



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

Issued by the Chief Inspector

Name of designated centre:	Pearse Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0005282
Fieldwork ID:	MON-0036175

About the designated centre

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

The centre was run by the Health Service Executive, which provided residential care for up to eight male and female residents, over the age of 18 years with an intellectual disability. The centre comprised of two houses located within close proximity to each other in a town in Co. Sligo. In each house, residents have their own bedroom and have communal access to a kitchen, dining room, sitting room, utility room, bathrooms and garden area. Staff were on duty both day and night to support the residents who lived here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 7 April 2022	11:00hrs to 16:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. Inspectors met and spoke with residents and staff throughout the inspection. In addition, the inspectors observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre consisted of two houses located near each other on the edge of a large town. One house was a bungalow and the other house was a two-storey house. Each resident had their own bedroom and access to shared bathroom facilities. Residents also had access to a kitchen, sitting room and dining room. One house also contained a staff office and separate utility room with laundry facilities. The houses were nicely decorated and had a homely feel. Outside, the houses and grounds were well maintained.

On arrival at the centre, it was noted that there was signage at the entrance to each house in relation to COVID-19. The signs prompted visitors to be aware of the symptoms of COVID-19 and to avoid visiting if they were displaying symptoms. There was hand gel and masks available at entrances, including respirator masks. Before the end of the inspection, pedal-operated bins were placed at the entrances to both houses for used masks. Visitor sign-in books were located at the entrance and visitors completed temperature checks before entering the centre.

The inspector completed a walk-around of the centre. It was noted that the centre was very clean and tidy. Large surfaces, such as walls, floors and countertops, were clean and free from dust. Harder to reach areas of the house were also clean. Tiling in the kitchens and bathrooms were clean and free from any discoloration. There was minor damage noted in places in the centre. For example, chipped paint on radiators making them harder to wipe clean. There was some damage to the countertop in one kitchen. This had been identified by the person in charge and reported to the maintenance department for replacement. Furniture in the centre was in good structural repair and was clean. Residents' individual pieces of equipment, for example, specialised seating and shower chairs, were clean and well maintained.

Storage of personal protective equipment (PPE) was reviewed. There was a stock of PPE in cupboards in the houses and a stock list available to order additional PPE as required. Storage of cleaning materials was in line with best practice. For example, mops and mop-buckets were colour coded and stored in the shed. Mops were inverted to ensure that they dried thoroughly between uses. It was noted that paper hand towels were kept in an open basket in one kitchen which was not in keeping with best practice. However, a hand towel dispenser was placed in the kitchen before the end of the inspection.

The inspector met with three residents on the day of inspection. All residents reported that they were happy in their home and felt safe there. They were knowledgeable on the steps that they needed to take to protect themselves from the risk of COVID-19. They talked about the support they received from staff in relation to going for COVID-19 tests or vaccinations. They said that staff kept the centre very clean and that they were happy that staff wore masks to protect the residents from the risk of COVID-19. They reported that they enjoyed getting out into the community with the easing of restrictions and that they were able to enjoy regular social outings.

Staff were observed interacting with residents in a friendly and caring manner. Staff responded promptly to residents when they asked for help. Staff were observed completing cleaning tasks throughout the day, including enhanced cleaning tasks like touchpoint cleaning. Staff wore masks throughout the inspection. However, it was noted that not all staff adhered to the guidelines in relation to hand hygiene as some staff wore rings and bracelets.

Overall, it was noted that the provider had taken steps to implement infection prevention and control measures for residents, staff and visitors. The centre was clean and in good structural repair. The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

Capacity and capability

The provider had developed policies and procedures for the management, control and prevention of infection. Risk assessments were developed to assess and evaluate the risks associated with infection prevention and control. There were good systems in place to provide an oversight of the service delivered.

The provider had clear governance structures and reporting relationships regarding infection prevention and control. The roles and responsibilities of staff were defined and issues could be escalated to staff nurses, the person in charge and onward to more senior management, if required. A roster of on-call senior managers was available to provide out of hours cover. The provider had a local infection prevention and control team who could be contacted by staff, as required. The names, photographs and contact details of this team were on display in the centre. The provider had identified the person in charge as a lead worker representative in relation to the implementation of COVID-19 recommendations.

A review of rosters noted that staff numbers in the centre were adequate to support residents and complete the cleaning and infection prevention tasks required by the service. A review of the training matrix in the centre found that staff training in relation to hand hygiene and standard precautions was in date. The person in charge had a clear method of communicating to staff when their training was due to

expire. This ensured that staff kept up to date with the provider's mandatory training in infection prevention and control. The person in charge reported that a staff nurse had completed additional training in infection prevention and control. In light of this, there were plans in place to enhance the training that all staff received in the centre with a particular focus on in-house hand hygiene training.

