

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group T
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2023
Centre ID:	OSV-0008332
Fieldwork ID:	MON-0040255

About the designated centre

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

The designated centre is a residential house located in a small community setting on the outskirts of a large city. It provides full time residential support to a maximum of four adults with intellectual disabilities. The house is comprised of three individual bedrooms, a bathroom and additional separate toilet, kitchen- dining area, a sitting room and staff sleep-over room/office. In addition, there is an adjoining apartment which is comprised of a bedroom with ensuite and an open plan dining–sitting room area. All areas of the designated centre have access to the rear large patio and laundry room. There is also a large garden to the front of the property, with gates and parking for transport vehicles. Residents are supported to access local amenities such as shops. Residents are supported by day and night by a team comprised of medical and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 1 June 2023	12:45hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused announced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with the four residents during the inspection in the afternoon and early evening.

This was the first inspection of this designated centre which was registered in December 2023 by the Health Information and Quality Authority (HIQA). Three of the residents moved in to the house at the end of January 2023. The fourth resident moved into the house less than two weeks before this inspection took place.

On arrival the inspector was greeted by the person in charge. They immediately introduced the inspector to the resident who had recently moved into the designated centre. The resident was in the sitting room listening to music. The resident acknowledged the inspector with a gesture and indicated they were happy to be in their new home. The person in charge assisted the resident to explain about their interests and the regular contact they had with their family representatives.

During the inspection, the resident was observed to be supported by staff to have their preferred hot drink. The resident was offered a number of different options and was able to communicate their preference. They were also supported to have their lunch before going out for a walk with a staff member.

Another resident was leaving the designated centre for a planned shopping trip with two staff shortly after the inspector arrived. The resident acknowledged the inspector but indicated they wished to continue with their planned activity. On return, the resident was observed to be supported to have a drink and snack outside on the patio area. The day was warm and sunny and the resident appeared very relaxed as they sat under the shade of a sun umbrella.

The inspector was introduced to another resident as they relaxed in their bedroom. The person in charge explained that the resident preferred not to engage in conversations with a lot of questions. However, the resident did indicate to the inspector that they were happy living in their new home and liked their bedroom. The bedroom contained many personal possessions including family photographs and model cars which the resident had a great interest in. A short while later the resident enjoyed their lunch in the dining room. The inspector observed the staff present were aware of the preferences the resident had which included a particular seat and condiment. The resident then chose to watch a preferred programme on the television with staff supporting them to make their choice.

The inspector was introduced to the fourth resident later in the afternoon on their return from their day service. The resident shook hands with the inspector and was aware of the inspector's name in advance of meeting. The resident posed a few questions to the inspector before taking a local newspaper to their bedroom to relax

as per their usual routine. The resident met the inspector again before the inspection ended and informed the inspector they were very happy in their home.

The building was a large bungalow with access to large garden areas to both the front and back of the property. The atmosphere was calm and relaxed throughout the inspection. During the walk around of the the designated centre, all rooms were observed to be well ventilated, homely and clean. There was evidence of regular cleaning taking place throughout the designated centre. The building was well maintained both internally and externally. Photographs of the residents enjoying their new home were also evident. In addition, staff outlined the residents had similar interests such as going to the cinema and other social activities.

The staff team outlined how the family representatives of one of the residents had observed a positive impact for their relative in recent months. They reported that their relative appeared to have settled into their new home very well. Another resident spoke of how happy they were with their new home to relatives which was welcomed by the family representatives. The residents had moved from a campus based setting where they had lived for over 30 years to this designated centre. Their transition was carefully planned and inclusive of the residents. Each resident was supported to decorate their bedrooms reflective of their personal choices and preferences in advance of moving into their new home.

In addition, to ensure residents were effectively supported to become active participants in their local community input from the provider's transforming lives co-ordinator was ongoing. Quality of life outcomes were also scheduled to be reviewed for the residents in the weeks after this inspection. The person in charge outlined there were no safeguarding concerns or restrictive practices in place in this designated centre which was also having a positive impact for each of the residents living in the designated centre. In addition, the inspector was informed the residents had also been welcomed into the local community by neighbours living nearby.

The inspector observed that the residents had ample space to spend time on their own if they wished or with their peers and staff. Staff outlined the importance of creating and keeping a homely environment for the residents. This included the use of some discreet signs relating to hand hygiene. The person in charge explained that they wished the residents to enjoy the décor as per their choice while ensuring ongoing safety relating to infection prevention and control (IPC). The inspector observed one of these discreet signs at the dedicated hand wash sink in the kitchen. Also, there was a small notice board in the kitchen which was updated and contained reminders for upcoming household chores during the week.

The staff spoken to throughout the inspection demonstrated their knowledge and awareness of IPC and maintaining the safety of residents. For example, they had participated in a number of observational hand hygiene audits, which consistently documented good compliance. Throughout the inspection staff were observed to adhere to safe practices including hand washing before and after attending to each resident. In addition, staff preparing food were observed to wear disposable aprons while completing the task.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs.

The person in charge worked full time and had a remit over a total of two designated centres. They were supported in their role by the person participating in management who also visited the designated centre regularly. There was a core staff team in place who were familiar with the assessed needs of the residents living in this designated centre. Some members of the staff team had supported the residents in the designated centres where they had lived prior to moving into this house. There were no staff vacancies at the time of this inspection. The person in charge did have access to a regular panel of relief staff. There was an actual and planned rota in place which was reflective of staff supporting residents with their individual daily routines.

