Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Anne Sullivan Centre
Name of provider:	The Anne Sullivan Centre CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	24 February 2022
Centre ID:	OSV-0001388
Fieldwork ID:	MON-0035283

About the designated centre

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

The centre was established specifically to meet the needs of people who are deafblind. The centre provides a residential service to 13 male and female residents over the age of 18. The centre comprises of four houses in a cul-de-sac in a residential area of Dublin. There are also two apartments located adjacent to a building that was previously used for day services. The centre is located a short distance from a range of shops, restaurants and public transport options. Each of the residents have their own bedrooms which had been personalised to their individual preferences. Each of the houses and apartments have a kitchen and living room area, and a number of the residents have their own kitchen and living room area. There is a communal garden area and walkway around the centre and then each of the houses have their own garden to the rear of the properties.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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
Thursday 24 February 2022	09:10hrs to 16:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

During the course of the inspection, the inspector met with residents and members of support staff and had an opportunity to observe some of the day structures of residents in the centre. This designated centre supports people who are deafblind, and staff were available to support communication using Irish Sign Language (ISL) and other means of communication based on resident support needs.

The residents' houses and apartments were in a good state of maintenance and were clean, homely and comfortable. Painters were on site to refresh one resident's living room on the day of the inspection. The painters were scheduled to do a full repainting of one house's rooms in the days following the inspection, and some residents had arranged weekend hotel breaks and time spent with family while this work was carried out. One resident was looking forward to an upcoming family holiday to Portugal and showed the inspector their flight information and maps of where they were going.

Residents were encouraged and supported to continue with their everyday lives with as much normality as was practicable. In light of the social restrictions as a result of the COVID-19 pandemic, residents and their support staff had been guided on following common sense precautions such as using public transport and supermarkets at less busy times, observing good practices with face coverings and hand sanitising in public, and routinely self-monitoring for symptoms or a temperature which may indicate an infection risk. While some residents in paid employment had been able to continue working through the pandemic, others had unfortunately been unable to attend their workplaces and the provider was planning to support residents with new opportunities as restrictions eased further.

Each resident had their own bedroom, with some having en-suite toilet and shower facilities. Some residents had their preferred hangout spots such as sensory rooms, TV lounges and garden seating. Residents' homes were decorated and personalised appropriately, and the provider made use of colour contrast, textures, Braille, large-type signage and sensory rails and guides to assist safe navigation. Where necessary, safety features such as padding had been added to corners and protrusions to reduce risk of accidental injury. The residents had easy access to the local community with access to multiple service vehicles and public transport options, as well as some amenities being within walking distance. Residents enjoyed going swimming, shopping, to the cinema and for drives with their support staff.

The next two 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.

Capacity and capability

Overall, the inspector found good examples demonstrating how the registered provider had ensured the service was appropriately resourced and overseen to protect residents from risks related to infection, and to support operational continuity in the event the service has an active infection risk.

There was a clear governance structure in place to ensure the safe operation of the service and continuity of resident support, both on a day-to-day basis and in the event of an active infection control risk. The provider had deputation arrangements in the event that the person in charge and other managers were unavailable for work, as well as on-call arrangements so that staff in the house had access to decisions by senior management if risks arise out of hours. The provider had a detailed, centre-specific contingency plan which covered many scenarios such as staff depletion, management deputation, resident isolation plans, and access to healthcare services and infection prevention and control supplies in the event of an outbreak. While the service's governing body did not include an infection control specialist, they had maintained a good relationship with their contacts in the Department of Public Health for the region during the pandemic and had consulted with them when developing their infection management strategies. The provider had also self-assessed their service's preparedness for an outbreak using a tool provided through the Health Information and Quality Authority. An unused en-suite bedroom on the premises had been designated for use in the event that a resident cannot effectively isolate in their own bedroom, with arrangements to designate a separate team of staff to support the person in this room when it is in use.

The provider's plans and risk controls were clear on the minimal staffing complement needed to support residents and keep them safe where footfall was reduced, and where additional resources could be attained in the event of a high number of staff off-duty at the same time. This included making arrangements with former staff members and personnel from agencies. The provider had anticipated a spike in suspected cases after Christmas in line with trends in the general community, and in response to this risk, had retained two agency personnel to boost the overall numbers and have more people available who were familiar with residents' support and communication needs, mitigating the impact on continuity of care and support.

