



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

## Issued by the Chief Inspector

Name of designated centre:	Riverside - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	02 November 2022
Centre ID:	OSV-0005452
Fieldwork ID:	MON-0037068

## About the designated centre

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

Riverside Sonas is a community-based residential home for up to six adult residents with an intellectual disability and high support needs. The centre is located in West Co. Dublin close to a variety of local amenities and public transport links. It is a detached two-storey building located in a quiet residential area. The ground floor comprises of a large entrance hall, three en-suite bedrooms, bathroom facilities, a kitchen, a conservatory area and a utility area. The second floor comprises of four bedrooms two of which are ensuite and two which utilise a shared bathroom. One of the bedrooms is used as a staff sleep over room/office. There is a large back garden which overlooks a local river and a large outdoor storage area beside the house. Staffing support is provided for residents 24 hours a day, seven days a week. The staff team comprises of a person in charge, social care workers and health-care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Wednesday 2 November 2022	12:10hrs to 16:15hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was short announced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to furniture in the centre, staff numbers, staff training, the cleaning of equipment, the provider's IPC policy, and some other documentation in the centre. These areas will be discussed later in the report.

The designated centre comprises of a two story house in the community, in the North West of Dublin. It is home for to up to six residents. There were six residents living in the centre at the time of the inspection and the inspector had an opportunity to meet three of them during the inspection. In line with their communication needs and preferences the residents who were home did not express their opinion verbally to the inspector but the inspector had an opportunity to spend some time with them during the day and they each appeared content and comfortable in their home, and in the presence of staff.

On arrival to the centre, the inspector was directed by staff to an area of the hallway where hand sanitiser, a visitors book and personal protective equipment (PPE) was available. Staff were observed to be wearing the correct level of PPE in line with the latest public health guidance on arrival, and throughout the inspection. There was a warm and welcoming atmosphere in the house and the three residents who were home were relaxing after their breakfast listening to music in the living room. The other three residents had gone on a day trip with staff to do some shopping and to go out for a meal.

The new person in charge and the person participating in the management of the designated centre who had been temporarily identified by the provider as the person in charge of this centre facilitated the inspection. The new person in charge showed the inspector around the house and spoke about some of the infection prevention and control practices and procedures in the house. This included the cleaning cloths they used, the colour coded chopping boards, the cleaning schedules, and what staff would do on a daily basis to keep themselves and residents safe from infection.

Throughout the inspection, the inspector observed that staff were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring interactions were observed between residents and staff throughout the inspection.

Residents had access to plenty of private and communal spaces. There was a kitchen come dining room, a living room, a sun-room and an outdoor garden space.

Residents were supported to spend some time in each of the communal areas during the inspection, and to spend time in their bedrooms either relaxing, being supported with their personal hygiene, or having their positions changed. Five residents had ensuite bathrooms and a number of them had walk in wardrobes. Residents' bedrooms were warm, clean, and decorated in line with their preferences. Residents had soft furnishings, pictures, televisions and their personal belongings on display.

A number of pieces of furniture had been removed from the centre since the last inspection and this had resulted in more space available for residents using wheelchairs to move around their home. Some of this furniture had been sent to be covered as the material was damaged or worn, and plans were in place to repair or replace other pieces of furniture.

The house was found to be very clean at the time of the inspection. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure the vehicle were regularly cleaned, including touch point cleaning after each use. From what they inspector was told, some residents liked to take part in the upkeep of their home such as cleaning their rooms, or doing their laundry.

There had been a family day a number of weeks before the inspection and staff told the inspector about how much residents and their families seemed to enjoy this. The inspector was shown a number of compliments that were recorded following the family day. These included comments in relation to how well their relation looked, and how appreciative they were the care and support provided for them.

The inspector also reviewed a sample of resident and their representatives annual surveys. These surveys indicated that both residents and their representatives were satisfied with care and support in the centre, and aware of who to go to if they had any concerns. Feedback was complimentary towards how clean and comfortable the house was and towards, mealtimes, visiting arrangements and residents access to activities. Comments in the survey included "...is very well looked after", "staff are wonderful", "always a great welcome for me and my family", " wonderful staff", and "nothing I would change, the house is perfect".

Residents' meetings were occurring regularly and IPC was regularly discussed. There was information available for residents and staff on universal precautions, including a folder for staff, some easy-to-read information for residents, and some posters on display in key areas of the house.

The next 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 provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to furniture in the centre, staff numbers, staff training, the cleaning of equipment, the provider's IPC policy, and some other documentation in the centre.

Overall, the inspector found that the provider was self-identifying most of the areas where improvements were required. They were implementing a number systems and controls to keep residents and staff safe from the risk of infection. There had been a small number of staff who had contracted COVID-19 since the last inspection, but there had been no ongoing transmission or outbreaks.

The provider had completed an annual and six monthly reviews in the centre and IPC had been considered as part of these reviews. The actions on foot of these reviews was leading to improvements relating to IPC in the centre. For example, the latest annual and six monthly reviews found issues with cleanliness that were not found during this inspection. The HIQA self assessment tool was being completed regularly but it was always found to be picking up on areas for improvement in line with the annual and six monthly reviews and IPC audits in the centre.

The new person in charge had just commenced in the centre and was responsible for the day-to-day management of this and two other designated centres. They were in the process of getting to know residents likes, dislikes and preferences and were found to be familiar with their roles and responsibilities in relation to the regulations, and infection prevention and control. They were also motivated to ensure that each resident was happy, safe and engaging in activities they enjoyed. They were tracking actions from audits and review in order to ensure that they were bringing about improvements in relation to residents' care and support, and their home.

There was a risk register and a number of risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. Although the risk register and risk assessments were subject to regular review, there were some that required further review, particularly relating to control measures and risk ratings. There was information available in residents' plans and in the information folders in the centre in relation to other IPC risks.

There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. However, the provider's policy was not fully guiding staff in relation to organisation specific procedures and practices. The provider was aware on this and in the process of updating the policy at the time of the inspection. Staff had completed a number of IPC related training

courses. A small number of staff required training/refresher trainings and these will be detailed under Regulation 27.

There was a clinical nurse specialist in IPC available in the organisation and they had visited the centre and were working with the person in charge on actions from the latest IPC inspection in the centre. The provider had also recently redeployed a staff nurse to the centre in line with residents' changing needs. An IPC lead was identified on the staff roster daily. IPC and COVID-19 were discussed regularly at staff meetings, and during daily safety pauses. These discussions included public health guidance, risk management, laundry and waste management, and standard precautions. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. However, there were a number of staff vacancies in the centre which were leading to a high volume of shifts being covered by relief and agency staff. Attempts were being made by the provider to ensure that regular relief and agency staff were covering the required shifts. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

## Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, some improvements to documentation and some furniture in the centre.

Residents had risk assessments, care plans, and procedures in place relating to infection prevention and control risks. Some more work was required to ensure that residents' specific support needs and vulnerabilities and the steps that staff could take to support them, were clearly identified. In addition, some further areas specific procedures were required in relation to cleaning equipment in the centre. For example, there was no area specific procedure for the cleaning and replacement of oxygen/nebuliser masks in the centre.

Residents were being provided with information on IPC in an easy-to-read format and through discussions held at residents' meeting about IPC. The agenda for residents' meetings included topics such as COVID-19, IPC, food safety, health and safety, the maintenance and upkeep of the house, and cleaning.

Residents' observations were recorded regularly and the contact details of medical and allied health professionals were available in residents' plans and in the contingency plans in the centre. There has been no recent outbreaks of infection in

the centre but there was an outbreak plan template available should it be required. Consideration had been given to antimicrobial stewardship, and there was a log maintained of residents' use of antibiotics.

As previously mentioned, throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. A small number of staff required some training/refresher trainings and these will be detailed under Regulation 27. There were stocks of PPE available and systems for stock control. How to access PPE and other stocks were detailed in the centre's contingency plans.

The centre was found to very clean, and well maintained during the inspection. A number of improvements had been made in the centre since the last inspection including the repainting of the kitchen, and the removal and reorganising of some furniture. There were suitable arrangements in place for cleaning and disinfecting the premises, and for laundry and waste management. There was a washing machine and dryer available in the house, and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry management in the event of an outbreak of infection in the centre.

There were policies, procedures and guidelines in place for cleaning including systems to ensure that cleaning equipment was stored and cleaned properly. There was also a cleaner working in the centre two days a week. There were a number of pieces of furniture that had damaged surfaces that affected the ability to clean and disinfect them and examples of these will be detailed under Regulation 27.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. There were colour coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. There were pedal operated bins and hand soap, sanitiser and paper towels available in bathrooms and at sinks in the house.

## Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- Two tables in the kitchen come dining room had damaged surfaces which was affecting the ability to effectively clean and disinfect them.

- There were a number of wooden units in residents' ensuite bathrooms which had damaged surfaces which were affecting the ability to clean and disinfect them.
- There was no area specific procedure for cleaning and replacing equipment such as oxygen and nebuliser equipment in the centre.
- The risk register and some risk assessments required review to ensure they were appropriately risk rated and reflective of current IPC risks in the centre.
- A number of staff required training/refresher training in areas such as hand hygiene, food safety, respiratory and cough etiquette, antimicrobial stewardship, standard and transmission based precautions and the management of blood and body spills.

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 Riverside - Sonas Residential Service OSV-0005452

Inspection ID: MON-0037068

Date of inspection: 02/11/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All damaged furniture to be replaced. Replacement furniture in bathroom/showering areas to be made of water resistant material. PIC to ensure that furniture inspection is included on internal IPC audit. Date of completion end of 30/01/23.</p> <p>PIC met with IPC nurse specialist (17/11/22) and a procedure for cleaning and replacing Oxygen and nebulizer masks completed and implemented. All cleaning schedules of equipment to be individual to each person. Completion date 30/01/23.</p> <p>Risk register and risks to be reviewed by PIC. Completion date 31/12/23.</p> <p>Staff training needs identifier completed and sent to service manager 23/11/22. All staff training is being scheduled. Staff are getting training on an on going basis however priority training has been identified. Completion date 28/02/23.</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	28/02/2023