



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

Issued by the Chief Inspector

Name of designated centre:	Sunville
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0005874
Fieldwork ID:	MON-0035432

About the designated centre

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

Sunville is a centre run by Brothers of Charity Services Ireland. The centre provides a full-time residential service for two residents over the age of 18 years. The centre is located on the outskirts of the busy town and comprises of two self-contained adjacent, ground floor apartments in a larger apartment complex. Each resident has their own apartment with access to their own en-suite bedroom, a main bathroom, staff room, utility space and, open plan kitchen, dining and living area. The centre is close to transport services and a variety of local amenities, some of which are within walking distance of the centre. The model of care is social and the support provided is informed by the assessment of resident needs and abilities. A staff presence is always maintained in the centre and, there are periods of the day when each resident has their own staff support. A staff on sleepover duty is available to provide support to both residents if needed. Management and oversight of the service is delegated to the person in charge supported by the social care worker.

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
Tuesday 27 September 2022	10:45hrs to 17:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to assess the providers compliance with Regulation 27: Protection against infection. Regulation 27 requires that registered providers ensure that procedures, consistent with *the National Standards for infection prevention and control in community services (2018)* are implemented by staff to protect residents from the risk of preventable infection. The provider had such procedures in place and there was evidence of ongoing awareness, vigilance and controls. However, despite this vigilance, infection prevention and control quality assurance systems had not identified the fact that there was inadequate oversight and, a possible need for more assistance from staff in the maintenance of the physical environment.

Each resident was provided with their own self-contained apartment. There was a staff office in one apartment and a sleepover room for staff in the other. Both residents spent much of their week at programmes, work and activities outside of their home. However, the inspector spent some time in both apartments and had the opportunity to meet with both residents. Both residents welcomed the inspector to their apartments, conversed easily with the inspector and gave a good account of what life was like for them in the centre. This feedback was very positive with one resident describing life as “wonderful”.

For example, both residents had enjoyed recent short, city breaks. One was a recreational trip while the other was to meet with a family member. The resident described how this visit had been postponed and delayed due to COVID-19 travel restrictions. The resident spoke of how they had maintained contact with their family during this time using various technologies. One resident shared photographs taken while away and described the tourist attractions that they had visited supported by a staff member. The resident could name all of the staff team and the shift that they worked or were due to work. The resident said that they had full trust in their staff team.

Both residents spoke of the opportunity they had to enjoy paid work, work-experience and volunteering in the local community. This was supported in part by a vocational training programme. Both residents said that they loved their apartments, the general area where they lived and said that they had very nice neighbours. One resident was looking forward to their upcoming birthday and a celebration with family was planned. It was clear from these conversations that both residents maintained ongoing contact with and had support from family. Records seen confirmed that residents and family had input into the support and care that was provided. Any queries or concerns raised were listened to and incorporated into the review of the personal plan. Residents’ representatives were also invited to provide feedback on the service to inform the annual service review. The feedback provided was very positive.

Residents also spoke openly about the challenges that life had also brought such as

the recent unexpected passing of a peer. The resident spoke at ease of their friendship, the shock of the suddenness of the passing and how they visited the grave. It was evident that the resident had been provided with enough information for them to understand and cope better with the unexpected nature of the passing.

It was evident to the inspector that both residents were happy with the service that they received and enjoyed a good quality of life that was in line with their wishes and preferences. Residents had moved on from the restrictions of the pandemic and were re-engaging with life on a par with the general population and public health guidance. For example, residents discussed the wearing or not of face masks, infection and prevention control measures in other services they accessed such as the operation of pods and, the assistance provided by staff members in the maintenance and cleaning of the apartments. Both residents were fully vaccinated against the risk of COVID-19 and understood the protection that vaccination afforded them. A staff member reported that both residents had actively sought vaccination.

The provider in turn had effectively adopted procedures consistent with national infection prevention and control guidance for residential services. For example, the staff team continued to wear a surgical mask in the centre and in the service vehicle. There were ongoing reasonable measures to reduce the risk of inadvertently introducing infection to the centre and for detecting possible signs of infection. For example, inspector well-being was established on arrival at the centre and the inspector was invited to complete hand hygiene.

