



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

## Issued by the Chief Inspector

Name of designated centre:	St. Gabriel's Children's Respite House
Name of provider:	St Gabriel's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0007778
Fieldwork ID:	MON-0036057

## About the designated centre

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

St. Gabriel's Children's Respite House consists of a large purpose built single storey building located on the outskirts of a city. The centre provides a respite service for up to six residents of both genders between the ages of 4 and 18. The centre specifically supports children with significant physical disabilities, associated complex medical needs and those with life limiting conditions. Support to residents is provided by the person in charge, nursing staff and health care assistants while cleaning and administration support is also provided. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a kitchen/dining room, a living room, a den and staff rooms.

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

Number of residents on the date of inspection:	5
--	---

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 13 April 2022	09:45hrs to 17:45hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Children were seen to be relaxed in this designated centre while appropriate support was provided to the children by the staff members on the duty. Overall the premises provided was seen to be very clean and well-maintained. Some expired products though were found during identified during the inspection.

This designated centre operated as a respite service for children and could support a maximum of six children at any one time. On day of this inspection, which was focused on the area of infection prevention and control, five children were availing of respite. On arriving at the designated centre the inspector arrived via the reception area and was greeted by some staff. It was noted that that one of these staff was pushing a resident in a wheelchair while wearing a surgical mask. Relevant national guidance requires respiratory masks to be worn for all resident care activities. Aside from this observation at the very start of the inspection, all staff supporting children were seen to wear respiratory masks for the remainder of the inspection.

Upon entering the designated centre, the inspector queried with staff if there was anything he needed to do. The inspector was then directed to sign into a visitor's log but was not requested to check his temperature nor were any other COVID-19 checks performed at this time. This was highlighted to those involved in the management of the centre, multiple times during the inspection but the inspector was only requested to check his temperature and do some COVID-19 checks at 4pm. During the inspection, a maintenance contractor briefly visited the centre but upon their arrival was also not requested to check their temperature. The inspector was later informed that this maintenance contractor would have had their temperature checked already in another building operated by the provider. A visitors log was kept in the reception area but when reviewing this the inspector noted some gaps in this.

The reception area also a hand sanitiser dispenser but this was observed not be working although an additional bottle of hand sanitiser was present in this area. A number of wall-mounted hand sanitiser dispensers were located throughout the centre which were found to be operational. It was noted though that the underside of some dispensers were unclean although the inside of some dispensers were clean. In general though it was seen that the premises provided for this centre was very clean on the day of inspection. This included communal areas, such as the kitchen and living room, bathrooms and bedrooms for children. It was observed that the premises had a number of features that lent themselves to effective infection prevention and control practices. For example, there were a number of designated hand washing sinks, all sinks were equipped with lever type taps and all bins seen were foot pedal operated bins.

The centre had a specific medical room there were specific bins for the disposal of medical waste and sharps. It was observed that one of these bins was stored

directly under a hand washing sink which prevented the bin from being opened fully. Medicines were also to be stored in this room in a medicines trolley and a designated medicines fridge. When the inspector first visited this room it was unattended and the door to the room was unlocked as was the medicines fridge. This meant that for a period medicines in the fridge were stored in an unsecured manner. This was highlighted to staff and the room to the medical room was noted to be locked for the remainder of the inspection. It was also noted that for the majority of this inspection the medicines trolley was not kept in the medical room but was instead kept in the living room. While in this living room, it was seen that the trolley was not fastened to the living room wall.

The medical room provided storage space for various medical equipment such as tubing and bandages. It was seen that such equipment had their own specific presses which were clearly labelled and neatly organised. One particular area of this room was designated as a COVID-19 clean area for wipes. Hand gel and face masks but the inspector did see a box of syringes stored there. When looking inside the various presses it was seen that a sample of the products contained within were all in date. A first aid kit was also in the medical room but upon viewing this the inspector observed that some of its contents, such as bandages, had passed their expiry dates. Certain equipment that specific children used were also stored separately in this room which were provided with a specific washing machine to clean this equipment when required.