The inspector was informed the provider was undertaking a review of the staffing resources required following the recent admission of the fourth resident to the designated centre. This included resources available in the evening time to support individual community activities. As some of the residents had regular opportunities to stay with family representatives, the staffing levels within the designated centre were reflective of the number of residents present, in particular at weekends.

All of the staff team had attended training and refresher courses in IPC. There was also a training matrix for 2023 which had been subject to recent review prior to this inspection. The inspector was informed by the person in charge that staff training relating to food safety had been requested from the provider's training department to support the staff team working in the designated centre. The person in charge had also ensured staff supervisions had been completed and had a schedule in place for the remainder of 2023.

The person in charge held regular meetings with the person participating in management. Actions identified relating to IPC were progressed and completed in a timely manner. For example, following a meeting on 31 March 2023 an IPC audit was to be scheduled and this was completed on 24 April 2023. Actions identified during that audit had been addressed. For example, a bread bin had been purchased, cleaning of the bins had been included in the cleaning checklist and

mattress protectors had been purchased for the beds in the designated centre. In addition, regular staff meetings were being held which provided staff with up-to-date information on issues relating to IPC and changing guidance in line with the provider's protocols and public health guidance.

No annual review or internal six monthly provider-led audit had yet been completed by the provider as the designated centre had only commenced supporting residents since the end of January 2023. However, the person in charge had ensured an audit schedule was in place, including IPC audits. The staff team were supported with ongoing input by the clinical nurse specialist (CNS) in health promotion. A regulation 27- Protection against infection audit had been completed on 31 May 2023 by the CNS. Minor points were documented and discussed with the person in charge. The CNS in health promotion had also completed a recent review of the provider's IPC policy and COVID-19 folder that was awaiting approval by senior management at the time of this inspection. The inspector was also informed that the CNS in health promotion was undertaking a review of the service wide IPC self-assessment document. The person in charge ensured the HIQA self-assessment in preparedness had been completed in the designated centre. Risk assessments relating to IPC matters including COVID-19 had been subject to recent review and updated in May 2023. In addition, a centre specific contingency plan was in place.

Quality and safety

The welfare and well being of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards.

On the day of the inspection the person in charge had a scheduled meeting with the multi-disciplinary team (MDT) to review the transition plans of two of the residents to the designated centre. The team reviewed the ongoing progress being made by both of the residents. They were assured that the transitions had been successful for both of the residents and closed out the plans. Residents' were also supported to actively participate in regular resident meetings. IPC matters were discussed in the most recent meeting in April 2023. In addition, one of the residents had consented to be the advocacy representative for the designated centre.

The staff spoken too during the inspection demonstrated their familiarity with the assessed needs of the residents while supporting and maximising their independence in the designated centre. For example, a staff member was observed to offer choices which were reflective of information contained within an concise information document to assist staff supporting the resident who had recently

moved into the designated centre. Another resident was supported by a staff member to put on sun cream before going outside to the garden area. Later in the afternoon, another resident was supported to wear appropriate clothing reflective of the hot weather before going for a walk with a staff member.

The staff team had effectively supported the residents to remain safe in the designated centre. There had been no outbreak of COVID-19 in the designated centre. As outlined previously in this report robust auditing and ongoing monitoring had ensured effective IPC practices were in place within the designated centre. There were ample supplies of personal protective equipment (PPE) which were subject to regular checks including expiry dates. Staff had access to up-to-date IPC information. Staff demonstrated their knowledge regarding IPC throughout the inspection. There were no residents with complex or additional medical needs at the time of this inspection living in the designated centre which required specific IPC measures or protocols.

During the walk about of the designated centre, the inspector observed ample supplies of hand hygiene products. Residents were also provided with single use washcloths in bathroom areas as part of the IPC measures in place in the designated centre. There was a dedicated household staff member who worked five hours each week in the designated centre. Cleaning checklists were comprehensive and consistently documented as being completed. However, it was noted that sections that were to be completed by the household staff were also being completed by the core staff team. This resulted in the sections required to be completed by the core staff team not being recorded in the correct section of the checklist document. This was discussed with the person in charge during the inspection.

The provider had ensured there were protocols in place regarding the use of colour coded equipment within the designated centre which included cleaning equipment. The designated centre had a large laundry room with adequate space to store the cleaning equipment. Signage was also evident indicating the areas each colour coded equipment was to be used. For example, red buckets and mop handles were to be used in the bathroom areas. However, the mop heads in use at the time of the inspection were not clearly identified for use in particular areas. This presented a risk of possible cross contamination of areas. The inspector observed each mop head had multiple colour tags which facilitated staff to identify which area the mop head should be used for. The purpose of these tags was, before first use, each mop would be identified with just one colour tag left in place so that the mop head would be consistently used in the same area. For example, a mop head with the red tag would be used consistently in the bathroom areas. However, all of the colour tags were still in place on the mop heads at the time of the inspection. The use of the colour coding tags on the mop heads was not been utilised in the designated centre which resulted in none of the mop heads in use being identified for cleaning dedicated areas within the designated centre.

During the inspection staff were observed to prepare lunches and the evening meal for the residents. All staff were observed to ensure they adhered to good IPC measures during these activities. However, as previously mentioned only two staff

had completed food safety training at the time of this inspection. The remainder of the staff team were awaiting training to be scheduled.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- The current use of mop heads not identified for use in specific areas resulting in a possible risk of cross contamination within the designated 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 St. Vincent's Residential Services Group T OSV-0008332

Inspection ID: MON-0040255

Date of inspection: 01/06/2023

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All mop heads now identified, as per colour coding, for use in specific areas within the designated centre.	

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	01/06/2023