



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	29 November 2022
Centre ID:	OSV-0004108
Fieldwork ID:	MON-0036156

About the designated centre

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

Abbey Respite and Residential Services provides a residential service to two residents and offers a respite service to a number of respite users. The centre comprises of two houses, one of which is a dedicated respite service. All residents are over the age of 18 and have low to high support needs. The centre is located in a residential neighbourhood of a medium sized town where public transport links are available. Residents are supported by staff members both during day and night time hours via a sleep over arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 29 November 2022	10:00hrs to 16:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector visited all properties provided and met with the staff members on duty.

Abbey Respite and Residential Services comprised of two properties located in close proximity to each other and based on the outskirts of a busy town.

On arrival at this designated centre, the inspector met with the person in charge (PIC) who had commenced employment with the provider in September 2022. They were supported on the day of inspection, by an assistant manager who was observed to be an experienced staff member that knew the residents and their care and support needs very well. The person participating in management (PPIM) came to the centre later that afternoon. They told the inspector that while they were some time working with the provider, they moved to the position of area manager and PPIM in September 2022.

The first property provided a respite service. It was a large property that was undergoing renovation. The person in charge told the inspector that its use was subject to change in the future. The inspector viewed the works which were ongoing at the time of inspection. These works included the adaptation of bedrooms to increase accessibility. Also, the fitting of a new kitchen, new doors, new floor coverings along with painting and decoration. Due to the renovation works, the inspector observed the premises to lack homeliness and to have visible areas of dust. This was in line with the construction work taking place. The person in charge provided assurances that there were no residents availing of respite at the time of inspection. Furthermore, that if residents were to avail of respite, that the area of works would be sealed off and the habitable areas would be deep cleaned and made good, prior to the admission of residents.

The second property was a two storey house located nearby. This house provided a full-time residential care service to two residents. The inspector found that some areas of the premises were in a poor state of repair and required maintenance. Furthermore, the systems and processes in place failed to protect residents against the risks posed by healthcare associated infections.

On arrival at this property, the inspector viewed the safety pause station that was provided at the front door. The table used had flaking varnish and was unclean. A cardboard box was provided which contained a range of personal protective items such as hand sanitiser, wipes, aprons and gloves. This was noted to be unorganised and cluttered and the cardboard could not be cleaned. A box of masks was available on the table along with a telephone answering machine. These were frequent touch areas and were observed to be visibly dusty and dirty. In addition, the guidance provided for visitors specified restrictions. This was not in line with current public

health guidance and it required review.

A communal sitting room was provided for residents use. This was a welcoming space where the hard and soft furnishings were well presented. However, the inspector found there were cleaning wipes for personal use stored on the television table along with guidance on infection prevention and control. Both were found to be out of date.

There was a shared kitchen and dining room to the rear of the sitting room. The inspector found multiple areas in this room that required attention and review. For example; the cleaning wipes used were out of date, the bins were not foot operated and the lids and frequent touch areas were unclean. The worktops and drawers had surface areas which were flaking and peeling away. This meant that they could not be cleaned effectively. The inside of the drawers showed signs of wear and tear and they required cleaning. The kettle was visibly dirty and heavily scaled with lime.

There was a small utility room provided for storage of cleaning products and the laundering of linen and clothing. Guidance on the management of risk laundry was provided and signs were displayed to show where the gloves and dissolvable bags were stored. However, on looking, the inspector found that these items were not available as indicated. Furthermore, there was a basin which contained a mix of multi-use cleaning clothes and tea towels which required laundering. These were not appropriately separated and this required review. A colour coded cleaning system was in use in this house and a poster was displayed in the utility room. However, this lacked clarity in relation to its application to cleaning clothes, mops or both. The inspector found that although mops and buckets were provided, they were stored heads down in water filled buckets outdoors. Another mop appeared to be discarded on the lawn close to the refuse bin. It was unclear if this was for use or to be discarded.

