



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

Issued by the Chief Inspector

Name of designated centre:	Applevue
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0001702
Fieldwork ID:	MON-0035694

About the designated centre

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

Appreview is a designated centre operated by Sunbeam House Services CLG, located in an urban area of County Wicklow. The designated centre offers residential services to four male adults with intellectual disabilities. The designated centre consists of a detached house which is located in a housing estate and consists of a sitting room, dining room, kitchen, utility room, four individual bedrooms, a staff sleepover room, an office and a number of shared bathrooms. The house provides residents with a garden space to the rear of the property. The centre is staffed by a person in charge and social care workers. The person in charge works in a full-time capacity and they are also responsible for a separate designated centre.

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
Thursday 19 May 2022	09:00hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

During the inspection, risks were identified under Regulation 17 and Regulation 28. These risks required assurances, however overall, did not warrant change in the focus of the inspection. The provider had identified most of the risks however, had not followed up in a timely manner and a provider assurance report was issued to the provider seeking assurances.

On arrival at the centre, the inspector was met by a staff member who took their temperature. The staff member completed a form that included a number of key COVID-19 safety questions in advance of the inspector entering the house. There was personal protective equipment (PPE) located inside the front door of the house including, hand gel and safety notices to remind visitors of how to keep safe during their visit.

During the course of the inspection, the inspector had the opportunity to speak with all four residents. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, with the inspector wearing the appropriate personal protective equipment and in adherence with national guidance.

In particular, the inspector spoke to the residents about their experience during the recent COVID-19 outbreak in the centre. Residents appeared healthy and advised the inspector that they were all feeling in good form. Some of the residents told the inspector that it was difficult having to self-isolate for so long but that they were provided everything they needed during the period including meals, drinks and personal items. They said they were aware of why they had to isolate and were glad to be back out and about in the community again.

On review of the centre's contingency and outbreak plans, the inspector saw that the centre's self-isolation plan had been improved since the last inspection resulting in the provision of an individual person centred self-isolation plan for each resident. These plans took into account the needs of each resident and the support required to meet those needs. The plans also incorporated each resident's likes and preferences. For example, the plans included items of interest, food preferences, communication methods such as telephone and video calls and residents' mental health. Subsequent to the recent outbreak, residents' self-isolation plans were further updated so that they included lessons learnt from the experience.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, caring and jovial interactions. Where appropriate, staff discretely reminded residents of physical distancing, hand-hygiene and wearing a mask, when heading

out in to the community. On the day of inspection, staff were observed to be regularly completing hand-hygiene and were the wearing appropriate masks in accordance with current public health guidance.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular household meetings with their staff. Matters were discussed and decisions made. For example, matters relating to keeping safe during the current health pandemic as well as safeguarding, complaints and general views and opinions of the residents.

During the walk-around of the centre the inspector observed the house, for the most part, to be clean and tidy. A number of residents were happy to show the inspector their bedrooms. Residents were supported by staff to clean their bedrooms at least once a week, including a change of bed linen. This was to support the promotion of residents' independent skills relating to household tasks. However, the inspector observed that not all bedrooms were effectively cleaned and in one room, the carpet was observed to be dirty and in an unhygienic condition.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place. However, some improvements were needed to ensure that the measures in place, to assess performance against infection prevention control standards and best practice, were effective at all times to ensure they protected residents against acquiring healthcare-associated infections.

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 centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the provider and person in charge had generally met the requirement of Regulation 27 and the National Standards for Infection prevention and control in community services (2021), however, some actions were required to be fully compliant.

The governance and management arrangements in place in the designated centre supported the delivery of care and support in a manner that overall, endeavoured to protect residents from the risk of acquiring a healthcare-associated infection. There was a clear governance structure in place with defined roles and responsibilities; the management structure was clearly defined and identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The registered provider and person in charge strived for excellence through shared learning and reflective practices and were proactive in

continuous quality improvement to ensure better outcomes for residents. Findings from infection prevention and control focused inspections from other centres run by the same provider had been reviewed and shared, with many improvements addressed or in the process of being addressed.

