



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

## Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	16 February 2022
Centre ID:	OSV-0001704
Fieldwork ID:	MON-0035724

## About the designated centre

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

Parkview is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre is located on the outskirts of a town in Co. Dublin and can provide residential care for four male or female residents over the age of 18 years. The centre can cater for residents who have moderate to high support needs. The centre is a two-storey dwelling which comprises of single residents' bedrooms, sitting rooms, a kitchen and dining area, shared bathrooms and staff offices. The centre is close to transport services, shops and recreational services. Staff are present in the centre both day and night to support residents living here. The designated centre is staffed with 5.85 whole-time-equivalent social care staff and is managed by a person in charge.

**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 (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 16 February 2022	09:00hrs to 14:15hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. The inspector found that overall, the centre was operating at a good standard of infection prevention and control practice, and that the registered provider had put in place measures to prevent the occurrence of healthcare-associated infections in order to maximise the safety and quality of care delivered to the residents living in the centre.

On arrival to the designated centre, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the centre's visitor procedure. The inspector observed the staff member wearing personal protective equipment (face mask) that was in line with public health guidance, and there was a supply of face masks and hand sanitiser at the door.

On the day of inspection, there were four residents living in the centre. However, the inspector only had the opportunity to meet two residents, as one resident was at their day service and another resident was in hospital. One resident chose to speak with the inspector. The resident said that they liked living in the centre and were happy there. The resident told the inspector that they liked the staff in the centre and got on well with their housemates. The resident told the inspector about their day service and the different activities they enjoyed. The resident also spoke to the inspector about infection prevention and control measures and the COVID-19 outbreak that occurred in the centre in December 2021. The resident recalled having to self-isolate in their bedroom during the outbreak. The resident also told the inspector about receiving guidance on hand hygiene and the use of face masks. The resident wore a face mask when leaving the house to go on an outing, and carried a small bottle of hand sanitiser in their pocket that they showed the inspector how to use.

The inspector met and spoke with the person in charge, deputy manager and other staff members who were working in the centre during the course of the inspection. The inspector observed staff interactions with residents to be warm and respectful. Staff demonstrated a good understanding of the residents' care and support needs, and residents appeared comfortable and relaxed in company of staff. Throughout the inspection, the inspector observed staff to maintain social distance where possible, and wear appropriate personal protective equipment. The inspector spoke to some staff members and found them to be knowledgeable on the infection prevention and control measures implemented in the centre.

The designated centre comprised a two-storey house located in a busy suburb, close to amenities such as shops, post office, restaurants, public transport links, and parks. The residents moved into the centre in July 2021, and the house was freshly renovated before then. The inspector completed a walk-around of the house with the COVID-19 lead worker representative for the centre. The ground floor comprised

of bedrooms, bathrooms, sitting room, and a kitchen and dining area. The first floor comprised of a bathroom, bedroom with en suite, office, and medication room. There was a front drive way and back garden. The inspector observed posters and guidance on infection prevention and COVID-19 matters were displayed throughout the house.

Overall, the premises was well maintained and clean. It was bright, homely, and nicely decorated and furnished throughout. All of the residents had their own bedrooms that were decorated to their tastes, and there was sufficient bathroom and living space. Equipment used by residents such as mobility aids was for sole use and not shared. There were also facilities and guidance for laundry and for the management of waste. The staff team were responsible for the cleaning of the centre. There were cleaning and housekeeping checklists to support the standard of cleanliness, and staff spoken with were familiar with the schedule of housekeeping. The inspectors observed staff using colour coded cloths and mops to reduce the risk of cross contamination of infections. The recording of the cleaning on the checklists required improvements as gaps were found during the inspection. The recording of staff temperature checks also required improvement to ensure they took place in line with the provider's policy.

Some premises risks were identified during the walk-around, such as damaged fabric on an armchair, a dirty bathroom fan, rust on a toilet brush, lack of foot pedal operated bins, and the storage of toothbrushes in a shared bathroom. Some of these risks were addressed by the person in charge before the inspection concluded and are discussed further in the report.

The inspector inspected the vehicle used to transport residents. The vehicle contained a supply of cleaning wipes and hand sanitiser, and was found to be generally clean and tidy.

The inspector observed the stock of personal protective equipment to be well maintained and organised. Hand washing facilities and waste receptacles were readily available throughout the centre, although some of the bins were not suitable. There was also information on use of PPE, hand washing, and COVID-19 in the staff office for staff to adhere to.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## **Capacity and capability**

Overall, it was found that the registered provider had implemented good arrangements and systems to ensure the delivery of safe and effective infection

prevention and control arrangements that were consistent with the national standards.

The registered provider had ensured that there was a clear governance structure in place with defined roles and responsibilities for the reporting and management of infection prevention and control (IPC) matters. The person in charge was supported in their role by a deputy manager, and they were responsible for the day to day oversight of IPC measures in the centre. The person in charge reported to a senior manager whom they could escalate concerns to. Outside of normal working hours, there was 'on-call' senior management arrangements available for staff to utilise if needed.

The registered provider had prepared a comprehensive written infection prevention and control policy. The policy was available to staff to adhere to, and it included procedures on hand hygiene, personal protective equipment (PPE), donning and doffing of PPE, and the management of laundry, sharps, spills, and waste. The provider had also prepared a 'working under COVID-19 conditions' policy that outlined the relevant roles and responsibilities of key personnel during the pandemic such as the chief executive officer, COVID-19 committee, managers, health and safety officers, and lead work representatives.

The provider had established a COVID-19 committee, the committee oversaw IPC arrangements across the organisation and were also responsible for sharing information and updates on IPC and COVID-19. The provider also had created an email address for staff and management to email COVID-19 queries to. As part of the providers systems for reviewing the quality and safety of care and support in the centre, they completed six-monthly unannounced audits that included the review of 'Regulation 27: Protection against infection'. The last unannounced audit, in August 2021, identified no areas for improvement.

The person in charge had implemented local governance and management arrangements to protect residents against infection. The deputy manager completed monthly infection prevention and control (IPC) audits to ensure that the associated measures and arrangements were effectively implemented. The inspector reviewed the audit completed in February 2022, and found that actions for improvement had been identified and actioned. Other audits undertaken that reviewed aspects of IPC measures included health and safety audits that reviewed the cleanliness of the centre, and medication audits that reviewed the cleanliness of the medication storage area.

The person in charge had completed the self assessment tool and quality improvement tool issued by the office of the chief inspector to assess the adequacy of their COVID-19 measures and to demonstrate a commitment to quality improvement. The person in charge had also completed general and individual risk assessments related to COVID-19 which identified control measures for implementation.

As part of the precautions against transmission of COVID-19, residents' temperatures were checked twice per day, and staff temperatures were checked

twice during shift. Visitor temperatures were also recorded, and they completed a questionnaire to verify that they had no COVID-19 symptoms. The inspector reviewed a sample of the resident and staff temperature check records. The resident checks were found to be consistently recorded. However, there were discrepancies in the staff checks as the checks for agency staff were only recorded once, at the start of shift. The daily staff temperature log also required amendment to clearly include the date that temperatures were taken.

The registered provider and person in charge organised and managed staff working in the centre to be able to implement effective infection prevention and control (IPC) measures. Staff working in the centre were required to complete mandatory training on COVID-19 and hand hygiene. The deputy manager monitored the training records to ensure that staff were up to date. There was also an identified COVID-19 lead worker representative in the centre who had extra relevant training and additional associated responsibilities. The person in charge had ensured that sufficient staff were working in the centre to support the assessed needs of residents. Although, agency staff were used to cover night shifts, the same agency staff members were consistently used to reduce footfall in the centre and the associated increased risk of COVID-19 transmission. New staff members completed an induction checklist which included 'COVID-19', to ensure that they were familiar with the relevant arrangements. To promote ongoing staff awareness, COVID-19 and IPC was regularly discussed at staff team meetings. The inspector reviewed the minutes of the January 2022 meeting and found that personal protective equipment (PPE), hand hygiene, donning and doffing, and respiratory etiquette had been discussed to inform staff practices. Daily handover notes also recorded that information on PPE and COVID-19 was communicated between the team.

The inspector observed information for staff displayed in the office on hand hygiene, COVID-19 management, donning and doffing, and use of PPE. There was also a 'COVID-19 folder' available to staff that contained public health guidance, and information issued by the provider on topics such as visitor arrangements.