The hallway had washable flooring and a carpet was provided on the staircase and upstairs landing. This was found to have significant wear and tear and to be visibly dirty in places. The paintwork on the staircase, the banister and the landing was marked and chipped. The cleanliness of the communal bathroom required review. For example, the blind appeared visibly stained with dirt and mould. The paint on the windowsill was flaking. A curtain rail and magazine rack provided required cleaning had no meaningful purpose. The bath panel had significant damage and was coming away from the bath. This allowed water to gather and prevented adequate cleaning. The floor covering was in poor condition with staining around the toilet. The toilet cistern had been removed and replaced with a made to measure wooden top. This was porous and therefore difficult to clean effectively. In addition, the toilet had brightly coloured tape applied in a circle to the toilet seat. The person in charge explained that this was recommended as visual guidance for the resident that used the bathroom. The inspector noted that this area was for use by one resident only, however, it was openly accessible to all people that used the house. The tape was porous and peeling away from the toilet seat.

A notice board was provided in the kitchen for residents use. The inspector reviewed the documentation displayed and found that guidance required review and updating.

This related to guidance on cocooning, temperature checks, wearing of face masks in all locations and on general IPC guidance. Furthermore, the inspector found that a box with PPE signage contained general household items only and no PPE. In addition, there were two first aid boxes provided, both of which had expired items and required stock rotation and replacement.

The residents living at this property had left to attend their day service. Therefore, the inspector did not have an opportunity to speak with them on the day of inspection. The person in charge told the inspector that the residents were actively involved with families where possible and with their communities on a regular basis. One resident had a part-time job which they attended once per week. Both the residents at this property and the visitors to the respite service were reported to enjoy trips to the cinema, bars, and restaurants and for exercise in scenic areas if they choose to do so.

In summary, from observations in the centre and from conversations held, the inspector found that this designated centre was experiencing challenges in relation to compliance with Regulation 27. These included recent changes to the governance and management arrangements in place, along with the fact that the respite service was undergoing significant building works. In addition, it was evident that the infection prevention and control measures in the second property were failing to protect the residents living there. This will be expanded on later in this report.

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

Capacity and capability

As previously described above, there were some good governance arrangements in this designated centre, however they were in the process of establishment. This was due to the fact that the PIC and the PPIM commenced their roles recently. Furthermore, the PPIM reported to the Director of Operations who was on leave at the time of inspection. The PPIM told the inspector that their current reporting relationship was to the interim CEO who they had an initial meeting with that week.

The inspector met with the person in charge on the day of inspection along with an assistant manager who provided support to the person in charge. As outlined, the person in charge reported to the area manager and they told the inspector that this relationship was very supportive. The person in charge was aware of their overall responsibility for infection and prevention oversight and of their responsibility in guiding staff and supporting residents.

The inspector reviewed the staffing arrangements in place and found that the roster was up to date and provided an accurate reflection of the staff on duty on the day of inspection. Relief staff were available if required and these were described as familiar with the residents needs and consistent. There were no support staff on duty on the day of the inspection, therefore the inspector did not have an opportunity to speak with them.

Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; infection prevention and control basics, hand hygiene and donning and doffing PPE. The inspector viewed a sample of the training provided and found that all modules reviewed were up-to-date. In addition, staff had access to a programme of formal supervision which was provided on a quarterly basis and a schedule for these meetings was in place.

The provider had some measures in place to assess, monitor and review its performance in relation to infection prevention and control. These included a monthly health and safety audits and a monthly IPC audit. The inspector found that although these audits highlighted some areas requiring action, they lacked follow up and were not always effective. For example, the provision of replacement mop heads was an action from an earlier audit and in addition, there was a plan to introduce a new cleaning schedule. However, the cleaning schedule did not address the cleaning requirements identified in the residential premises on the day of inspection. Also, although mops and buckets were provided the storage system was inadequate. Furthermore, temperature checks continued to be carried out on entry to the buildings. This required review to ensure that this process was in line with recommended public health advice.

A provider-led six monthly audit was completed in April 2022. This was available in the designated centre and was reviewed by the inspector who found that it highlighted the repairs required to the bath in the residential property. This remained outstanding. A more recent provider-led audit took place in October but this was not available in the designated centre. The area manager provided the inspector with a copy of this report at the end of the inspection. However, it was found to be incomplete as not all matters identified had corresponding areas of progress noted. Furthermore, although there was evidence that this was discussed with the person in charge, it was not signed. There was no quality improvement plan available for review on the day of inspection.