In addition to the shared learning, there had been a lot of improvements since the last inspection and in particular, to the local governance and management structures in place. A new person participating in management had commenced in November and the person in charge, who's previous position as person in charge was in a temporary capacity, was now permanent. Both the person participating in management and the person in charge met on a monthly-basis to review the outcome of the completed audits, including the household and health and safety audit, so that outstanding issues could be escalated if required. There had also been improvements to the monitoring and oversight systems in place of infection prevention and control measures, (such as the cleaning checklist), and as a result, minimised the risks to residents of acquiring or transmitting preventable healthcare-associate infections. There was a COVID-19 committee set up in the organisation to provide information and guidance to staff and residents and there was a COVID-19 lead worker representative in place in the centre and had been provided additional training to support them in their role.

The person in charge had put together a COVID-19 folder which provided information, guidance and advice for staff supporting residents living in the centre during the current health pandemic. The folder contained an infection control policy that contained well-defined procedures and provided clear guidance to staff. In addition, the folder contained the centre's COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services.

The folder including self-isolation plans for each resident, vaccination process and status for residents, staff training, communication pathways for suspected or positive cases, personal protective equipment supplies and information and guidance relating to standard precautions such as clinical waste, cleaning and laundry, but to mention a few. Furthermore, there was information regarding infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HPSC) made available to staff for review and update.

There were a variety of centre and individual COVID-19 risk assessments in place which were regularly reviewed. Each resident was provided with individualised risk assessment to ensure adequate control measures were in place to keep them safe during the current health pandemic and in the case of having to self-isolate.

The provider had completed a health and safety audit in April 2022 which considered a number of infection prevention and control matters. The provider had also completed an annual report in April 2022 and an unannounced six-monthly review in August 2021 and February 2022 of the quality and safety of care and support provided to residents in the designated centre. All of the above documents

took into consideration matters related to infection, prevention and control, with an emphasis on the current health pandemic. However, the inspector found that overall, the measures in place to assess performance against infection prevention and control standards and best practice, were not at all times, evidence based. For example, the provider had not completed a specific infection prevention and control audit for the centre.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment and quality improvement plan for designated centres for adults and children with a disability for a COVID-19 outbreak. However, improvements were needed to the frequency of the reviews to ensure its effectiveness. For example, the plan had not been updated to include some of the lessons learnt from the recent outbreak in the centre.

There were a number of local auditing systems in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. The system included a monthly household audit which monitored the quality and support provided to residents including, the cleanliness and upkeep and repair of the centre. There was also a cleaning checklist in place to ensure the completion of the tasks included on the centre's cleaning schedules. However, improvements were needed to ensure the effectiveness of the system. For example, the cleaning of residents' bedrooms was included on the cleaning schedule, however, there was no appropriate system in place to ensure the task was completed.

The systems in place for workforce planning, to ensure that there were suitable numbers of staff members employed and available with the right skills to meet the centre's infection prevention and control needs, required some improvement. On the day of the inspection, there were two staff vacancies in the centre. However, the inspector was advised that the provider was actively recruiting for the positions with interviews for one role taking place the coming Friday. The person in charge was endeavouring to provide continuity of care as much as possible, however, the centre's roster demonstrated that agency and relief staff were employed on a regular basis. On occasion, the person in charge and deputy manager were required to cover shifts during times of staff shortages. This in turn, had the potential risk of impacting on the management's ability to carry out the effective governance, operational management and administration of the designated centre at all times.

All staff were provided with the organisation's own on-line training for matters relating to COVID-19. The training included modules on understanding the virus, infection control policies and protocols, cleaning and disinfecting, risk assessments, donning and doffing of PPE and hand-hygiene.