Various other storage rooms were present within the centre. These were seen to be generally well organised and contained items such as personal protective equipment (PPE), hand sanitiser and cleaning supplies. The supplies of PPE present in the centre included face masks, goggles and gowns. However, despite the storage areas available the inspector observed thirteen boxes of gowns stored in one bathroom. When reviewing these boxes it was noted that they were marked as being produced on 1 April 2020 and were valid for two years. This meant that at the time of this inspection they were expired. Some of the same gowns were also seen present in the designated storage areas also while in one the inspector came across some gowns that expired in October 2020. The majority of supplies of hand sanitiser stored in the centre were generally in date but in one storage room the inspector reviewed a large number of the same type of hand sanitiser product that expired in May 2021. Three packs of the same product were later seen in an office area but the inspector was informed that they were not in use. These packs were removed before the end of the inspection.

Aside from the premises, the inspector also reviewed the vehicle that was assigned to this centre. Upon viewing the external of the vehicle it was seen that it was appropriately taxed and insured but upon looking inside the inspector noted particular areas of the vehicle that were visibly dusty while some spatters of dirt were evident on the inside of the driver's door. There was some supplies of cleaning wipes and PPE in this vehicle along with safety requirement such as fire extinguishers and a first aid box. When the inspector looked in the first aid box it was seen that the majority of its contents were expired since 2019. In addition, it was noted that the two fire extinguishers were not indicated as having received a maintenance checks in over 12 months with one of these indicating that it was last

serviced in August 2019. During this inspection some children used this bus with the support of staff present to go for drives.

Some children were also supported to go for walks and to access a recently developed sensory room that was connected to the designated centre. All five children availing of respite in the centre on the day of inspection were met by the inspector. While some did not engage directly with the inspector, some smiled and waved at him. Throughout the inspection it was observed and overheard that all children appeared either content or happy. Staff members on duty engaged with children in a pleasant and warm manner throughout while appearing to have a good knowledge of what the children liked. For example, one staff member put on a particular music video on the television for a child who was clearly very happy and excited by this. Overall a very pleasant atmosphere was found to be in this centre during this inspection which was contributed to by such interactions. It was also noted that to support the children to enjoy their time in the centre, facilities such as a games console, toys and games were available for them while the centre was brightly decorated.

In summary, children appeared to be happy or content while staying in the centre for respite. The premises provided had various features which promoted infection prevention and control and was clean overall. However, some expired products such as hand sanitiser and gowns were found during the inspection while boxes of these gowns were kept in a toilet area.

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

## Capacity and capability

The provider had addressed some of the areas for improvement found during the previous inspection relating to infection prevention and control. However, the current inspection did find areas in need of improvement such as monitoring systems and the provision of staff training.

After first being registered as a designated centre in May 2020, this centre had its first inspection in August 2021. While an overall good level of compliance was found during that inspection, a non-compliance was found for Regulation 27 Protection against infection. Under this regulation providers must ensure that infection prevention and control practices and procedures within designated centres are consistent with the 2018 National Standards for infection prevention and control in community services. Given that HIQA had commenced a programme of inspections in October 2021 focusing on these standards, it was decided to carry out such

another inspection of this centre to assess adherence with these them in more recent times.

The current inspection found that the provider had addressed some of the issues raised by the previous inspection. For example, an electronic system for relevant COVID-19 related information to be stored digitally for staff was found to contain the most recent guidance while a complete contingency plan had been developed for the centre. It was noted though that some aspects of the contingency plan required review to reflect actual practices in the centre. Structures had also been established within the centres governance to respond to COVID-19 and infection prevention and control concerns. These included having COVID-19 response committee, a clinical oversight team and an on-call system for staff to raise any concerns to. At the time of this inspection the centre was undergoing a change in person in charge but the provider had also ensured that arrangements were in place to support the operations of the centre while this change was being completed.

Such findings were positive aspects of the infection prevention and control practices followed in the centre. However, practices should be guided by the provider's overall policy in this area. The inspector reviewed the provider's infection prevention and control policy and noted that it did not reference the 2018 national standards. While the policy was found to cover some key areas such as hand hygiene and cleaning of the environment, it did not address other relevant areas including training and auditing. The inspection was informed during the inspection that a specific audit on infection prevention and control had not been conducted for the centre and while a relevant self-assessment has been completed within the previous 12 weeks, some of the issues highlighted during this HIQA inspection, particularly expired products had not been identified previously.

While the provider's policy and monitoring systems for infection prevention and control required some improvement, it was noted that infection prevention and control was indicated as being discussed during staff team meetings. In addition, records provide indicated that staff had undergone relevant training in areas such as hand hygiene and PPE. However, not all staff had completed training in infection prevention and control, COVID-19 nor the 2018 national standards while the inspector was informed that a copy of these standards was not present in the centre on the day of inspection. It was also indicated to the inspector that not all confirmed cases of COVID-19 impacting this centre had been notified to HIQA. It was acknowledged that management of the centre had been open with the inspector in highlighting this oversight.

## Quality and safety

While there was evidence of some effective infection prevention and control practices in operation, some areas were identified where further improvement was required such as cleaning of the centre's vehicle.



As highlighted earlier, the premises provided was generally seen to be provided with appropriate facilities to support infection prevention of control and was clean overall. The level of cleanliness of the centre was supported by the provision of dedicated cleaning staff each day the centre was open with two such staff present during this inspection. Cleaning records provided indicated that the centre was being cleaned regularly which included daily cleaning of regularly touched items given the ongoing COVID-19 pandemic. Ample cleaning supplies and products were present in the centre on the day of inspection including cloths, disinfectants, buckets, brushes and mops while arrangements were also in place for used cleaning equipment to be stored separately before being washed.

However, during the inspection it was observed that for most of the day a used mop head was left standing with the mop head on the ground in the laundry room while in the sluice room a mop head was stored in a bucket under the sink. It was unclear if this mop head had been used or was clean. In addition, signage was on display in the centre indicating that certain coloured cleaning equipment were to be used in different rooms of the centre. For example, green cleaning equipment was to be used in the kitchen. The inspector was informed though by one member of staff that a yellow brush and dustpan was used in the kitchen and, even though some mop heads were colour coded, another staff member said that coloured coded mop heads were not used in different rooms.

Cleaning was seen to be carried out within the designated centre on the day of inspection while it was noted that the vehicle assigned to the centre was used multiple times during the day. As mentioned elsewhere in this report, this vehicle was observed by the inspector and did not appear to have been thoroughly cleaned in some time. The cleaning of the vehicle was queried with some staff, one of whom indicated that staff had a responsibility to keep the bus clean while another said that the vehicle would be wiped down using disinfectant wipes after each use. The inspector was also informed that there was no specific protocol in place for the cleaning of the vehicle. Such a protocol would be important to set out when and how the vehicle was to be cleaned and who was responsible for cleaning it.

Facilities were provide within the centre for the cleaning of specific medical equipment which some children availing of respite in this centre would require. These included the use of percutaneous endoscopic gastrostomy (PEG) feeding for some children. Staff members spoken with during the inspection demonstrated a good knowledge of how PEG equipment was to be cleaned but when reviewing some children's personal plans it was noted that there was limited guidance contained within them on the cleaning and maintenance of children's PEGs. For one child, it was also noted that records in place did not indicate if the resident was receiving their prescribed feed via their PEG. Other records relating to children indicated that their temperatures were generally being checked twice daily although some occasions were seen where some children's temperature were only recorded once. Children also had individual risk assessments in place related to COVID-19 but some of these were overdue a review.