The provider had a protocol in relation to an outbreak of infection in the centre which was reviewed. It provided advice on who contact if support was required. The residents in the residential house had individual isolation plans. These appeared to provide adequate guidance in relation to toilets for each residents use and the location of donning and doffing stations if required. However, the guidance plan for the respite house was found to be unclear. For example, it provided guidance on respite residents remaining at the designated centre during an outbreak. There was no guidance provided on how to support a resident that may wish to return home. This required review

Overall, the inspector found that although there was some good governance

structures in place in this designated centre, there were yet to be fully established. Furthermore, although there were systems and process in place to assess and monitor the provider's ability to respond to COVID-19 risks, these lacked follow through. This impacted on the provider's ability to ensure that there were safe practices in place in relation to infection prevention and control.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The overall standard of the premises provided and the IPC practices in this centre required improvement to ensure that the residents living there were receiving a good quality and safe service.

As previously outlined, there were no residents at this designated centre on the day of inspection and therefore, discussions with the residents did not take place. A review of the documentation and discussions with staff showed that residents had healthcare support plans in place and access to a general practitioner (GP) and members of the multi-disciplinary team was facilitated.

In addition, the systems and practices in place to support residents to make decisions in relation to IPC were reviewed. The inspector found that although there were some supports in place they were not always effective. For example a keyworkers system was in used in this centre. This meant that residents had a named staff member to assist residents understanding in relation to IPC. However, the communication systems used were informal and not supported by documentary evidence. For example, residents meetings were reported to take place over breakfast but there was no set agenda and there were no minutes available. Furthermore, the residents' notice board was not used effectively, as much of the information was out of date.

There were no support workers on duty on the day of inspection which meant that interviews with staff did not occur. However, the inspector did meet with the senior staff team as described. Although they had a good understanding of the standard precautions required, some improvements were required to ensure that all staff adhered to correct mask wearing requirements at all times.

As described above, there were some infection prevention and control practices in place, gaps were evident and there was no follow through. This included the level of uncleanliness observed at the safety pause station. Furthermore, although there was a guidance on laundry management and a system in place, there was a lack of equipment such as gloves and bags to support the system used. In addition, it was

evident from the poor presentation in areas of the residential service that the audits and cleaning processes used were not effective. This was due to the fact that the environment was unclean in places and required maintenance.

Furthermore, although the COVID-19 contingency plan and isolation guidance was available, the guidance for the isolation of residents in the respite service required review.

Overall, the inspector found that this designated centre was experiencing challenges in relation to compliance with Regulation 27. Improvements were needed to ensure the premises was clean, safe and to a high quality to promote the best possible care and reduce and control the risks of infection transmission.

Regulation 27: Protection against infection

The provider did not ensure that the procedures in place for the prevention and control of infection were effective and that residents who may be at risk of a healthcare-associated infection were protected. In addition, the systems in place for the prevention and management of the risks associated with COVID-19 required review. Improvements were required in the following areas;

- To ensure that the governance arrangements in place were fully established and effective
- To ensure that the premises provided for the respite service had the building works completed and that it was ready for use as soon as possible
- To ensure that the premises provided for the residential service was clean and provided a safe service
- To ensure that the arrangement in place to support residents understanding of IPC risks were reviewed and were effective
- To ensure that the audits, systems and processes in place were reviewed to ensure that there was adequate follow through and that they were effective
- To ensure that the guidance provided was up-to-date and in line with current public health requirements

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Abbey Respite & Residential Services OSV-0004108

Inspection ID: MON-0036156

Date of inspection: 29/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Director of Operations returned to their post in January 2023 and the PPIM will report directly to this role. The governance structure will continue to be supported to ensure effective governance, operational management and administration of the designated centre. This will be supported through regular individual and team meetings, training, relevant up to date guidance and supervision.</p> <p>Staff will complete weekly IPC checklist and ensure that any issues are appropriately actioned. The PIC will complete a monthly IPC Audit and ensure that identified actions are appropriately responded too.</p> <p>All maintenance issues will be logged on the organisation’s facilities management system and a printed record maintained. Work completion dates will be confirmed with the maintenance team. This practice will be reviewed monthly by the PIC and escalated as required to the PPIM</p> <p>IPC will be an agenda item and discussed at each staff team meeting.</p> <p>IPC will be an agenda item and discussed with residents at house meetings.</p> <p>Staff will undertake online IPC training and be provided with a refresher to organisational IPC policy.</p> <p>Covid response plans will be reviewed by the PIC on a quarterly Basis or sooner should Public Health Guidance change.</p> <p>All building renovation works will be complete by 01/02/2022. Deep clean of premises to be completed when works are completed.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	03/02/2022