



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

## Issued by the Chief Inspector

Name of designated centre:	Bright Avenues
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0005308
Fieldwork ID:	MON-0036935

## About the designated centre

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

Bright Avenues is a designated centre operated by G.A.L.R.O Unlimited Company. This centre can provide residential care for up to three residents, who are over the age of 18 years, with an intellectual disability. The centre comprises of a two storey detached house within a town in County Laois, where each resident had their own bedrooms and shared use of communal areas. Staff are on duty both day and night to support the residents who live in this centre.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 5 April 2023	10:30hrs to 13:40hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control (IPC), and was facilitated by the person in charge, a staff member and by the regulation compliance auditor for the organisation. Overall, with regards to this aspect of service delivered to residents, there were very good areas of practice observed by the inspector.

At the time of this inspection, two residents were living in this centre. The centre comprised of one two-storey house located within a town in Co. Laois, where, each resident had their own bedroom, shared bathrooms and communal use of a kitchen, dining room and two sitting rooms. A well-maintained garden was accessible at the rear and overall, the centre was in a good state of repair, was visibly cleaned to a high standard and was tastefully decorated and furnished. Due consideration was given to the placement and display of hand hygiene and public health safety guidance, which was done in a manner that didn't impede the homely aspect of this centre.

Upon the inspector's arrival, they were greeted by a member of staff, who informed the inspector that staff were currently supporting one resident, who had assessed behavioural support needs, to get ready to head out for the day. Afterwards, this staff member brought the inspector to the entrance hallway to sign in, and hand sanitising facilities were available in this area for the inspector to use. The second resident, was being supported by staff with their morning routine and their plan for their day, included, heading to an Easter party in the afternoon. While this resident was relaxing and listening to music in the sitting room, their supporting staff member told the inspector that this resident responded well to sensory based activities such as baking and listening to music. This particular resident also had some behavioural support needs, and this staff member spoke confidently about how they supported this resident with this aspect of their care. Furthermore, this staff member demonstrated good knowledge of the provider's IPC measures for this centre, particularly with regards to specific cleaning and laundry arrangements. Overall, there was a very pleasant and caring atmosphere in this centre, with friendly interactions observed between staff and the resident who was present.

Over the course of this inspection, the person in charge spoke at length with the inspector about the care and support needs of each resident, both of whom, had assessed communication needs. This meant that staff were responsible for guiding and prompting residents to adhere to good hand hygiene and safe infection prevention and control practices, while out and about in their local community. Since the easing of public health safety guidelines, these residents had returned to many of the activities they had previously enjoyed. Although neither wished to attend day service, both enjoyed going for drives, heading on walks, going shopping, dining in cafes and doing some gardening. Visitors were welcome to the centre and both residents also visited their family during the week. Each resident was assessed as requiring one-to-one staff support and as this was consistently provided to them, it

made it possible for both residents to be as active as they were.

Staff held the overall responsibility for the general and deep cleaning of this house and from time to time, enhanced cleaning was externally outsourced. They were guided on the type and frequency of cleaning that was required by a centre specific cleaning schedule and colour coded system. The person in charge frequently visited the centre each week to meet with their staff team and oversee IPC practices and should staff have any concerns outside of normal working hours, staff were supported by the provider's on-call management system.

Overall, this inspection identified that this was a centre that promoted good IPC practices, while also respecting the rights, individual preferences and capacities of the residents who lived there. It's important to note that, through the effectiveness of the IPC measures implemented by the provider in this centre, to date, no resident had been suspected or confirmed of a health care associated infection, including, COVID-19.

The next two sections of this report will now discuss the overall findings of this inspection.

## Capacity and capability

This was a well-run and well-managed centre that ensured effective infection prevention and control measures were in place to protect the safety and welfare of all residents and staff.

The person in charge was identified as the lead person for overseeing IPC in this centre. They held responsibility for another centre operated by this provider, and current support arrangements made it possible for them to have the capacity to frequently visit this centre each week, to meet with their staff team and with the two residents who lived there. As the lead person for overseeing IPC in this centre, the person in charge was also supported with this aspect of their role by the provider's regulatory compliance auditor and by an IPC officer, who both supported in the oversight, monitoring and improving of IPC practices. Over the course of the inspection, the person in charge spoke confidently with the inspector about the various IPC measures that were in place, and of how they ensured that their staff team were maintained up to date of any changes occurring to this aspect of service.

There was a consistent staff team in place, which had a positive impact on IPC, as it meant regular staff were at all times on duty who were familiar with the daily IPC measures that were to be implemented. In addition, this consistency in staffing also meant that residents were continually supported by staff who knew them and their assessed needs very well. Staff training with regards to IPC was in place and where refresher training was required in this area, the person in charge scheduled accordingly. As part of the provider's contingency plan for an outbreak of infection, this plan also gave due consideration to the arrangements to be put in place, should

this centre experience decreased staffing levels, on foot of such an event. There was also a number of policies and procedures available to staff in the centre to guide them on various aspects of IPC that were to be adhered to. A number of these were revised in recent months and were subject to on-going review by the provider.

With regards to IPC, the provider had ensured the centre was adequately resourced to implement all required control measures. For example, a sufficient supply of PPE, cleaning products and equipment was available at the centre. In addition to this, the constant monitoring of this centre's staffing resources, also ensured that a sufficient number of staff were always on duty to implement this centre's specific IPC measures. Along with the regular oversight of this aspect of service by the person in charge, the provider also monitored the effectiveness of this centre's infection prevention and control practices through six monthly provider-led audits and also through specific IPC audits, which were being conducted on a scheduled basis. Where improvements were identified, time bound action plans were put in place to address these.

As previously mentioned, the provider had a specific contingency plan in place for this centre, to guide staff on what to do, should an outbreak of infection occur. This contingency plan was maintained under review by management, and was found by the inspector, to provide clear and concise guidance with regards to the initial response required by staff, the specific isolation arrangements to be adhered to and on the enhanced measures to be implemented, should an outbreak of infection occur. Although, to date, this plan was not required to be implemented in this centre, the person in charge ensured that staff were continually briefed on the plan and also ensured it was subject to further review, should any change to residents' care and support needs occur.

## Quality and safety

This was a centre that promoted residents' quality and safety of care through regular monitoring of IPC measures, and given the assessed communication needs of both residents, staff also ensured both residents were supported and prompted to practice good daily IPC practices.

At the time of this inspection, no resident had an acquired healthcare associated infection. Both residents were vaccinated against COVID-19 and influenza and were facilitated to receive booster vaccinations, as and when required. As previously mentioned, due to the assessed communication needs of both residents, it was the responsibility of staff to encourage and support residents to carry out good hand hygiene and promote safe IPC practices, while residents were out in the community. There was one vacancy in the centre and the inspector was informed that there was a resident identified for possible admission; however, this was very much at the early stages of the provider's admission process.

On the day of inspection, the centre was cleaned to a high standard and in general, was in a good state of repair. Where maintenance works were required, the person in charge informed the inspector that a system for reporting these works was in place, which was resulting in the timely addressing of any maintenance that was required. Although some re-decoration works had recently been completed, during a walk-around of this centre, the inspector observed a number of other re-decoration and minor repair works that this centre would benefit from being addressed. Furthermore, the centre's store room also would benefit from shelving to ensure no items were unnecessarily stored on the floor. This was highlighted as part of this centre's most recent IPC audit and those facilitating this inspection, informed the inspector that a schedule of works was in the process of being completed to address these issues.

Staff held the overall responsibility for cleaning and were supported to do so by a colour coded system, which gave consideration to the cleaning of general and contaminated areas. An adequate number of cloths, mops and mop heads were available for staff to use, and daily, weekly and deep cleaning schedules were in place to guide them on the specific cleaning that was to be done. These schedules gave good guidance to staff, and at the time of this inspection, were subject to further review by the person in charge to ensure more clarity around the frequency of cleaning that staff routinely performed in the communal bathroom. The provider had identified specific cleaning and disinfectant products that were approved for use and staff were aware of the contact time required by these products to ensure thorough disinfection of surfaces. There was also a spill-kit maintained in this centre, for the cleaning of any bodily fluids, should it be required.

Adherence to waste management was practiced by all staff and where contaminated waste required disposal, the provider had adequate arrangements in place to allow for this. Residents' laundry was completed on-site and dissoluble laundry bags were available for staff to use, if they were required to laundry contaminated clothing. To promote good IPC, each resident's laundry was appropriately segregated in their bedroom, prior to laundering, to avoid the risk of cross-contamination. Due to the layout and design of this centre, laundry facilities formed part of the kitchen area. Due to the potential IPC risk that this arrangement posed, the person in charge had put a clear system in place to ensure no cross contamination of this section of the kitchen with food preparation areas. They had ensured their staff team adhered to this and staff who met with the inspector were very clear on this system; however, the provider had not developed any guidance regarding this arrangement. This was brought to the attention of the person in charge, who rectified this by close of the inspection.

The risk management of infection prevention and control was primarily overseen by the person in charge. Along with identifying new IPC related risks, the person in charge was also proactive in responding to these risks and maintained good oversight of the effectiveness of any new measures that were required. A specific IPC risk assessment was in place for this centre and it was subject to on-going review by the person in charge.

Overall, the inspector observed many good areas of practice in relation to infection

prevention and control, which were regularly monitored to ensure these residents lived in a safe and good quality of service.

### Regulation 27: Protection against infection

The provider had effective infection prevention and control arrangements in place in this centre, which ensured the safety and welfare of all residents and staff. Residents' needs were regularly re-assessed and at the time of this inspection, both residents were well and neither had an acquired health care associated infection. A suitable number of staff were at all times on duty, which assisted in ensuring that infection prevention and control measures were at all times implemented.

The cleaning of this centre was performed to a high standard and staff were knowledgeable of the cleaning processes that were to be carried out on a scheduled basis. Along with this, clear arrangements were in place with regards to laundry management and waste disposal. Where risk related to infection prevention and control was identified, it was responded to in a timely manner and the effectiveness of measures regularly monitored by the person in charge.

The provider had clear and effective oversight arrangements, to ensure that this aspect of the service delivered to residents, was subject to on-going monitoring. Where these systems identified improvements were required to IPC arrangements, the provider took appropriate action to rectify. Contingency plans were in place, should this centre be subject to an outbreak of infection and these plans were known to the staff. At the time of this inspection, the overall effectiveness and oversight of the provider's IPC arrangements for this centre, had resulted in no resident acquiring a health care associated infection, including, COVID-19.

Judgment: 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	Compliant