Quality and safety

The provider and person in charge were aware of the residents' needs and overall, knowledgeable in the person-centred care practices required to meet those needs.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control, and manage healthcare-associated infections. There were a number of recent improvements to the upkeep and repair of the premises since the last inspection, which had impacted positively on the overall infection prevention and control measures in place in the centre. However, some further improvements were needed to ensure residents received care in an environment that minimised the risk of acquiring a healthcare-associated infection, at all times.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Residents living in the centre were well informed, involved, and supported in the prevention and control of healthcare-associated infections. Residents were supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. Residents could raise any concerns or questions they had at their house meetings, individually with their staff members, or through the complaints process. There had been improvements to the centre's complaints process since the last inspection which ensured that the procedures in place were now effective.

Residents were provided with person centred self-isolation plans that were in line with their needs and preferences. Since the recent outbreak in the centre, residents' self-isolation plans had been updated to include lessons learnt and where appropriate, improvements made. Residents attended household meetings on a regular basis where the agenda included infection prevention and control items such as reminders and updates on keeping safe during the current health pandemic.

Residents and their families were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection. Residents' wishes and consent were sought in relation to testing for infection and vaccinations, and in a way that they understood.

A walk-around of the centre demonstrated that while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. Overall, the cleaning arrangements in place for residents' bedrooms needed improvements to ensure residents' bedrooms were appropriately cleaned at all times.

A number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. Where there were maintenance issues, a maintenance logging system was used and was reviewed and updated on a monthly basis by the person in charge. Where an item was outstanding it was escalated to the person participating in management for action.

Some of the maintenance issues, (impacting on infection, prevention and control measures), had been identified during the last inspection and although some improvements had occurred not all repairs were effective, and in particular in the centre's kitchen. For example, the paint on skirting boards under the kitchen

cupboards, which were painted in March 2022, were observed to be blistering and peeling paint. Furthermore, other repair work remained outstanding in the kitchen, such as replacing tiles and repair work to counter tops. However, this had been identified on the provider's recently completed annual report and planned for completion by July 2022.

In addition to the above repairs, there was also a small number of upkeep and repair found in residents' en-suites, where stains from repair works were observed on its walls and skirting. There was a heavy dust build up in a number of bathroom extractor fans. The sealant on a sink required repair and there was rust observed on a bathroom radiator. The electric paper hand towel dispenser in a shared bathroom was not working and the alternative hand-drying option (kitchen roll) was not an appropriate replacement. In two other bathrooms, the toilet roll holder was broke, one of which was a shared bathroom. In one resident's bedroom, there were holes in the walls where curtain poles had been removed. Furthermore, a review of the layout and storage in the utility room was needed. For example, there was a basket of vegetables stored next to where the mop and buckets were stored.

Notwithstanding the above, there had been a number of improvements to the premises since the last inspection which resulted in positive outcomes for residents and reduced the risk of spread of infection in the centre. A new couch and armchair was purchased for the resident's sitting room and a new stair carpet installed. Numerous areas of the house had been painted including, the sitting room ceiling, the banisters and kitchen units.

There were procedures in place to record staff temperatures twice during their shift and residents' temperatures daily. There were also procedures for recording visitors' temperatures. The inspector reviewed the temperature logs for the month of April and May 2022 and found that temperatures were recorded as outlined in the provider's guidance documents.

Overall, the provider had effective contingency measures in place to follow if an outbreak occurred, the provider had plans in place to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre in line with their documented plans and in a person-centred manner. There was a clear outbreak plan specific to COVID-19 including a staff contingency plan. As mentioned above, the plan was reviewed post COVID-19 outbreak where learning was shared and improvements made.

The plan contained specific plans and responses for residents and staff where suspected or confirmed cases were identified. It provided clear detail on self-isolation plans for each resident which were person-centred in nature and took into account the understanding and communication of each resident. The outbreak plan identified precautions to be considered and guidance to be followed. For example, safety measures for visitors, home visits, set up of residents' bedrooms, sanitiser stations, housekeeping, donning and doffing PPE, safe laundry systems, management of clinical waste and management of cleaning blood and bodily fluid. However, some improvements were needed to ensure that staff were fully knowledgeable, at all times, of the guidance and information within the plan, to so

that it followed through in their practice. For example, the inspector found that staff knowledge regarding the management of spillages of blood and bodily fluids and doffing PPE during an outbreak, required improvement.

