



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

Issued by the Chief Inspector

Name of designated centre:	Sunbeam Lodge Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	29 April 2022
Centre ID:	OSV-0001932
Fieldwork ID:	MON-0036148

About the designated centre

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

Sunbeam Lodge Community Group Home is a bungalow situated in Carrick-on-Shannon, Co. Leitrim. It provides seven day accommodation to male and female adults with a moderate to profound intellectual disability who also present with epilepsy, behaviours of concern, mental health diagnoses, hypothyroidism, osteoporosis, mobility impairment, cerebral palsy and autism spectrum disorder. Sunbeam Lodge can accommodate three service-users at any one time. The house is staffed by nurses and healthcare assistants according to the dependency levels of the residents, and a waking night and sleepover cover is in place each night. The centre comprises of 3 bedrooms (one of which is en suite), a bathroom, kitchen, utility room, dining room and sitting room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Friday 29 April 2022	10:00hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Sunbeam Lodge was a bungalow located on a small campus close to a busy town. In the past, this centre provided both residential and shared respite care. However, due to the changing needs of the residents, respite care is not currently provided. The property visited by the inspector was nicely presented with residents' personal items displayed. There was an entrance hall, a spacious sitting room and a separate dining room. To the rear of the dining area, there was a galley style kitchen with a serving hatch to the dining room. At the back door, there was a small area which was used as a storage area for documents, medicines, and first aid and clinical equipment for example; giving sets and syringes. There were three bedrooms in this designated centre, one of which had an en-suite toilet. There was a spare room provided and on the day of inspection this was used to store equipment. There was a large open plan bathroom with a shower trolley and a bath provided.

The person in charge was not on duty on the day of inspection. On arrival, the inspector was met by the senior staff nurse. They told the inspector that they typically worked in the day service but provided support to the designated centre when required.

The inspector found that the provider had measures in place to prevent and manage the risks associated with COVID-19. These included a system of temperature checks at the point of entry and a recording process which ensured that details of those that entered the centre were documented. The inspector noted that hand sanitiser was available, along with a box of face masks and a pedal bin where masks were discarded after use. Hand washing facilities were available in the kitchen and in the bathroom. There was an adequate supply of hand soap, paper towels and foot operated bins were provided. Staff were observed to be practicing good hand hygiene throughout the day and were wearing FFP2 face masks. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, and both medical grade and FFP2 masks. In addition, the inspector noted that staff were completing routine cleaning tasks and that there was a range of information posters relating to COVID-19 on display.

All three residents were in Sunbeam Lodge that morning. Although they did not speak with the inspector, they were observed using some words and gestures with staff in order to express their wishes and needs. The inspector noted that the residents required a high level of support to ensure that a good standard of care was provided. A discussion with the staff nurse on duty provided further information

on the residents assessed needs and the nursing supports that the provider had in place to ensure that a safe service was provided.

The inspector observed the activities taking place in the centre on the day of inspection and the interactions between staff and residents. One resident was leaving to attend their day service. A second resident was sitting in the lounge. The staff nurse told the inspector that they had a recent hospital admission and were recovering. The third resident was observed sitting on their bed and listening to music. Periodically, they moved from the bedroom to the kitchen and back again. The inspector spoke with the staff nurse about contact with family and community. Some residents were reported to have good contact with their family members via telephone calls, visits to the centre and trips home if possible. Due to the current health needs of some residents, their trips to the community were reported to be limited at that time.

In summary, Sunbeam Lodge provided comfortable living accommodation for the residents where systems were in place to prevent and control the spread of infection. 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 inspector found that good governance structures in relation to IPC were in place in this designated centre and clear reporting relationships were in place. The person in charge held overall responsibility for the oversight of the infection prevention and control measures in place. They acted as the Lead Worker Representative under the COVID-19 Return to Work Safely Protocol (Health and Safety Authority, 2020). As previously stated, they were not present on the day of inspection, however, it was clear that the provider had an appropriate cover arrangement in place. The nurse on duty was found to be experienced, had good oversight of the centre, was known to the residents and knowledgeable of their needs. The inspector reviewed an outbreak of COVID-19 which occurred recently with the nurse on duty. They described the contingency plan that was used and the residents' experiences. They told the inspector that the contingency plan worked well and that a meeting was scheduled for the future, during which learning could be identified which would inform future arrangements.

A review of the staff roster showed that adequate staffing arrangements were in place in order to support the residents and the infection prevention and control oversight in the service. However, improvements were required in how the roster was documented. For example, full names would assist with clarity and changes that had taken place were not recorded accurately.

Staff had access to infection prevention and control training as part of a programme

of continuous professional development. Modules included; introduction to infection prevention and control, hand hygiene training, breaking the chain of infection, donning and doffing PPE and COVID-19 assessment and recognition for people with intellectual disabilities. Certificates of completion were available for review and were found to be up to date.

The inspector spoke with two healthcare assistants on the day of inspection. They were aware of the risks posed by healthcare associated infections, as well as understanding the risks associated with COVID-19. They had a good understanding of how to put a contingency plan in place and how to prevent the transmission of infection. For example, one staff member accurately described a resident's isolation plan and how to clean up and decontaminate a vomit spill if required. This was in line with the policy provided by the employer. Staff spoken with were also aware of the appropriate use of PPE, however, later in the day the inspector observed a staff member wearing PPE while supporting a resident with their lunch. There was no clear rationale for this practice and no risks identified. Furthermore, this practice was not in line with the plan of care that the provider had in place for this resident and this required review.

The inspector viewed the documentation maintained in the centre and found that the annual review and the twice per year provider-led audit were completed in accordance with the regulations. The IPC self-assessment tool was up to date. Specific policies and procedures were in place to prevent and control the spread of infection and a site specific COVID-19 contingency plan was available. However, the inspector found that the policies, procedures and guidelines required review to ensure that they were fit for purpose and in line with up-to-date public health guidance. For example, the IPC policy required updating to ensure that it was in line with current public health advice and the visitor guidance on the front door required updating. Secondly, a provider policy on care and management of percutaneous endoscopic gastrostomy (PEG) and associated equipment was available. However, a review of documents in this regard found that there were a range of guidances provided. These included a policy as above, a plan of care on the residents file and a guidance poster displayed on the wall. All of which provided conflicting advice on the use, reuse and disposal of PEG equipment and were not in line with the practices viewed on the day of inspection.

A centre specific risk register was in place and risks associated with IPC were identified and control measures were in place. Some residents had up-to-date individual risk assessments on file however others required review. The provider had ensured that there were a range of audit tools available to measure adherence to the control measures identified. These included a daily safety pause and temperature check, daily and weekly cleaning schedules, a monthly house keeping audit and a monthly first aid box audit. However, on review of the auditing systems in place, the inspector found that some improvements were required, as not all audits were effective at all times. For example, a significant number of items in the first aid required replacement.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being

provided.

Quality and safety

The residents in this designated centre used non-verbal communication and staff were observed to be familiar with their individual communication styles. Residents were provided with information regarding IPC in line with their level of understanding. For example, an easy-to-read poster was on display which explained why staff wore PPE. The staff on duty told the inspector that where possible family members assisted with decisions required in relation to IPC for example, COVID-19 testing, isolation plans and vaccinations.

Residents had individual nursing assessments and care plans in place. As previously outlined, one resident had a recent hospital admission. The inspector found that there was a comprehensive plan of care in place which reduced the risks of transmission based infection from the acute setting to the designated centre. This plan was reviewed with the staff nurse and it was found to be effective.

Other nursing care plans reviewed provided evidence of multi-disciplinary input for example, dietetic assessments, occupational therapy visits, and assessment and guidance from the speech and language therapist. Residents had access to their general practitioner (GP) when required and there was evidence of attendance at chiropody services, dental services and contact with the tissue viability specialist. On the day of inspection, plans were underway for one resident to attend a hospital for a medical assessment. This was due to take place the following week.

The inspector found that the staff on duty had knowledge of the standard precautions required to prevent and control the spread of infection and there were systems and processes in place to ensure that IPC was part of the routine delivery of care. For example, staff were observed using colour coded mops to clean target areas and an appropriate mop storage system was in use. Routine cleaning was taking place on the day of inspection and staff on duty described a similar system of colour coded cleaning cloths used. The inspector observed staff supporting residents with intimate care needs and were using PPE appropriately at that time.

The provider had ensure that systems were in place for the laundering of clothing and bedding and the management of household and risk waste. There was an adequate supply of cleaning products, dissolvable laundry bags and risk and non-risk waste disposal bags available and staff were aware of how to use these.

A walk around of the centre showed that the premises was clean and tidy. The walls and floors were in a good state of repair, however frequently touched areas such as the doors required attention. The curtains in the sitting room were very clean and there was a leather suite of furniture provided. Although the fabric was intact, there were signs of wear and tear on the seats and the arm rests. The bathroom was well presented however, the panel on the side of the bath required repair. The inspector

noted that each resident had an individual basin used for intimate care and one of these was visibly stained and required cleaning. A large showering table was provided and this very clean and in very good condition.

Overall, the inspector found that the staff on duty were aware of residents' needs and knowledgeable of the practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, however, improvements were needed at local level to ensure consistent implementation of standard infection control precautions and procedures at all times. For example; a clear rationale was required for the use of gloves, clarity was required on the disposal or reuse of PEG syringes and some policies, procedures, risk assessments and audits required updating. This would ensure that gaps were identified, actions addressed and care was provided in line with current guidance.

Regulation 27: Protection against infection

The provider had ensured that there was a governance and management structure in place to identify accountability and responsibility for leading infection prevention and control practices. The staff on duty were aware of residents' needs and knowledgeable of the practices required to meet those needs.

However, the inspector found that improvements were needed to ensure consistent implementation of standard infection control precautions and procedures at all times. For example; a clear rationale was required for the use of gloves, clarity was required on the disposal or reuse of PEG syringes and some policies, procedures, risk assessments and audits required updating. This would ensure that gaps were identified, actions addressed and care was provided in line with current guidance.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Sunbeam Lodge Community Group Home OSV-0001932

Inspection ID: MON-0036148

Date of inspection: 29/04/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The use of gloves with one resident during mealtimes has been discontinued, and a clear rationale has been documented in a risk assessment as to when it is appropriate to use gloves when assisting this resident at mealtimes i.e when there is suspected or confirmed infectious disease.</p> <p>The policy on the care and management of Percutaneous Endoscopic Gastrostomy (PEG) Tube site and equipment is currently being updated and will give clear instruction in the cleaning, storage and disposal of syringes. This policy is for discussion at the QSRM meeting scheduled for 26/05/2022. The residents plan of care will be updated in line with the reviewed policy.</p> <p>The Infection Control Policy will be updated to include current guidance relating to the use of FFP2 masks. For discussion at QSRM on the 26/05/2022</p> <p>The First Aid Audit has been reviewed and will be carried out monthly. All first Aid stock has been updated.</p> <p>All Risk Assessments will be reviewed and updated.</p> <p>Frequently touched areas on doors have been cleaned and freshly painted.</p> <p>The suite of furniture in the sitting room will be replaced.</p> <p>A panel will be sourced for the side of the bath.</p> <p>The worktop at the hatch in the kitchen will be repaired.</p> <p>Rosters have been updated to include the full name of staff members, and also relevant leave that staff may be on. – completed 23/05/2022</p> <p>Any out of date posters have been removed.</p> <p>All visiting signage has been removed.</p> <p>The basin identified by the inspector was cleaned on the day of inspection.</p> <p>Staff meeting held on the 17/05/2022 which included post outbreak review following a covid 19 outbreak.</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	20/06/2022