



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	03 July 2023
Centre ID:	OSV-0005729
Fieldwork ID:	MON-0039188

About the designated centre

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

Kinvara Avenue is located in a suburban area of North Dublin City and provides 24 hour residential services for up to four individuals with intellectual disabilities, medical needs, mental health needs and age associated conditions. The centre is comprised of one terraced house and consists of an entrance hallway, a living room, an open plan kitchen and dining room, an accessible toilet and shower room, four resident bedrooms, a first floor bathroom, a laundry room, a store room and an enclosed garden space to the rear of the property. Residents who avail of the services of this centre are supported by a staff team made up of a person in charge, social care workers, and health care assistants. There is a total staff compliment of 10.10 full-time equivalents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 3 July 2023	09:30hrs to 13:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). The inspector found that the registered provider had carried out most actions from their last IPC inspection in 2022 and that they generally met the requirements of Regulation 27.

The centre is a four-bedroomed terraced house in a suburb in North Dublin. There are 4 residents living in the house who have complex health and social care needs related to ageing. Downstairs comprises a sitting room, a resident's bedroom, an accessible bathroom, a toilet and a kitchen and dining area. There is a garden to the rear of the property. Upstairs there were three resident bedrooms and one shared bathroom. The house had been re-painted since the last inspection and it was found to be largely in a good state of repair. It was found to be very clean and nicely decorated, with photographs of residents on the walls.

The inspector had the opportunity to meet with all of the residents on the day of the inspection. On arrival, residents were observed to be going about their typical morning routines. They sat at the table and ate breakfast together and chatted to the inspector about their plans for the day. One resident went swimming independently each week and told the inspector that they enjoyed it. Another resident told the inspector that they planned to go to the cinema later in the afternoon with a member of staff. One of the residents had returned from a trip to their family. They spoke about the various things they enjoyed doing. They showed the inspector the refurbished bathroom upstairs and said that they were happy this had been done. There was a relaxed and homely atmosphere in the house. Interactions were kind and it was evident that the staff member on duty had a good rapport with the residents.

Weekly residents meetings took place and it was evident that the staff team had strived to give information to residents about various aspects of infection prevention and control. This included practical elements of hand hygiene in addition to having easy-to-read information and video material in the centre.

In summary, the inspector found that residents were well supported in the centre and that there were systems in place to protect them from healthcare-associated infections. The next two sections of the report will present the inspection findings in relation to governance and management of the centre and how these arrangements impacted on the quality and safety of residents' care. The findings will be presented under Capacity and Capability and Quality and Safety and then an overall judgment of compliance with Regulation 27: Protection against Infection.

Capacity and capability

The inspector found that overall, the provider had good systems and structures in place to govern IPC within the organisation. There was an IPC committee which met on a quarterly basis. Membership of this committee included the director of nursing, nominated centre nurses and liaison nurses for IPC, a representative from quality and risk and a senior pharmacist. The group met on a quarterly basis. They monitored health-care associated infections, hygiene and IPC audits and antimicrobial stewardship in the service. The committee compiled an annual report for the Chief Executive Officer. The annual review for 2022 and six-monthly unannounced provider visits included IPC and identified actions where required. There was a clear management structure in place, with the roles and responsibilities of all levels of staff in relation to IPC clearly outlined.

The person in charge role had been vacant for five months on the day of the inspection and the provider was actively recruiting for a person in charge for the centre. Prior to this, there had been an extended period of leave in the year prior to the inspection. The person participating in management was identified as the person in charge in the interim. However, they also held a management role within the Dublin region and had oversight over a large number of centres. The absence of a person in charge was evident in the centre in relation to some documentation in the centre. For example, many of the IPC risks in the risk register such as waste management, laundry and linen management, COVID-19 and visitation available to view were last done in 2021. There was an information folder available to staff which contained information which was out of date. However, these issues with documentation did not pose any immediate risk to residents and was mitigated by having an experienced and familiar staff team in place.

There was an infection prevention and control policy in place and a number of procedures and guidance documents in areas such as cleaning and disinfection, donning and doffing of personal and protective equipment (PPE), managing suspected and confirmed cases of infection, on terminal cleaning and the emergency management of injuries. The last IPC Audit had been carried out in April 2022 and there was an action plan devised. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. The provider had updated this regularly, and most recently in March 2023. This required review to ensure it was reflective of the designated centre and current practices. There was an IPC control management plan in place which included contingency planning and outbreak management plans.