However, what this inspection highlighted was that despite the understanding that residents articulated of infection prevention and control and, the independence they were afforded in their daily routine, potentially, more support from staff was needed than that assessed as required. This gap and the impact on the infection prevention and control arrangements in the centre had not been identified by the provider prior to this HIQA inspection. The rationale provided to the inspector for this was the human rights based approach to care promoted in the centre and respect for resident independence, autonomy and privacy. However, while this was commendable, further assessment and a supportive plan to mitigate the risks while ensuring the rights of the resident were still respected in a balanced and pragmatic manner was needed.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on compliance with Regulation 27; Protection against infection.

Capacity and capability

Overall, the governance arrangements of this centre ensured that residents were protected from the risk of preventable infection. However, while the provider had

systems in place for regularly assessing, monitoring and reviewing its performance in relation to infection prevention and control, these had not identified an area of support that required review and further intervention.

The person in charge had overall responsibility for the management of infection prevention and control in the centre. The person in charge had support in this regard from the wider organisational structure, from the social care worker and, from the staff team. For example, the person in charge attended residential services meetings with their peers and line manager where infection prevention and control was discussed. Information such as any changes in guidance was then shared with the social care worker who in turn shared the information with the staff team and, ensured the changes were implemented in practice. The social care worker confidently facilitated this HIQA inspection confirming for the inspector that there was good communication between management and staff, there was clarity on roles and responsibilities and, good understanding of the infection prevention and control arrangements in the centre.

For example, a well presented folder of concise guidance for staff was in place. Infection prevention and control guidance was current and consisted of national guidance and local infection prevention and control guidance. There was a 24 hour on call management rota that was equipped to deal with any infection prevention and control concerns that might arise. The folder also contained the plans for responding to and managing any outbreak of infection in the centre. Because each resident had their own apartment the plans detailed how each resident could and would be supported to isolate in their own apartment. The plans considered how staffing arrangements might have to be altered depending on the needs of residents. For example, the risk posed if staff had to crossover between apartments and how this would be managed.

To date, the provider has not had to implement these outbreak plans. The inspector discussed with the social care worker isolated incidents of communicable infection that had occurred as notified to HIQA. The social care worker had ready knowledge of each incident and described how monitoring and screening had taken place to ensure transmission of infection had not already occurred.

On a day-to-day basis each apartment was individually staffed with the exception of night time where one staff on sleepover duty provided any support needed by both residents. As described in the opening section of this report one resident could name all of the staff members who supported them and this consistency of staffing was evident from the staff rota reviewed by the inspector.

The inspector reviewed the record of the infection prevention and control training completed by staff. This completed training included baseline and refresher training in hand hygiene, standard precautions and how to correctly use PPE (personal protective equipment). However, the completion of a training resource by staff on the correct fitting of an FFP2 mask was not listed as completed by all staff.

The provider had infection prevention and control quality assurance systems that were regularly implemented. These included site specific infection prevention and

control audits and spot checks of staff adherence to standard precautions and PPE usage. However, these reviews did not include all areas of one apartment. The cleaning records completed by staff also did not include these areas. This resulted in a gap in oversight which meant the provider was unaware that one sanitary facility was in a poor and unhygienic condition, in need of refurbishment and a deep clean.

Quality and safety

Overall, the provider had good arrangements in place to protect residents against the risk of preventable infection and, residents were consulted with and encouraged to participate in these arrangements. However, what this inspection highlighted was that where responsibility for certain cleaning tasks was given to a resident there was no accompanying oversight by the provider. A better balance was needed between promoting and respecting residents' rights while managing the risk for contamination, cross-infection and infection.

Both apartments were homely without being cluttered and both residents were proud of their homes. For example, one resident went out to purchase a new rug on the day of inspection. The other resident confirmed for the inspector that their reclining chair was where they wanted it to be and demonstrated how they liked to recline and relax while they watched television. Residents were encouraged to participate in the cleaning of their apartments and other tasks such as caring for their personal laundry or doing some Hoovering. Each apartment had a washing machine and tumble dryer. In general, the apartments presented as clean and there was a schedule of cleaning to be completed by staff. One resident completed and recorded the cleaning of frequently touched items such as light switches and particular surfaces in their own apartment. However, the inspector noted that one light switch was not clean and when the inspector entered that room (an en-suite bathroom) it was evident that the room was not regularly or effectively cleaned. The room was in need of repainting with much peeling paint evident, fittings such as the shower curtain required replacing and, the room as a whole needed a deep clean. The poor condition of this room was not known to the provider prior to this HIQA inspection and this and the absence of a supportive corrective action plan was the fundamental failing of this inspection.

