



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group R
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0007791
Fieldwork ID:	MON-0034636

About the designated centre

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

St. Vincent's Residential Services Group R is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen, a dining room, two living rooms and bathrooms and a garage. Residents are supported by the person in charge, social care workers, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 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 3 November 2021	10:05hrs to 18:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a thematic inspection intended to assess if infection prevention and control practices and procedures within this designated centre was consistent with relevant national standards. It was found that residents were being treated well in this designated centre and given information around matters related to COVID-19. However, while examples of good infection prevention and control practices were seen, improvement was required in some areas, particularly regarding the use of the utility room and the storage facilities available.

On arrival at the designated centre, it was noted that a hand gel dispenser was present just outside the front door. After knocking on this door, the inspector was greeted by staff members who checked the inspector's temperature using an infra-red thermometer and also carried out some COVID-19 related checks before the inspector entered fully into the house. After entering through the front door, the inspector did not observe any signage reminding him to perform hand hygiene but did see further hand gel dispensers, supplies of face masks, a pedal bin for disposal of face masks and a visitors' log book near the front door.

At this time, all four residents were present in the house with some up and about the house, while others were being supported with personal care in their bedrooms. At one point it was observed that a staff member, who had just finished supporting a resident in their bedroom, performed hand hygiene immediately afterwards using one of the multiple hand gel dispensers provided in the hall of the house. It was also noted that supplies of certain personal protective equipment (PPE), such as gloves and aprons, were also readily available in this hall. Staff members were seen to wear face masks throughout this inspection and were aware of where they had to be disposed of. Cleaning was also seen to be conducted during the day.

While these provided evidence of good practice in relation to infection and prevention control measures, during the inspection some instances were observed where hand hygiene practices could be improved. For example, one staff member was seen to be wearing a wrist watch, while another briefly performed hand hygiene rather than for the 20-30 seconds as recommended. In addition, at one point, the inspector did observe a staff member physically assisting one resident, but the staff member did not perform hand hygiene immediately afterwards and instead went on to assist another resident with a different task.

The four residents living in this centre were all met by the inspector and were seen to be either content or happy. At various points during the inspection, staff, including the person in charge, were heard to engage with residents in a very pleasant and respectful manner. Residents also appeared comfortable with the staff members on duty. For example, the inspector met one resident as they were being supported to walk to the rear of the house. This resident appeared very relaxed with the staff member supporting them and seemed very happy at this time judging by their smile. The inspector also saw one resident being supported to take part in a

game, and during the afternoon of inspection, residents left the designated centre to go on outings including shopping.

Residents were having monthly residents' meetings that were being facilitated by staff members. From reviewing notes of these meetings it was read that residents were being given information around issues such as health and safety, infection prevention and COVID-19. Staff members spoken with indicated that they used easy-to-read documents to keep residents informed about matters related to COVID-19 and samples of these documents were seen by the inspector. It was also noted that residents had been facilitated to maintain contact with family members during the COVID-19 pandemic, with some meeting family away from the designated centre, while some residents had also had visitors to the centre.

The inspector reviewed the house of the designated centre, particularly with regard to its suitability to support infection prevention and control efforts. In general, it was observed that the house presented as very homely, well furnished and clean. Communal areas were seen to be well maintained and efforts had been made to promote ventilation, such as through electronic vents in bathrooms or by the opening of windows. Some residents' bedrooms seen were noted to be spacious and nicely decorated. A patio area was also available for residents to avail of to the rear of the house which overlooked a garden, but given the mobility needs of some residents, not all were able to access this garden. The inspector was informed that the provider was exploring ways to improve the garden's accessibility.

Overall, the inspector was satisfied that the living areas within the house and the facilities provided supported infection prevention and control. However, a utility room required improvement in this area. Shortly after the commencement of this inspection, this utility room was visited by the inspector and was seen to be quite confined and small in general. Facilities were available for washing and drying laundry, but given the layout and size of this utility room, there was a real risk that laundry which had been cleaned could come into contact with dirty laundry particularly as the space provided for laundry that was drying and dirty laundry were in close proximity to one another within the utility room.

In addition, the utility room was used to store some supplies to clean the house such as brushes, mops and cloths. Such supplies were colour coded with certain items only to be used in certain parts of the house depending on their colour, such as the kitchen or bathrooms. Such an approach is intended to prevent cross-contamination between cleaning items used in these different areas. It was observed that cloths of different colours were being stored together while at one stage during the inspection, it was seen that some wet mop heads were placed on top of these cloths. At another point, some wet mop heads were seen on the floor of this utility room, while on another occasion, a mop was seen to be standing in a bucket of used water in this utility room.

