



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

Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	18 April 2023
Centre ID:	OSV-0002634
Fieldwork ID:	MON-0039053

About the designated centre

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

Rivendell is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service to a maximum of six adults with a disability. The centre is located in a rural location in Co. Wexford with access to local services and amenities. The centre is a detached two-storey house. Resident's accommodation is provided on the ground floor which comprised of an entrance hall, sitting room, kitchen, dining room, multi-sensory room, a laundry, six individual bedrooms and a number of bathrooms. The second floor consists of office space, storage and meeting room. To the rear of the premises there is a large garden for resident to avail of if they wish. The staff team consists of staff nurses and multi-task workers. The staff team are support by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 18 April 2023	10:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with the five residents over the course of the inspection. The residents used alternative and augmented methods of communication and did not verbally share their views with the inspector. The inspector endeavoured to determine the residents thoughts through observation of non verbal communication, monitoring care practices and reviewing documentation.

On arrival, the inspector met with residents as they went about their day. The inspector met with residents in the morning as they listened to the radio in the multi-sensory room, watching TV in the dining room or prepared for the day. The inspector also observed residents preparing to go for a walk with the support of staff. In the afternoon, residents were observed engaging with the preparation of meals and having lunch with the support of staff. Residents were observed enjoying the good weather spending time outside in the garden of the designated centre. Positive interactions were observed between the residents and the staff team throughout the inspection. Overall, the residents appeared content in their home and in the presence of the staff team.

The designated centre consisted of a detached two-storey house. The ground floor provided the residents' accommodation and comprised of an entrance hall, sitting room, kitchen, dining room, multi-sensory room, a laundry, six individual bedrooms and a number of bathrooms. The inspector completed a walk-through of the centre and found that the centre was visibly clean, in a good state of repair and decorated in a homely manner. On the day of the unannounced inspection, the inspector observed that flooring in two rooms was in the process of being replaced.

However, there were areas which required attention as they negatively impacted on effective infection prevention and control practices. For example, the flooring in areas of the hallway was lifting and there were broken or cracked tiles in some bathrooms. In addition, the surfaces of the kitchen had been identified as requiring upgrading as the kitchen units were in poor condition. The inspector was informed that installation of new kitchen units and flooring had been approved and developed

plans were in place. On the walk through of the premises, the inspector observed three oxygen cylinders that were not stored securely and this was identified to the person in charge.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infection. These included appropriate use of PPE, staff and resident symptom checks, pedal operated bins and hand hygiene facilities located throughout the centre. However, there were some practices which required some improvement. While cleaning schedules were in place, there was a minor area for improvement such as the inclusion of high areas. For example, a noticeable cobweb was observed in one bathroom.

There were systems to ensure the resident's rights and dignity were respected. At the time of the inspection, there was no restrictions on visitors. It was evident that infection control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Meetings with the residents demonstrated regular discussion of infection control, updates regarding vaccines and COVID-19.

Overall, the inspector found that the provider had effective arrangements in place in relation to infection prevention and control. However, some improvement was required in relation to staff training, cleaning and flushing schedules and areas of the premises.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the inspector found that the provider had put in place suitable oversight and management arrangements which supported good infection prevention and control practices. However, some improvement was required to ensure all of the staff team had up to date training in infection prevention and control.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full-time person in charge in place. At the time of the inspection, the person in charge was responsible for another designated centre and was supported in their role by a Clinical Nurse Manager 2. The inspector was informed that this was a short-term arrangement pending successful recruitment of a new manager for the second centre.

There was evidence of regular quality assurance audits of the quality and safety of care and infection control measures taking place, including the annual review 2022, unannounced provider six monthly audits, infection prevention and control audits and health and safety audits. These audits identified areas for improvement and developed actions plans in response. For example, the kitchen had been identified as requiring upgrading due to infection prevention and control risks. The installation of new kitchen units and flooring had been approved at the time of the inspection. In addition, the provider had self-identified areas for improvement including the purchase of a second service vehicle, upgrading the sitting room and the installation of appropriate storage in the dining room.

The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan. The COVID-19 contingency plan was up to date and outlined the arrangements in place for staffing and isolation of the residents in the event of a suspected or confirmed case of COVID-19.