Staff meetings had been held with the person participating in management and the service manager. These meetings had a standing agenda in place, which included IPC and maintenance. There was evidence that staff were actively identifying any areas of the centre requiring repair and actions required. There was evidence of

staff discussing suitable measures relating to cleaning equipment and disinfection specific to the centre.

The inspector found that the centre had good staffing levels in place to meet residents' assessed needs, including IPC needs. Staffing levels had increased significantly since the last inspection, with 2 staff on duty by day and 3 waking night staff each night. There were no vacancies in the team on the day of the inspection.

Staff had completed training in a number of areas pertaining to IPC including hand hygiene, IPC, PPE in line with the providers' requirements. Staff had also completed training in food safety. Some refresher training was due in respiratory hygiene and cough etiquette and on the basics of infection prevention and control. The provider had identified this and staff were in the process of completing training identified. However, there was a long gap in supervision. Staff reported that they had not received any supervision in over one year on the day of the inspection.

The provider had arrangements in place for the management of IPC risks. There was a safety statement in place, a risk register and associated risk assessments. However, as outlined earlier in this section, many of the risk assessments were out of date and therefore, not in line with current public health guidance.

Quality and safety

The inspector found that residents were living in a clean, warm and homely house and supported by a staff team to ensure that they were protected against infection in line with their assessed needs. As outlined in the beginning of the report, it was evident that residents were well supported to understand information relating to infection prevention and control and had access to information about a range of subjects such as Norovirus, hand hygiene and antibiotic use. Consent was sought for all care interventions, including vaccinations and testing where required. Hospital passports were in place for all residents. Colonisation status was documented and there was a system in place for sharing information, where appropriate, between services.

Since the last inspection, most of the works had been completed in the house to reduce the risks of infection. For example, the laundry room in the centre had been found to lack ventilation and had a build up of mould on the walls. This room was no longer in use as a laundry room and had been painted and repaired. The house had been painted. There were some areas which were identified on the inspection such as the need to replace a cupboard in the bathroom which were difficult to clean. However, these were already identified by the provider and in progress. Residents had their own bedrooms which were of ample size for their belongings and they were personalised to each residents taste. Family photographs and other items of meaning were on display.

Cleaning was the responsibility of all staff. There were standard operating

procedures in place in relation to environmental cleaning and cleaning and disinfection. Staff had been given additional training in how to prepare a disinfectant solution. There was a detailed cleaning schedule in place, which included cleaning equipment and products to use on each area of the centre. The provider had a directive in place which identified suitable cleaning products to be used by each centre. Safety data sheets were available for each of these products. The staff member who the inspector spoke with was knowledgeable about cleaning and disinfection in the centre, including colour coding and the management of body fluid or blood spillages.

The management of laundry had also improved since the last inspection. Residents now had their clothing washed separately. Staff had access to alginate bags and were familiar with when to use them. Waste was appropriately managed through the use of an external contractor. Where it was required, there was a procedure in place for disposing of clinical waste in a safe manner. Staff were familiar with standard and transmission-based precautions. There were clear arrangements in place for clinical specimen collection and transportation.

Regulation 27: Protection against infection

In summary, the inspector found that the provider generally met the requirements of Regulation 27 and the National Standards for Infection Prevention and Control (HIQA, 2018). It was evident that many of the actions identified in the provider's compliance plan had been progressed. However, some action was required to be fully compliant. These are outlined below:

- The risk register required review to ensure it was reflective of risks at the current time and in line with public health guidance.
- Risk assessments for residents relating to IPC required review.
- There had been a significant gap since staff had had supervision in the centre.

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 Kinvara Group-Community Residential Service OSV-0005729

Inspection ID: MON-0039188

Date of inspection: 03/07/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There is now a new PIC appointed to this centre.</p> <p>-The risk register is being updated to ensure it is reflective of risk at the currant time and in line with public Health guidance.</p> <p>-Risk assessments for Residents relating to IPC are being updated.</p> <p>-All staff are now scheduled to have supervision completed by the PIC.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/10/2023