The inspector met several staff during the course of the inspection. Staff were observed to wear PPE in line with public health guidance, adhere to social distancing as much as possible, and provide gentle reminders to residents on mask wearing and hand sanitising. Staff members spoken with had good knowledge of standard and transmission precautions along with the the procedures outlined in local guidance documents. The lead worker representative accompanied the inspector on a walk around of the centre and described the infection prevention and control (IPC) measures and arrangements that were in place. The inspector also spoke with another member of staff. The staff member advised the inspector on the IPC precautions in the centre such as COVID-19 training, temperature and symptom checks, laundry management, and cleaning procedures. The staff member told the inspector about the COVID-19 outbreak in December 2021, and how it was managed. The staff member felt that the outbreak was managed well and that staff received good support from senior management. The staff member described the donning and doffing arrangements that were in place and how residents were supported to self isolate.



## Quality and safety

The inspector found that the services provided in the centre were very person-centred and promoted the residents' rights. Residents were supported to have active lives and were involved in the running of their home. Residents were provided with information on the infection prevention and control (IPC) measures in the centre, and were involved in decisions about the care they received.

As described in the first section of the report, one resident spoke to the inspector. The resident had received guidance on IPC and COVID-19 precautions such as hand washing and mask wearing, and demonstrated this by wearing a mask and showing the inspector how to apply hand sanitiser. The resident also recalled having to self isolate during the COVID-19 outbreak in December 2021.

There was information on IPC and COVID-19 in easy-to-read formats available to residents. Residents had also received easy-to-read information on the COVID-19 vaccine and were supported to understand it before consenting to receiving the vaccine. The inspector also observed a social story that had been developed to help a resident better understand how to clean the bathroom.

There were regular resident meetings where infection prevention and control (IPC) items were discussed. The inspector reviewed a sample of the minutes. In January 2022, the residents spoke about hand hygiene, mask wearing, and their experiences of isolating during an outbreak of COVID-19 in the centre.

The inspector reviewed a sample of residents' personal care plans. The plans reviewed did not identify any particular risks or needs from an IPC perspective such as an infectious disease, or care intervention that required extra IPC precautions. However, care plans did include other pertinent information and guidance such as how COVID-19 restrictions could impact on a resident's mental health and the associated interventions to be followed.

The residents moved into the house in June 2021. The person in charge informed the inspector, that the centre was meeting the residents' needs, and that they had settled in very well. Overall, the house was found to be very homely, warm, bright, nicely decorated, clean, and there was no outstanding maintenance issues. All residents had their own bedrooms and some had en suites. The bedrooms were well maintained and decorated to the residents tastes. The kitchen and sitting room were found to be clean. The washing machine and tumble dryer were in the kitchen area, and residents were supported by staff to wash their clothes. There was guidance on the management of soiled laundry and alginate bags were available if required.

There was sufficient bathroom and shower facilities. However, some bathrooms were found to present infection hazards and risks, such as rust on a toilet brush, lack of foot pedal operated bins, a dirty fan, inadequate storage of toothbrushes, and cleanliness of a shower. The hand towel dispensing facilities in the bathrooms

also required reconsideration. The person in charge replaced the rusted toilet brush and purchased new foot pedal operated bins before the inspection concluded. The storage of toothbrushes used by different residents in one container posed a risk of cross contamination of infection, and was this addressed by staff when highlighted by the inspector.

Residents did not require medical equipment but did use equipment to aid their mobility such as shower and bath chairs. This equipment was for their sole use and not shared, and was observed to be clean.

The vehicle used to transport residents was observed to be generally clean on the interior. There were cleaning wipes to clean the car after every use, and arrangements were in place for the car to be deeply cleaned on weekly basis.

The cleaning products were stored in a secure storage press and there were procedures for the use of products and equipment such as colour coded cloths and mops. However, on the day of inspection, there was no stock of certain coloured cloths, and mop buckets were observed outside of the house at the back door. Staff advised the inspector that the buckets had been temporarily left there and brought them back into the house to more appropriate storage. There was no spill kit in the centre, however, the provider's infection policy had outlined alternative arrangements for the management of bodily fluids.

Staff were responsible for the cleaning of the centre. To maintain the cleanliness of the centre and to ensure that infection prevention and control (IPC) precautions were in place, staff completed a daily cleaning checklist and a daily 'COVID-19' cleaning checklist. The COVID-19 checklist was more detailed, for example, it included high touch points such as light switches. The general cleaning checklist required enhancement to include bathroom fans. The inspector reviewed both checklists for January 2022, and found that the checklists were not complete for all days. This did not provide assurance that the cleaning tasks were completed. The gaps in the cleaning checklists had also been noted by the deputy manager to follow up on.

Personal protective equipment (PPE) was stored in the medication room. There was an adequate supply of PPE that was replenished on a weekly basis. There was also access to additional PPE if required. Hand sanitiser and PPE (face masks) was readily available throughout the centre, including at the front door.