## Regulation 27: Protection against infection

While some effective infection prevention and control practices were found during this inspection, particularly regarding the cleanliness and facilities of the premises, improvements was required in various areas including the following;

- The monitoring systems in operation were not highlighted relevant issues
- Not all staff had completed relevant training in areas such as the 2018 National Standards for infection prevention and control in community services
- Some confirmed cases of COVID-19 impacting this centre had not been notified to HIQA
- Boxes of PPE were seen stored in a bathroom
- Some expired PPE, hand sanitiser products and first aid equipment was found during this inspection
- There was inconsistencies in the checks carried out on visitors to the centre
- The location of a bin for medical waste required review
- The centre's vehicle did not appear to have been thoroughly cleaned in some time while there was no protocol in place indicating how or when the vehicle was to be cleaned
- There was inconsistencies in the use and management of colour coded cleaning equipment
- Some COVID-19 risk assessments were overdue a review
- There was limited guidance on the cleaning and maintenance of PEGs

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for St. Gabriel's Children's Respite House OSV-0007778

Inspection ID: MON-0036057

Date of inspection: 13/04/2022

## 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
Outline how you are going to come into compliance with Regulation 27: Protection against infection:		
ITEM	ACTION	DATE COMPLETED
The monitoring systems in operation were not highlighting relevant issues	All senior staff to complete extra IPC training Webinar on 5 <sup>th</sup> /6 <sup>th</sup> May. Following commencement of new PIC on 9 <sup>th</sup> May all systems will be reviewed	This will be completed 30 <sup>th</sup> June 2022
Not all staff had completed relevant training in areas such as in 2018 National Standards for infection prevention and control in community services	All staff training has been updated. An accurate Training Record has been formulated. All staff given protected time to complete outstanding training.	13-05-22
Some confirmed cases of COVID-19 impacting this centre had not been notified to HIQA	This has been rectified and all cases have been notified since January 2022	Jan 2022

Boxes of PPE were seen stored in a bathroom	PPE removed and no longer stored in bathroom. Stock control procedures reviewed	19-05-22
Some expired PPE, hand sanitiser products and first aid equipment was found during this inspection	Expired PPE removed. Stock take to be completed regularly and schedule established for same.	30-04-22
There were inconsistencies in the checks carried out on visitors to the centre	All visitors checked on entry to the service.	25-04-22
The location of a bin for medical waste required review	Bin has been relocated.	19-04-22
The centre's vehicle did not appear to have been thoroughly cleaned in some time while there was no protocol in place indicating how or when the vehicle was to be cleaned	Transport Manager contacted regularly. Deep cleaning schedule established onsite. Regular cleaning schedule also established.	01-05-22
There were inconsistencies in the use and management of colour coded cleaning equipment	Colour Code equipment reviewed to ensure consistency throughout all areas. All cleaning staff met with to clarify and consult re system and ensure consistency	05-05-22
Some COVID-19 risk assessments were overdue a review	Risk assessment review re all children to be completed.	This will be completed 15 <sup>th</sup> June 2022
There was limited guidance on the cleaning and maintenance of PEG's	Guidance re PEG's for all Care Plans to be updated and completed by.	This will be completed 15 <sup>th</sup> June 2022

	IPC policy to be reviewed and update to include more detail with reference to the 2018 standards. A more comprehensive IPC policy and procedures will be developed.	This will be completed 30 <sup>th</sup> June 2022
	Schedule for Review of First Aid Box established and responsibility allocated.	26-04-22
	The necessity of wearing FFP2 masks for all client facing rolls reiterated to all staff	30-05-22
	Sign in system for all. Staff reviewed and all records to be maintained for 14 days and temperature to be taken twice a day	25-04-22
	All hand sanitising stations to be checked as part of the daily touch point cleaning	05-05-22
	Procedure for visitor's reviewed and conveyed to all staff to ensure consistency in Record Sheet. Revisited.	04-05-22
	Extra bin removed from under sink as when reviewed was not deemed necessary	20-04-22
	Medicine trolley to be secured when not in use. Medicine Room to be locked at all times.	19-04-22

	Covid 19 Area to be kept specifically for that purpose. All staff notified.	19-04-22
	Fire Extinguisher maintenance check to be complete on bus at the time of checks within the house.	27-04-22
	Covid 19 contingency plan reviewed to ensure practice and policy were in line	6-05-22



**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.	Not Compliant	Orange	30.06.22