day service and returned to do a full house clean. One staff member was completing a sleep over duty and was finishing once cleaning was complete. The staff team were fully cognisant of maintaining good IPC practices and safeguarding residents from the risk of preventable infection.

The person in charge had ensured staff had access to training in relation to infection prevention and control. The inspector reviewed the training matrix and noted that all staff had completed training in infection prevention and control including the national standards for infection, prevention and control in community services, respiratory and cough etiquette, hand hygiene, cleaning and disinfecting and management of bodily fluids and spillages. There was a training matrix in place and staff had completed the training as outlined in the providers' guidance document. Staff spoken with confirmed that they had attended on-line training on HSEland.

Staff had access to a range of guidance documents in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018). There was guidance for staff in relation to Regulation 27 and protection against infection and an after infection review document. There was a centre contingency plan and management plan for COVID-19 in place also. There was both in house advice available to staff from the person in charge and also specialist advice could be sought from public health professionals in the HSE and public health guidance documents were also available. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

The provider completed regular infection prevention and control audits, health and safety audits and recently had completed their annual review which highlighted issues around infection prevention and control and the upgrade of the kitchen and bathrooms to support good IPC. There was a robust plan in place regarding the upgrade and renovation works and the maintenance manager was in the centre when the inspector arrived going through the logistics of the plan with the person in charge. All works had been requisitioned and the inspector viewed these and a plan for completion of the works.

The person in charge and staff members were fully aware of their responsibilities in terms of reporting a suspected or confirmed case of infection to the Chief Inspector. There were clear pathways for reporting within the service and good guidance in the event of an outbreak .

## Quality and safety

Overall the inspector found that the service provided in this centre were to a good standard, person-centred, the residents had been been educated about infection prevention and control and COVID-19. It was evident that the residents had been updated regularly about infection prevention and control and had a good

understanding about social distancing, hand hygiene and wearing a face covering.

A walk through of the centre was completed by the inspector and the person in charge. Overall the house was clean throughout, the kitchen and counter tops and the bathrooms were visibly clean. However the kitchen and bathroom required to be replaced as there were defective surfaces in the kitchen and the bathroom shower trays had mould spores on the sealant around them where water was leaking. This was not conducive to the maintenance of good infection prevention and control. There were cloth towels in the residents personal en suites however the inspector viewed new paper towel dispensers which were being put up in each residents bathroom in the coming days. Hand sanitiser dispensers were full and clean and there were extra dispensers purchased which were also to be put up in each bedroom. There were colour coded food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use. The staff were also fully aware of which colour mop head to use for each area and how to launder them after use. There were no aerosol generating procedures in use in the centre such as nebulising although they were aware of the protocols around such procedures. A sharps box was available if required. There was adequate supplies of PPE and staff were observed to wear the appropriate FFP2 mask and practice hand hygiene regularly.

There was a visitors protocol in place and family members were welcome to visit as they wished. During the pandemic family members were facilitated to visit outside in the garden but the policy had been updated to reflect new in house visits. However family members generally collected the residents and took them home for day visits but did not stay long. There had been a coffee morning arranged but it was other residents and staff who visited, family members were unable to make it. Overall there was indication that the residents were consulted in the running of the centre and their rights were very much respected. A review of the house meeting minutes by the inspector indicated that the residents were informed about rights, advocacy and safeguarding. They also discussed activities and meals they would like and holidays or outings they would like to go on.

There was a cleaning protocol and record in place for the house vehicle which indicated that contact surfaces were cleaned after each use. The vehicle was supplied with disinfectant wipes, hand sanitiser and a supply of face masks.

There were good arrangements in place for the laundry of the residents clothing and centre linen. Any soiled linen was transported in alginet bags and there was a clean linen basket for clean clothes. The staff washed the residents clothing separately at a high temperature using the appropriate products. Cleaning products as instructed in the Covid-19 guidance document were used for floors and surfaces and diluted as per instructions.

There were appropriate arrangements in place for the disposal of clinical waste which was stored in an appropriate area and was collected fortnightly by a waste management company.

There was information available in the centre about infection prevention and control



and COVID-19 in easy-to-read formats. The inspector observed posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed.

Staff in the centre fully understood the importance of infection prevention and control and were aware of their responsibilities in terms of ensuring daily cleaning routines were completed in order to prevent healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff members spoken with during this inspection demonstrated a very good awareness of infection prevention and control, of the COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

Overall the house was very clean and homely, there was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The COVID-19 addendum to the policy outlined what products to use and the formula for dilution.

There was a risk management system in place and risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents of isolation in their bedrooms and risk of reduced staffing numbers.

Residents' health care needs were met and they were supported to access General Practitioners (GPs), and other clinicians as necessary. It was evident from document review that the residents had been supported to attend appointments with their GP and other healthcare practitioners. The residents had been informed of COVID-19 vaccinations and infection prevention and control and had made the decision to take the vaccine.

## Regulation 27: Protection against infection

The provider did not fully meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018).

There was guidance for staff in relation to Regulation 27 and protection against infection and an after infection review document which provided advice in a number of areas including arrangements in place for cleaning and disinfection of the centre, the frequency of training staff, reporting pathways and staff management plan.

There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. There was an enhanced cleaning checklist in place in the event of an outbreak.

However, the bathrooms had defective areas around the shower trays as the sealants were gone, water had leaked out and mould had formed in all five en suites, there was a plan for these to be upgraded and the provider had identified the issues through internal audit

The kitchen was dated and had defective surfaces on counter tops and cupboard and drawer doors, this created challenges for infection prevention and control. The provider had a plan for upgrades to the kitchen.

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 N OSV-0005163

Inspection ID: MON-0037921

Date of inspection: 15/09/2022

## 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 inspection the registered provider has installed a new bath in the main bathroom of the centre.</p> <p>Refurbishment requests and maintenance requests have been submitted and escalated to the Service Manager and Maintenance Manager in relation to the bathrooms. Defective areas around the shower trays where the sealants were gone and where water had leaked out causing mould to form in all five ensuite has been reviewed by the maintenance manager and the provider has committed to upgrades where required.</p> <p>The registered provider has committed to kitchen upgrades which will address defective surfaces on the counter tops, cupboards and drawer doors.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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