The person in charge had prepared plans and procedures to be followed in the event of a suspected or confirmed case in the centre. These included the arrangements for cleaning, access to PPE, staffing, laundry and waste management, and the isolation of residents. There was also an established pathway for reporting positive cases of COVID-19 to senior management and public health. In December 2021, three residents tested positive for COVID-19 and an outbreak was declared in the centre. The person in charge informed the inspector that the COVID-19 contingency plans for the centre had been implemented and followed to good effect. The residents self isolated in their bedrooms and recovered well. The inspector was

informed that there was an informal review of the management of the outbreak, however, it was not documented to reflect and share any potential learning.

## Regulation 27: Protection against infection

The inspector found that the registered provider had effective systems and processes for the oversight, implementation, and review of infection prevention and control practices in the centre.

The registered provider had good governance structures such as comprehensive infection prevention and control (IPC) policies and procedures, an established COVID-19 committee, and clearly defined lines of authority and responsibility in respect of IPC matters.

The quality and implementation of IPC measures was reviewed through mechanisms such as audits. The person in charge also completed self assessment and quality improvement tools to assess the adequacy of the IPC measures in the context of the COVID-19 pandemic, and to demonstrate commitment to quality improvement.

Staff working in the centre had access to relevant training and the inspector observed good adherence public health guidance and organisational policy. Staff members spoken with had a good understanding of the IPC measures and procedures implemented in the centre. To promote practices in accordance with the national standards, IPC matters were discussed at team meetings and staff had access to the latest guidance and correspondence issued by public health and the provider. There was also information displayed throughout the centre for staff and residents to refer to.

The centre was found to be generally clean and hygienic throughout, while still providing comfortable and homely accommodation to residents. However, the recording in cleaning checklists required improvement as gaps were found in the months of January 2022, that indicated that the cleaning tasks were not completed. In addition, some infection risks were found such as cleanliness issues in some bathrooms, lack of foot pedal operated bins, rust on a toilet brush, and poor storage of tooth brushes. Most of these hazards were addressed by the person in charge during the inspection. The availability and storage of cleaning supplies and equipment also required enhancement.

There was an adequate supply and guidance on the use of personal protective equipment (PPE) and cleaning products. PPE and hand sanitising facilities were easily accessible throughout the centre.

As a measure to reduce COVID-19 transmission, temperature checks were taken for residents and staff. A review of the staff temperature checks found that not all staff checks had taken place in line with the provider's procedure.

Residents received person centred care and support that protected them from healthcare-associated infections. The person in charge had completed individual assessments on the risk of COVID-19 and had identified corresponding control measures for implementation. Residents were supported to understand infection prevention and control measures, and to make decisions about their care through the availability of easy-to-read information, discussions at residents' meetings, and the ongoing guidance from staff.

The person in charge had developed COVID-19 contingency plans and procedures. There was an outbreak of COVID-19 in the centre in December 2021, and staff and management spoken with informed the inspector it had been managed well. An informal review of the outbreak took place but had not been documented to reflect and share potential learning.

Overall, it was evident that infection prevention practices and procedures were delivered to a good standard. However, there were some gaps in relevant documentation and some infection risks that required addressing.

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 Parkview OSV-0001704

Inspection ID: MON-0035724

Date of inspection: 16/02/2022

## 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>New auditing measures had been implemented from 21.02.2022 The PIC will implement a new weekly household audit. This will allow the PIC full oversight on a weekly basis and identify areas where gaps have occurred and implement actions in relation to same. Cleaning checklists were also reviewed and cleaning of bathroom fans was added.</p> <p>Cleanness issues were addressed on the day of the inspection and bathrooms were cleaned, new pedal bins were purchased, new toilet brush was purchased, new containers for tooth brushes were also purchased. Missing cleaning supplies such as green cloths were also purchased and are now in stock. The storage of buckets outside was also addressed and there is now a designated area for buckets. Paper dispensers were installed 23.3.22 and are now also available. Damaged armchair was also removed on 23.3.22.</p> <p>A review of staff temperature checks was reviewed on the day of the inspection and since then staff is recording their temperature twice a day. The checklist was updated to add space for date and included reminder to complete these twice a day.</p> <p>Covid-19 contingency plans were reviewed and updated with gathered learning from an outbreak in December 2021. Learning about staff breaks, donning and doffing stations was added for future reference.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/03/2022