In addition, with regard to cleaning practices alternative and more suitable storage was needed for the mops and buckets. A colour coded system of cleaning was in use and the mop heads were washed and dried. However, the handles and buckets were stored in the main bathroom of each apartment creating a possible risk for contamination and cross-infection. Apartment living created some challenges as the use of external storage and external clothes lines were not allowed. There was scope to review the range of cleaning products in use to avoid the unnecessary generalised use of disinfecting products when there was no indication for their use.

There was a dedicated secure waste collection area. The social care worker said that

the generation of additional waste, for example in the event of an outbreak, would be managed by the existing waste management arrangement.

There was good provision for residents, staff and visitors to complete hand hygiene either by handwashing or the use of hand sanitising products that were readily available in each apartment. While the inspector had limited opportunity to observe practice due to the routines of the residents, the staff team were reported to be diligent in the wearing of a face mask and the completion of hand hygiene. Residents could choose to wear a mask if they wished. For example, one resident said that they wore a mask when going to the pharmacy. Generally residents followed the guidance as for the general population and were comfortable with this.

There were ongoing measures in place to reduce the risk of inadvertently introducing infection to the centre and, for identifying early detection of infection so as to prevent the spread of infection. There was daily monitoring of staff and resident wellbeing and, of visitors on their arrival to the centre. Guidance for visitors, a supply of face masks and hand sanitising facilities were available in the main hallway of each apartment.

Both residents were reported to enjoy good health and there was no requirement for specific clinical equipment or devices that would have required specific cleaning and maintenance guidance. The personal plan reviewed by the inspector including an assessment of the resident's healthcare needs and, the plans to support the resident to enjoy good health. From the plan the inspector saw that the resident had good input into the plan and managed aspects of their care with support from staff. Information and support was provided so that residents made good decisions about their healthcare. One resident discussed their ongoing engagement with their well-being programme and their daily use of their step-counter. The resident was delighted with the benefit to their overall sense of wellbeing.

There was access as needed to the general practitioner (GP) and each resident attended their own GP. Nursing advice and care was available from the GP practice. There was regular and ongoing access as needed to other clinicians such as the dentist, dietitian, psychology and psychiatry. Clinical reviews included the monitoring of prescribed medicines. The hospital passport included details of the resident's vaccination status.

Regulation 27: Protection against infection

There was much evidence of good practice, ongoing awareness of the risk posed by infection and controls to protect residents and staff from the risk of preventable infections. The provider had infection prevention and control quality assurance systems that were implemented on a regular basis. However, formal systems such as these and informal monitoring had not identified an area of one apartment that was in a poor and unhygienic condition, in need of refurbishment and a deep clean. Where responsibility for certain cleaning tasks had been given to a resident there was no accompanying oversight by the provider. A better balance was needed

between promoting and respecting residents' rights while managing the risk for contamination, cross-infection and infection.

Alternative and more suitable storage was needed for some cleaning equipment. The mop handles and buckets were stored in the main bathroom of each apartment creating a possible risk for contamination and cross-infection. There was scope to review the range of cleaning products in use to avoid the unnecessary generalised use of disinfecting products when there was no indication for their use.

The completion of a training resource by staff on the correct fitting of an FFP2 mask was not listed as completed by all staff

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Sunville OSV-0005874

Inspection ID: MON-0035432

Date of inspection: 27/09/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Cleaning schedules for the DC has been reviewed and updated to ensure infection prevention and control quality assurance systems in place are robust for the entire DC. The PIC and SCW will monitor and review this process to ensure it effectiveness.</p> <p>A reivew of the need for more assistance from staff in the maintenance of the physical environment has been discussed with the full consultation of the person supported in their own home to ensure IPC is managed effectivley whilst also respecting the individual rights and choice.</p> <p>A review of the DC has been carried out and upgrades in the décor, refurbishment and maintenance have been identified and are in progress.</p> <p>A reivew of mops, cleaning products and storage in the DC has also taken place and the most suitable and appropriate requirements in this area have been identified and put in place.</p> <p>A review of staff training has taken place and those staff who required training in the area of the correct fitting of FFP2 mask has been addressed with all staff. This is also listed on the staff training matrix.</p> <p>The IPC risk assessment has been reviewed to ensure the controls in place are rubust to comprehensively mananger IPC in the DC.</p> <p>Complete</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.	Not Compliant	Orange	20/10/2022