Some of the issues seen in this utility room were directly contributed to by a lack of adequate storage facilities in the designated centre. As a result, some of the colour-coded cleaning supplies had to be stored in one of the house's two bathrooms. During the inspection, it was seen that in this bathroom some of the colour-coded

brushes for different areas were not appropriately segregated. In addition, throughout the inspection it was observed that one walker and one wheelchair belonging to a resident were stored in this bathroom's shower area. For a period of the inspection, a commode insert was seen to be placed in the wheelchair. This was highlighted to the person in charge and it was removed before the close of inspection. The inspector was informed that residents did not generally use this bathroom aside from when availing of its accessible bath with shower facilities available in the other bathroom.

In summary, the size of the utility room and the lack of storage facilities available for the designated centre posed challenges from an infection and prevention control perspective. However, the living areas of the house were generally clean with plenty of hand gels and PPE available throughout. While some good hand hygiene practices were observed, occasions where it could be improved were also observed on the day of inspection.

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 established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. Some improvement was required to ensure that contingency plans were specific to this designated centre and to formalise the identification of a COVID-19 lead for the centre.

First registered as a standalone designated centre in August 2020, this centre received its first HIQA inspection in March 2021 where an overall good level of compliance was found. As part of a programme of thematic inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, a thematic inspection was carried out of this centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the current inspection found that the provider has established a good structure of infection prevention and control systems and supports for its designated centres operated under the St Vincent's Residential Services umbrella. The current designated centre was able to avail of these systems and supports which included, amongst others, access to a clinical nurse specialist in health promotion and infection control, the presence of an infection prevention and control committee, established links with Public Health, trained COVID-19 testers employed by the provider, an out-of-hours on-call system and the availability of isolation facilities if

required in another of the provider's designated centres.

From speaking with staff members and the person in charge, it was clear that there was a good knowledge of such supports and facilities along with a good awareness of the procedures to follow in the event of a suspected or confirmed case of COVID-19 impacting this centre. As such the inspector was assured that, in practice, appropriate contingencies were available to support the running of this centre during the COVID-19 pandemic. It was noted though that a COVID-19 contingency plan that was specific to this designated centre was not documented, while the identity of a COVID-19 lead for this designated centre had not been formalised at the time of inspection. However, it was evident that both the person in charge and the person participating in management for the centre had the necessary knowledge and authority to fulfil this role.

Systems were also in place to monitor the services provided to residents from an infection prevention and control perspective. These included audits in areas such as hand hygiene and infection control hygiene that had been carried out since this designated centre was first registered. However, based on the findings of this inspection some improvement was required in order to ensure that key issues were identified and actioned quickly. For example, as discussed in greater detail below, the inspector noted clear gaps in cleaning records for the centre, while none of the audits reviewed by the inspector raised any issues around the suitability of the utility room and the storage facilities available. Those involved in the management of this centre were aware of this latter issue and discussed possible options that were being considered to create more storage space.

Aside from the audits reviewed by the inspector, other documentation such as staff training records were read. These indicated that all staff members working in this designated centre had undergone relevant training in areas such as COVID-19 and hand hygiene. Staff members spoken with during this inspection demonstrated good knowledge in such areas, particularly in terms of the symptoms of COVID-19 to watch out for. Despite this and the training records provided, based on observations made by the inspector during this inspection, some improvement was required in terms of the hand hygiene practices that were being followed in the designated centre.

Quality and safety

There was evidence that infection and control practices were being carried out in this designated centre. However, some areas of practice required improvement such as to ensure that cleaning was carried out as scheduled and in a consistent manner.

From documentation reviewed during this inspection, it was seen that matters related to COVID-19 and infection prevention and control had been considered from a risk management perspective. General COVID-19 risk assessments were in place for the designated centre overall and for individual residents. It was noted though

some additional risk assessments were required related to certain activities for some residents to reflect the ongoing COVID-19 pandemic, such as residents' visits to their family away from the designated centre. The risk assessments that were in place outlined various control measures that were intended to prevent residents contracting COVID-19.

Since this centre had opened there had been no confirmed resident case of COVID-19 and there was evidence that many of the identified control measures were being followed in practice. For example, one such control measure was the regular monitoring of residents' temperatures with records reviewed indicating that this was carried out consistently twice a day. In the event that there was a COVID-19 related concern, provision was made for residents' temperature to be taken up to four times a day and, as highlighted earlier, staff members spoken with demonstrated a good awareness of potential COVID-19 systems. However, not all identified control measures were being carried out consistently. This was particularly evident regarding the cleaning of the designated centre.

A cleaning schedule was in place which included certain parts of the designated centre that were to be cleaned on a daily or weekly basis. While overall the designated centre was seen to be clean on the day of inspection, with cleaning also observed being carried out, records reviewed highlighted clear gaps in recent months where no cleaning was recorded as being carried out on certain days despite the schedule in place. It was particularly notable that, in line with the cleaning schedules, residents' wheelchairs were to be cleaned weekly but, from the records provided, this was not indicated as being done at any point during September and October 2021. Records from earlier months also suggested that the weekly cleaning of wheelchairs was not being carried out consistently.