There was an established staff team in place. From a review of rosters, staffing levels were maintained to meet the needs of the residents and the centres infection prevention and control needs. During the day two staff nurses and five multi-task assistants supported the five residents. At night, one staff nurse and one multi-task assistant supported the five residents on a waking night shift. The centre was operating with one whole time equivalent vacancy and two whole time equivalents on long-term leave. The inspector was informed that the provider was in the process of actively recruiting to fill the vacancy and maintained continuity of staffing care and support through the use of regular agency staff. The staff members were responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. Staff spoken with, appeared knowledgeable regarding infection control practices in the centre and measures in place to reduce the risk of infection.

There was a program of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that for the most part all staff had up-to-date infection prevention and control training. This included areas such as hand hygiene, infection prevention and control and management of sharps. The need for refresher training and additional infection prevention and control training had been identified by the provider and was in the process of being addressed.

Quality and safety

The registered provider and staff team were ensuring that the service provided was safe and in line with national guidance for infection prevention and control in residential care facilities. However, some improvement was required in the cleaning

schedules in place and areas of the premises.

As noted, the designated centre consists of one two storey house. The centre was visibly clean, decorated in a homely manner and generally well maintained. However, there were some areas of the premises which required review including flooring lifting in areas of the hallway and areas of broken tiles in bathrooms. In addition, the kitchen surfaces had been identified as posing a risk to effective infection prevention and control. The provider had developed plans to install new kitchen cabinets and flooring.

Cleaning schedules were in place and these were implemented by the staff team daily. The cleaning schedules outlined areas of the centre to be cleaned including the assistive equipment, residents' bedrooms, bathrooms, the kitchen, dining area and living areas. However, the cleaning schedules in place required review to include high areas. For example, a noticeable cobweb was observed in one bathroom. In addition, a flushing schedule was in place but required review to ensure all infrequently used water outlets in the flushing were included.

The inspector observed appropriate infection control practices in relation to waste disposal (including clinical waste) and laundry management. There was appropriate areas and practices for the storage and use of cleaning equipment. There were appropriate systems in place for the assessment, management and ongoing review of risk in the centre. Risk assessments had been developed regarding potential infection control and COVID-19 risks. The risks had been assessed and mitigating measures were implemented when necessary.

The residents had appropriate access to healthcare services including a general practitioner (GP). Individualised support plans were in place for the management of any identified healthcare needs.

Regulation 27: Protection against infection

Overall, the inspector found that the provider was generally meeting the requirements of the national standards for infection prevention and control in community services.

The designated centre was visibly clean on the day of the unannounced inspection. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control. There were management and oversight systems in place and infection control measures were regularly audited and reviewed. In relation to COVID-19, there was evidence of contingency planning in place in relation to staffing and the self-isolation of the residents.

However, some improvement was required in:

- some staff required refresher training in infection prevention and control,
- the cleaning schedules required review to include high areas,

- flushing schedules to include all infrequently used water outlets,
- areas of the flooring lifting in the hallway,
- areas of broken tiles in bathrooms,
- kitchen surfaces posed a barrier to effective infection, prevention and control.

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 Rivendell OSV-0002634

Inspection ID: MON-0039053

Date of inspection: 18/04/2023

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> <ul style="list-style-type: none"> • The Provider has escalated the areas highlighted: the flooring lifting in the hallway, the broken tiles in the bathroom and the kitchen surfaces to technical surfaces for repair as a matter of urgency. Estimated date for completion of works 31/08/23. • The cleaning schedules have been reviewed to include high dusting and the flushing of infrequently used water outlets. Completed. • The training schedule has been reviewed and all staff have been requested to complete refresher training in the following courses: AMRIC Basics of Infection & Prevention Control, AMRIC Hand Hygiene, AMRIC Standard & Transmission Based Precautions, AMRIC Outbreak Prevention & Management, AMRIC Cleaning & Disinfecting of Patient Equipment, AMRIC Management of Blood and Body Fluid Spills and AMRIC Personal Protective Equipment. Due to long term sick leave and maternity leave estimated date for completion 01/09/23 	

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	01/09/2023