The provider had a range of policies in the centre in relation to the prevention and control of infection. These policies were comprehensive and gave clear instruction to staff on the procedures and practices required to reduce the risk of infection to residents. The provider had an infection prevention and control manual that clearly outlined standard and transmission-based precautions that should be taken by staff based on the presenting infection risk. In addition, national guidance documents on issues relating to infection prevention and control were available for staff, including sharps management, transport of specimens/biological material and guidance for the prevention of multi-drug resistant organisms. Local guidelines were also made available to staff. For example, guidelines on who to contact locally to collect clinical waste. In addition, recent publications from public health in relation to COVID-19 were printed and available to guide staff.

The provider maintained good oversight of the service in relation to infection prevention through a suite of audits. Senior management and the person in charge had completed infection prevention and control audits with corresponding action plans drawn up. The person in charge routinely updated the Health Information and Quality Authority (HIQA) infection prevention and control self-assessment. Any findings from this assessment and other relevant audits were added to a specific infection prevention and control quality improvement plan. This plan was updated every two months and identified actions that needed to be undertaken to improve the service. Staff knowledge in simulated scenarios were included as part of the infection prevention audits. Staff completed a safety pause check at the start of each shift to ensure that they adhered to infection control procedures. This involved staff answering a series of questions in relation to staff practice in relation to infection prevention and control. A review of records found that this safety pause was completed routinely. On the day of inspection, it was recorded that staff were in compliance with the guidelines in relation to hand hygiene readiness; that no staff were wearing rings or jewellery on the wrist. However, as noted above, this was not the case for all staff.

There were a number of cleaning checklists that outlined the cleaning tasks that needed to be completed in the centre. In addition to routine cleaning tasks, records were kept for cleaning of individual pieces of equipment and flushing of taps to prevent legionella. There was also an enhanced cleaning checklist that identified areas in the centre that needed to be cleaned on multiple occasions throughout the day, for example, door handles. However, the frequency that certain areas needed to be cleaned was not always identified on the checklist. In addition, the checklists were not always completed in line with the provider's guidelines. For example, items were ticked as complete, rather than initialled, as outlined on the documents.

A risk register was maintained in the centre that outlined risks to residents and staff in relation to infection. The risk assessments were routinely updated and provided

guidance to staff on how to manage risks to prevent the spread of infection. Risks to individual residents were also identified and control measures were in place to reduce the risks.

Quality and safety

Residents in this centre received a good service that protected them from the risk of infection. Information was provided to residents in relation to the prevention of infection. Staff were knowledgeable on good practice in relation to infection prevention and control.

Residents were provided with information in relation to infection prevention and control. Easy-to-read information was available and signage with picture supports was located throughout the centre. Residents were given information on what they could or could not do if they needed to isolate in their rooms due to COVID-19. A review of the minutes of residents' meetings showed that infection prevention measures were discussed at the meetings and that residents were updated about changes in public health guidelines and restrictions.

Staff were knowledgeable on standard infection prevention and control guidelines. They were clear on the cleaning tasks that had to be undertaken in the centre. They were knowledgeable on current public health advice and how to support residents to stay safe from infection when in public. They talked about supporting residents to restart social outings with the easing of COVID-19 restrictions. Information was readily available to staff in policy documents, guidance documents and checklists. Residents' care plans included information that was relevant to managing the risk of infection, including any known infection risks and vaccination records. Antimicrobial registers were also kept in patient files. At the beginning of each shift, a handover discussion checklist was completed. This provided information on each residents' general health and welfare. It also identified cleaning tasks that were due for completion.

The centre itself was adequate to meet the needs of residents in relation to infection prevention and control. The centre was in good decorative and structural repair. Where refurbishment was required, this had been identified by the person in charge and reported to the maintenance department. The standard of cleaning in the centre was adequate.

Overall, the practice in this centre meant that the risk to residents in relation to infection was well managed.

Regulation 27: Protection against infection

Information regarding infection prevention and control was made available to residents and staff. Residents were supported to follow public health guidance and to protect themselves from the risk of infection.

The centre was clean and tidy. Where refurbishment was required, this had been identified by the person in charge and reported to senior management. There was good practice in relation to the storage of PPE and cleaning equipment.

Staffing numbers and skill-mix were appropriate to protect residents from infection. Staff had received training in relation to infection prevention and control and were knowledgeable on protocols to protect residents from infection. However, not all staff fully adhered to hand hygiene measures at all times.

The provider had a range of policies, guidelines and protocols in place to guide staff on good practice in relation to infection prevention and control. The provider had assessed the risks in relation to infection and identified control measures to reduce the risks. Checklists in relation to cleaning were available but these were not always of sufficient detail to guide staff and were not always completed in line with the provider's guidelines.

The provider had a range of tools to monitor the implementation of infection prevention and control practices. Findings from these audits were recorded on a quality improvement plan that was regularly reviewed and updated.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Pearse Road Services OSV-0005282

Inspection ID: MON-0036175

Date of inspection: 07/04/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• The Registered Provider has ensured that all residents are protected against Infection through the implementation of procedures consistent with the standards• The Person In charge has ensured the Safety Pause now reflects the Cleaning Checklist to include staff signatures in line with the provider's guidelines.• The Person in charge has brought to the attention of all staff and the importance of vigilance in terms of jewellery in relation to Infection Prevention and Control.	

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	18/04/2022