Management had a means of confirming that staff had completed online courses in effective hand hygiene, use of personal protective equipment (PPE), and infection prevention and control in a community residential setting. They had also facilitated staff to attend in-person demonstration sessions on effective sanitisation practices.

Straightforward guidance was available in each house on correct procedures when managing different categories of risk and non-risk waste, sterile items, sharps, bodily fluids, and the most appropriate equipment and solutions to use when cleaning and decontaminating various items and surfaces. The inspector found evidence of the guidance in this centre being updated alongside the changes to national guidelines and recommendations from relevant organisations, including the Health Protection and Surveillance Centre and Health Service Executive.

The inspector reviewed a sample of minutes of meetings of provider-level managers, and meetings for front-line staff, and found that the topic of infection control was a standing item on the agenda regardless of whether or not there was an active risk related to COVID-19 or other infections. Infection prevention and management was also assessed in the provider's annual report and six-monthly quality of service reviews, reflecting on the good work of front-line staff and residents in their role keeping people safe in the service. Each house had an infection control lead who was responsible for ensuring that good infection control practices such as hand hygiene, use of PPE, and self-monitoring of symptoms were happening. Staff spoken with during the day were confident that they knew who they could contact on site or by phone if they required clarity on infection control procedures or if indicators of COVID-19 presented during the day or night.

Quality and safety

The inspector found evidence of consultation and discussion of good infection control practices with the service users, using communication methods which were accessible to them. Residents had been educated on keeping themselves and others safe in their home and in the community, and were prepared for what they would need to do if they became ill or were required to self-isolate. Residents had also been advised on what to expect when getting their vaccinations. There had been a low number of suspected or actual cases of COVID-19 among the residents in 2021, and the residents' role in keeping their home safe had been recognised by the provider. Some of the residents preferred to be responsible for keeping their own rooms and bathrooms clean instead of staff and this was respected. There had been a good uptake of the COVID-19 vaccination among residents and staff members.

Staff were diligently self-monitoring for symptoms which may indicate an infection risk. This included routine checking of temperatures and identification of potential contacts while on shift. The log sheets for these were well-maintained and were observed to be used in managerial oversight where cases arose, to track possible spread. Each house had a station for checking temperature and donning personal protective equipment, on entry and periodically during the day. All staff were observed wearing face coverings in line with current national recommendations, and donning single-use gloves when carrying out cleaning and disinfecting of high touch surfaces such as rails, handles and switches. Each house had a cleaning schedule and instructions to staff on what was to be cleaned and disinfected, what to use

when doing so, and how often it was required. Cleaning materials such as mops, buckets, brooms, dustpans and cleaning solutions were appropriately stored and cleaning equipment was itself cleaned before being returned to storage. Colour coding was used to identify which equipment was used in each type of room. The inspector reviewed management of sterile items such as oxygen equipment, inhaler masks and automatic injectors, which was all clean, suitable stored and within their usable dates.

Each house had an environmental audit report in which staff identified areas of the house in need of attention including damaged furniture, kitchen, bathroom or garden features, or areas in need of painting, plastering, de-cluttering or weeding. These report sheets were done regularly and had notes of their completion dates, and this was a practice which had been in place since before the COVID-19 pandemic. The inspector observed that this had had the intended effect of ensuring that the houses were overall clean, safe and able to be effectively decontaminated. Where the inspector found minor damage to the house, they also found evidence that staff had already brought it to the attention of the relevant personnel with a date planned to resolve it. The provider had a service agreement with an external company for quarterly pest control checks of the premises, one of which was taking place at the same time as this inspection. The inspector found that there was suitable facilities in place for the management of laundry and waste disposal in the houses and staff procedures on these tasks corresponded with guidance on good infection control practices.

Regulation 27: Protection against infection

Overall, the management, staff and residents had been supported to carry out their respective role in effectively managing risks related to infection prevention and control. While the service had had some positive cases of COVID-19 during the pandemic, these had not resulted in centre outbreak protocols being required, or in major disruption to operation of the service. The provider had liaised with the relevant external personnel to ensure that their infection management strategies were informed by infection prevention and control expertise. The inspector found good examples of comprehensive infection control protocols and contingency plans being developed at provider level, and shorter versions of these in each house containing the guidance most relevant for front-line staff. The designated centre was kept in a good state of cleanliness and maintenance, with systems in place to identify deficits for prompt attention.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant