



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

## Issued by the Chief Inspector

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0036928

## About the designated centre

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

Palace Fields Services is a designated centre operated by Ability West. The centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Galway, centrally located within walking distance of the town centre where a range of amenities are available. Residents have their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room, conservatory, staff office and utility. A large garden area is also available for residents to use at the rear of the centre. Staff are on duty both day and night to support the residents who live here.

**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
Tuesday 12 July 2022	13:00hrs to 16:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

Upon the inspector's arrival to the centre, they were greeted by the person in charge, who facilitated this inspection. Residents were at day services and returned later that afternoon, where the inspector had the opportunity to meet with them and with the staff who were on duty to support them. Overall, there was a very pleasant, calm, homely and friendly atmosphere in the centre.

The centre comprised of one two-storey house located on the outskirts of a town in Co. Galway. Here, residents had their own bedroom, some en-suite facilities, a bathroom and had communal access to a kitchen and dining area, utility, sitting room, conservatory room and staff office. A well-maintained garden was available at the rear of the centre, for residents to use as they wished. The centre was comfortably furnished and provided residents with multiple areas to relax in. Information about public health guidelines and hand washing techniques were displayed throughout the centre and hand sanitiser was readily available for staff, residents and visitors to use.

These residents led very active lifestyles and had enjoyed returning full-time to their day services in recent months. Upon their arrival back to the centre, the inspector observed very friendly interactions between staff and residents, where residents were telling the person in charge and staff all about what they had gotten up to at the weekend and during their time that day at day service. At all times, the inspector observed staff to wear appropriate PPE, when providing direct support to these residents. Two of the residents met with the inspector in the kitchen, where they had brought back fresh produce, which they had grown at their day service. One of these residents spoke of how they had recently posted some birthday gifts to family members and also told of how they had enjoyed a day trip that they went on the previous weekend. They were also planning to go shopping with staff in the coming days and spoke with the person in charge about this. The other resident, who had a keen interest in cats, brought the inspector up to their bedroom where they had multiple soft furnishings pertaining to this interest. Their bedroom was very personalised and they proudly showed the inspector photos of their family and friends and also showed the inspector new clothing that they had recently purchased, while out and about in their local town with the support of staff. The other two residents who lived in this centre, had assessed communication needs and were unable to speak directly with the inspector. Despite this, the person in charge introduced the inspector to these residents, who were both relaxing in the sitting room at the time. Prior to this inspection, a resident was discharged from the centre and the person in charge informed the inspector that there were no current plans in place to admit another resident at present.

Resident's rights were very much promoted, where they received a very individualised service. These residents were very much involved in planning of their care and daily routines and the provider had ensured their full involvement where additional infection prevention and control measures were required, from time to

time, in this centre. In respect to infection prevention and control, staff made every effort to ensure residents understood public health safety guidelines through their daily interactions with residents and the topic of infection prevention and control was also routinely discussed with residents as part of house meetings. The person in charge told the inspector that this had worked well to date, where residents were vigilant in practicing good hand hygiene and implemented recommended infection prevention and control measures, while in their home and when accessing the community. For example, when residents were out and about in the community, for their own safety, staff encouraged them to wear a face mask, and the person in charge said that they were happy to do so. Visiting had also resumed in this centre in recent months, where residents had welcomed family members back into their home. In addition to this, some residents had regular home visits to their families and the person in charge said that this was working well and that residents were enjoying getting back to this.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of these residents and of the staff who worked in this centre. Regular temperature checking was occurring, good hand hygiene was promoted and all precautions were taken, in accordance with update-to-date public health guidelines. The person in charge told the inspector that in the months prior to this inspection, the centre had experienced an outbreak of infection. In response to this, the provider implemented their own contingency plan, which had worked well and resulted in the full and safe recovery of all residents involved. All residents were vaccinated against Covid-19 and the person in charge told the inspector that residents would be offered a further vaccination, once it become available to their cohort age group.

During this inspection, there were many areas of good practice observed in respect to infection prevention and control. However, the inspector did observe some areas for improvement and these will now be discussed in the next two sections of this report.

## Capacity and capability

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control. Overall, the inspector observed good infection prevention and control practices; however, some improvements were required to the policy guiding infection prevention and control, to aspects of cleaning equipment and also in relation to the risk assessment of infection prevention and control.

The person in charge held the overall responsibility for this centre, and she was supported in her role by her line manager and staff team. She was identified as the lead person for this centre with regards to infection prevention and control, was regularly present to oversee this aspect of the service and was very much aware of

the relevant measures that were to be implemented on a daily basis. She met regularly with her staff team and the topic of infection prevention and control formed part of the on-going agenda for team meetings. She also maintained regular contact with her line manager, who supported her, should additional infection prevention and control measures be required within this centre. This centre's staffing arrangement was subject to regular review, which ensured residents were provided with the level of staff support that they were assessed as requiring. There was a regular staff team in place and this consistency in staffing also had a positive impact on the centre's infection prevention and control arrangements as it ensured an adequate number of staff were at all times on duty, who were familiar with the required measures to be implemented. Staff were also subject to regular training in various areas relating infection prevention and control and where refresher training was required, this was scheduled accordingly.

Should an outbreak of infection occur in this centre, the provider had contingency plans in place to guide staff on what to do, in such an event. These plans were required to be implemented in recent months, following an outbreak of infection in this centre. The person in charge said that the contingency plan had worked well and had resulted in the full recovery of all residents involved. The provider also had an infection prevention and control policy in place and this was available in the centre for staff to reference. However, the inspector observed that this policy would benefit from additional review in order to provide staff with better guidance with regards to the specific infection prevention and control measures in this centre. Furthermore, this policy also lacked guidance in relation to the specific cleaning arrangements that were in operation in this centre. For example, the current cleaning arrangements involved the use of a colour coding system, specific cleaning and disinfection arrangements and identified cleaning products which staff were required to prepare the dilution of these identified products prior to use. However, the current policy didn't provide any guidance in relation to these arrangements.

The provider had completed a six monthly provider-led audit two months prior to this inspection and this audit reviewed this centre's overall infection prevention and control arrangements and also took into consideration the general maintenance and state of repair of the premises. Upon inspection, the inspector identified where a number of rooms required re-decoration works and the audit completed by the provider had also identified this and put an action plan in place, which included, that all required works were to be submitted to maintenance for addressing. The person in charge told the inspector that some of these works pertaining to the kitchen and dining area had already been approved and she was awaiting notice of when these works were to commence. Prior to this inspection, a new kitchen was installed and this had made a significant improvement with regards to the kitchen facilities now available for residents and staff to use.

## Quality and safety

The provider had put a number of infection prevention and control measures in place to safeguard these residents from the risk of infection. Furthermore, as part of the implementation of these measures, all efforts were made by staff to ensure residents were supported to understand the rationale for the measures, and to ensure no negative impact was incurred relating to the quality and safety of care that these residents received.

The residents living in this centre had no acquired healthcare associated infection. In general, each resident was independent with their own personal care needs, with some only requiring verbal prompting and minimal supervision from staff with regards to this aspect of their care. Staff liaised, as and when required, with the residents' allied health care professionals and where any changes occurred in relation to residents' care, the person in charge ensured that this was promptly discussed with all staff members. Arrangements were in place to ensure the regular re-assessment of residents' care and support needs and personal plans were updated accordingly, where changes were required.

General laundry was completed in the centre and appropriate waste disposal arrangements were also in place. Staff had the responsibility for the routine cleaning of this centre, and the person in charge told the inspector that this was working well. The inspector observed that the centre was visibly clean and upon further inspection, it was also noted that all kitchen appliances were cleaned to a very high standard. As earlier stated, during a walk-around, the inspector observed a number of re-decoration works required and following a recent audit which also identified this issue, the provider had put an action plan in place address this. The frequency of cleaning was guided by daily and weekly cleaning schedules and the person in charge had recently revised these to ensure that they better guided and reflected the exact cleaning that was to be performed by staff. Although there were four residents living in this centre, there was no shared equipment in use, which had a positive impact on reducing the likelihood of cross contamination. Appropriate storage arrangements were in place for cleaning equipment and the provider had identified specific cleaning products for the cleaning of bathrooms, the kitchen and all other areas of the centre. A colour coded cleaning system was in operation, which guided staff on what colour mop and cloth were to be used in bathrooms, the kitchen, all other communal rooms. However, this system didn't give consideration to include the cleaning of contaminated areas, if it was required. Furthermore, at the time of inspection, the inspector observed that the required cloths for cleaning bathrooms would benefit from being replenished as they were in minimal supply in the centre.

The risk management of infection prevention and control was primarily overseen by the person in charge and she liaised, as and when required with her line manager, should additional measures be required. However, some improvement was required to ensure a suitable risk assessment was in place to support the person in charge in her on-going monitoring and review of this centre's specific infection prevention and control measures. For example, the person in charge told the inspector that due to the assessed needs of the residents and the needs of the operational needs of the service they received, the primary reason for the current infection prevention and controls measures that were in place was to ensure residents were protected from



the risk of infection. However, there was no clear risk assessment in place to demonstrate this or to support her in her on-going monitoring of this.

Although some improvements were identified within this report, much of the arrangements put in place by the provider demonstrated good infection prevention and control practices, ensuring these residents received a good quality and safe service.

## Regulation 27: Protection against infection

In response to public health safety guidelines, the provider had put a number of infection prevention and control arrangements in place to ensure the safety and welfare of the residents and of staff who worked there. Multiple examples of good practice were observed by the inspector in areas such as, appropriate use of PPE, lines of responsibility and accountability in relation to this aspect of the service, effective monitoring systems to oversee infection prevention and control arrangements were in place and contingency arrangements were available to guide staff on the specific response required, in the event of an outbreak of infection in this centre.

While the provider had a policy and procedure in place in relation to infection prevention and control, this policy didn't clearly guide on the specific infection prevention and control measures that were in place in this centre. Similarly, this policy didn't clearly guide on the specific cleaning arrangements that were in use, for example, specific arrangements relating to colour coding, cleaning schedules, specific cleaning product arrangements and regimes.

Although the risk of infection was well-managed in this centre, the current risk management arrangements required further review. For example, although the risk of infection was regularly monitored, there was no supporting risk assessment in place to demonstrate the specific measures that the provider had in place to mitigate against this risk.

Furthermore, even though the provider had identified suitable equipment to be used for cleaning, this required review to ensure an adequate number the cleaning equipment, required for bathrooms, was available in the centre for staff to use.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Palace Fields Services OSV-0004062

Inspection ID: MON-0036928

Date of inspection: 12/07/2022

## 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>The Organization s Policy on Infection Prevention and Control notes that “the organization has adapted the principles of the HSE Guidelines on Infection Prevention and Control (IPC) Community and Disability Services”. The policy states that this resource is to be used as a reference guide to provide useful support and advice to staff and other relevant parties such as volunteers. It is recognszed that while some of the elements of the comprehensive resource noted above appear to apply more to acute healthcare settings, however they can be referred to for guidance with regard to overall principles and best practice. The full guidance document-HSE Infection Prevention and Control, An Information Booklet for Community Disability Services is now available in hard copy format and has been signed of by all staff in the Service.</p> <p>In relation to specific arrangements relating to colour coding, cleaning schedules, cleaning regimes and cleaning product arrangements, a guidance document has been developed by the Person in Charge, for the designated centre taking guidance from the HSE Infection Prevention and Control information Booklet as noted above. The Person in Charge has put in place an audit schedule to audit the cleaning schedules.</p> <p>The Person in Charge has reviewed the risk register and has now included a specific supporting risk assessment on Infection Prevention and Control, detailing safety measures to mitigate against the risks in this regard. This also includes detailed information on the cleaning practices in place in the service and in particular to contaminated area s.</p> <p>A review has taken place of cleaning equipment to ensure adequate supplies are available and an audit has been put in place to be carried out by the Person in Charge to ensure that there are adequate supplies of cleaning equipment in the service.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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