In response to the COVID-19 pandemic, additional cleaning of regularly touched items such as grab-rails, door handles and lights switches was being carried out daily. A joint cleaning/disinfectant agent was being used for such cleaning in line with relevant national guidance with stocks of this available in the centre along with various other cleaning supplies. It was indicated to the inspector that the cleaning of regularly touched items should be carried out four times a day. However, when reviewing records relating to such cleaning it was noted that, while there were many days when this cleaning was being carried out four times, there were some days when the cleaning was only recorded as having being conducted three times a day.

As highlighted earlier, areas for improvement were identified regarding the storage and segregation of colour-coded equipment used to clean different areas of the centre. During this inspection, documentation reviewed relating to this colour coding indicated that yellow cleaning items were to be used for terminal cleaning (thorough cleaning/disinfection of all surfaces and re-usable equipment). While no terminal cleaning was necessary at the time of inspection, the inspector was informed by a staff member that yellow cloths were to be used to clean glass in the centre and at one point during the inspection, a yellow cloth was seen being used to clean a mirror. Such cleaning did not amount to terminal cleaning and this required review to avoid confusion in the event that terminal cleaning was required in this

designated centre.

While these were areas for improvement, it was noted that staff spoken with did demonstrate a good knowledge of how cleaning equipment such as cloths and mops heads were to be washed. Multiple bins were available throughout the designated centre, most of which were operated by a foot pedal but a motion sensor activation bin was also seen. Arrangements were also in place for the disposal of general household waste, clinical waste and any sharps such as needles. Any visitors to the designated centre were required to complete a visitor's checklist to confirm that they had no current COVID-19 concerns during their visit. Visitors were also required sign in and out via a visitors' log book. This log book was reviewed by the inspector who did observe some instances when visitors had not signed out after their visits.

Regulation 27: Protection against infection

While the provider has established a good structure of infection prevention and control systems and supports which this designated centre could avail of, improvement was required in the following areas:

- There was no documented contingency plan that was specific to this designated centre while a COVID-19 lead for the centre had not been formally identified.
- Audits relevant to infection prevention and control were being conducted but some improvement was required in order to ensure that key issues were identified and actioned quickly.
- Relevant training was provided to staff members but, based on observations made during this inspection, some improvement was required regarding hand hygiene practices.
- COVID-19 risk assessments were in place, but some additional risk assessments were required for certain activities for some residents to reflect the ongoing COVID-19 pandemic.
- Cleaning schedules were in place but based on records reviewed there were times when scheduled cleaning was not indicated as being carried out while there was inconsistency regarding the frequency of specific COVID-19 related cleaning.
- The size and layout of the utility room posed challenges from an infection prevention and control perspective which was not helped by limited storage facilities.
- During the inspection, some colour-coded cleaning items were not being sufficiently segregated, while the use of certain coloured-coded cleaning cloths required review.
- Visitors to the centre were being facilitated but some visitors were not signing out on the visitor's log book, which could potentially impact the accuracy of contact tracing if required.

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 - 2015 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 St. Vincent's Residential Services Group R OSV-0007791

Inspection ID: MON-0034636

Date of inspection: 03/11/2021

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 registered provider since inspection has a Covid contingency plan for the designate Centre. The PIC and PPIM has shared the content and direction with all staff and residents of the Centre. The Covid Contingency plan outlines who the Covid 19 lead for the Centre is.</p> <p>The PIC/PPIM will ensure that all cleaning within the Centre and for resident’s wheelchair will be completed and recorded appropriately as per registered provider’s guidelines.</p> <p>The PIC, PPIM and the link IPC nurse will develop an audit tool to monitor the IPC checklists/Cleaning Schedules/Visitors Log Book currently in place. The PIC will carry out this audit weekly in the Centre and make recommendations to address any deficits. The PIC will share the content and purpose of the audit tool with staff team in the designate Centre. The measures required to prevent the spread of COVID-19 will be included in the audit tool.</p> <p>The PIC will schedule training for all staff at designate Centre for hand hygiene practical and theory. The link IPC nurse will complete this training and post training audit using the 5 moments audit for same. The PIC will audit the barriers to hand hygiene practices and recommendations and actions for both audits will be addressed.</p> <p>The PIC and key worker for each resident will review and update individual risk assessment for all residents to ensure all IPC measures are in place to support residents attend activities and visits to and from the residents’ family home.</p>	

Post inspection the overhead clothes hanger in the utility room has been removed. The PIC has advised all staff and residents that all clean clothes once removed from the dryer are put away to the resident's room or to the linen Store.

The PIC will link with maintenance manager to install brackets on wall for mop handles to be stored. This will reduce clutter in the area. All laundry baskets will continue have a cover and to be labelled as clean and dirty laundry.

All colored cloths and cleaning equipment, since inspection are segregated and stored separately. This will form part of the PIC weekly audit to monitor same and storage.

All staff and visitors will be reminded regarding signing out as well as in, to the visitor's book. This will also be included in the PIC weekly audit for the Centre.

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	30/11/2021