Regulation 27: Protection against infection

During the inspection, risks were identified under Regulation 17 and 28. These risks required assurances, however, overall, did not warrant change in the focus of the inspection. The provider had identified most of the risks however, had not followed up in a timely manner and a provider assurance report was issued to the provider seeking assurances.

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the National Standards for Infection prevention and control in community services (2021) however, some actions were required to be fully compliant.

Improvements were needed to the frequency of the reviews to ensure its effectiveness. For example, the plan had not been updated to include some of the learning from the recent outbreak in the centre.

The measures in place to assess performance against infection prevention control standards and best practice were not, at all times, evidence based. For example, there was no infection control audit or assessment completed for the centre.

Improvements were needed to some of the monitoring systems in place to ensure that all cleaning schedules were adhered to at all times.

There were two staff vacancies. An agency staff and a number of relief staff were employed on a regular basis. On occasion, the person in charge and deputy manager were required to cover shifts when there were staff shortages.

A review of the arrangements in place for staff to support residents clean their bedrooms was needed. While staff were endeavouring to promote residents' independence, further work was needed to ensure the task was completed so that residents were sleeping in safe and hygienic environment, at all times.

Improvements were needed to ensure that there was an appropriate system in place to monitor the cleaning of mobility equipment, (in line with the manufacturer's instructions), to minimise any potential infection prevention control risks. For example, where a resident used a rollator, there were no manufacturing instructions regarding the equipment, including guidance on how to maintain and clean it, in the resident's personal plan.

The colour coded mopping system in place in the centre required review to ensure it minimised the risk of cross-contamination or transmission of infection, at all times.

Improvements were needed to ensure that all staff were adhering to standard precautions when supporting residents. For example, not all staff who spoke with the inspector, were fully knowledgeable of the management of spillages of blood and bodily fluids.

A review of staff knowledge and practice, when donning and doffing of PPE during an outbreak, was needed to ensure that it was in line with national guidance, at all times. For example, during conversations with staff members, there were some inconsistencies in responses regarding the location of the removal of PPE during periods where residents' were self-isolating.

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 Appreview OSV-0001702

Inspection ID: MON-0035694

Date of inspection: 19/05/2022

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> <p>3 staff members from the QCT team have now completed HSE Infection Control training. This training will provide further guidance and competencies to enable the 3 staff members to enhance infection control checks during internal audits.</p> <p>Cleaning schedules incorporate HSPC Guidance which is signed by the staff members when completing cleaning schedule. The importance of completing these for accountability is discussed at monthly staff meetings. This document will also be signed by the PIC monthly.</p> <p>Recruitment of one permanent staff member has been completed with the staff due to commence working in the location from July 2022. The other vacancy is a fixed term role to cover maternity leave and the provider continues to actively advertise and recruit for vacancies.</p> <p>A support plan will be implemented by 30th June 2022 to support residents with maintaining an appropriate level of hygiene in their bedrooms, alongside a checklist for accountability.</p> <p>A cleaning checklist has now been implemented for monitoring the cleaning of a resident's rollator, to minimise any potential infection prevention control risks.</p> <p>An additional mop bucket is to be purchased by 30th June 2022 to minimise the risk of cross contamination or transmission of infection.</p> <p>Further education to be sourced and provided to all staff by 31st July to ensure that all staff are adhering to standard precautions when supporting residents in relation to the</p>	

management of spillages of blood and bodily fluids. This will also be discussed on an ongoing basis at monthly staff meetings.

Ongoing discussion at staff meetings, along with scenario role-plays to be completed at monthly staff meetings to improve staff knowledge and practice, when donning and doffing PPE during an outbreak in line with national guidance.

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	31/07/2022