Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Childrens Home Designated Centre 13
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0003910
Fieldwork ID:	MON-0035561

About the designated centre

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

Designated Centre 13 provides full-time residential services to a maximum of six children. The designated centre accommodates both male and female children with moderate and severe/profound intellectual disability. Residents have a wide range of support needs and require high and medium level of support and supervision through a multidisciplinary approach. The designated centre is made up of two homes located in Kildare. Both residential homes provide care and support 24 hours a day for 365 days per year. The centre is staffed by 8.25 whole time equivalent (WTE) nurses, 12 whole time equivalent care staff who are supervised and managed by a full-time person in charge. Residents have access to a wide range of allied health professionals either employed by the provider, or through appropriate referral to external professionals. All residents have their own bedroom, and access to garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 8 June 2022	10:20hrs to 16:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor compliance with Regulation 27: Protection against infection and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspector met one of the five residents who lived in the designated centre and spoke with staff members and members of the management team. Other residents were in school or day services during the inspection. The inspector also reviewed documentation such as policies, procedures, risk assessments and plans. Residents did not communicate verbally, and as such were unable to provide feedback about the service or their understanding of aspects related to infection prevention and control. Therefore, the inspector spent some time observing care and support in one home to ascertain how staff supported residents, and discussed residents' care with staff in homes.

The designated centre consists of two separate homes located in Kildare. One home was providing full-time residential care for two residents and one home was providing full-time residential care to three residents. At the time of inspection, there were five residents living in the designated centre and one vacancy. All residents attended school education or day services during the day mid-week and spent time doing things they enjoyed at weekends, such as visiting family, going for walks or visiting sensory gardens.

One house of the designated centre was a three-bedroom detached bungalow. It consisted of a kitchen and dining room, utility room, sun room, living room (used as a sensory room), two resident bedrooms, a main bathroom and a spare bedroom. At the time of the inspection, the spare bedroom was being used as a second space for residents to use and contained bean bag seating, tents and projectors. There was a secure back garden with swings, a trampoline and a second trampoline in the front garden.

On observation in this house, there was carpet in the sensory room and along the hallway of the premises. The provider had arrangements for this to be deep-cleaned at appropriate intervals.

While the building was generally kept tidy and clean and appeared homely, it was a rented property and this posed limitations on the provider's ability to make changes internally which impacted on some aspects of infection prevention and control. For example, wooden table tops were worn with exposed wood, wooden floors had exposed unprotected wood and this impacted on the staff team's ability to clean and disinfect appropriately.

The bathroom areas in this home had adequate facilities for showering, however bathrooms required upgrading and additional work to improve them further, for example, there were holes and cracks in bathroom tiling which impacts on the ability

to correctly clean them, there was no extractor fan in place in the main bathroom which was causing marks to walls due to condensation.

Residents were provided with a homely and comfortable environment and had toys and sensory equipment available. There were garden spaces with additional equipment for residents to use such as trampolines and swings. The person in charge had included sensory equipment, toys and garden equipment into the routine cleaning practices for the centre. Cleaning checklists were in place to hold staff accountable for carrying out their duties and these were monitored by members of management. While written documentation was in place, these required improvement to ensure they included all tasks such as washing of bean bag covers and cleaning of trampolines, and to guide staff on the correct products to be used for different tasks.

The second home in the designated centre was a bungalow which consisted of three resident bedrooms (one of which was en-suite), a large wet room, a living room which was also used for storage of equipment, a staff office, a large kitchen/ dining/ living room with TV services, sensory art and toys and a utility and medicine storage room. There was a secure back garden with outdoor seating and raised beds for planting.

This home was a newly renovated home, and was seen to be well maintained, clean and tidy. Residents in this home required the use of equipment in relation to their care, such as wheelchairs, hoisting equipment, standing frames and beds. Equipment was seen to be kept very clean and there were clear procedures for daily cleaning and cleaning for after-use.

Staff spoke respectfully about residents in their care. During the inspection, one resident was at home and staff introduced the resident to the inspector, explaining who they were. Staff engaged with the resident in a kind and friendly manner, explaining to the resident what they were going to support them with, before beginning a care task. While the resident did not communicate verbally, staff took time to discuss care tasks with residents, and to seek recognition from their non-verbal ques while supporting them. Residents were supported by a team of permanent staff members who knew them well.

In this home, residents required full support with their personal and intimate care. Equipment such as shower trolleys and shower chairs were visibly clean and had signage to demonstrate this, and clear protocols and guidance available for the staff team.

In both homes, staff could explain the standard precautions (routine infection prevention and control practices and measures) as part of their routine delivery of care, for example, hand hygiene, waste management and the management of laundry. Staff were knowledgeable on the different products to be used for decontamination of the environment and had access to products and personal protective equipment (PPE) for the management of spillages.

Residents could visit family and friends, or have visitors to their home if this was their wish. There were guidelines in place for visitors to the designated centre, and

the person in charge used a balanced risk based approach to visits, to ensure they were promoting relationships but also protecting residents where necessary.

Overall, residents were supported in homely and clean environments that met their individual and collective needs, and staff were carrying out established infection prevention and control practices as part of the routine delivery of care. it was seen that actions from the provider's auditing systems in relation to infection prevention and control were improving the daily practices in the designated centre and protecting residents from the risk of healthcare associated infections. Some further improvements were required in relation to the premises and facilities in one home and written documentation and the recording and monitoring of infection prevention and control risks.

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 in respect of infection prevention and control.

Capacity and capability

The provider was in the process of applying to vary the conditions of the designated centre's registration, to separate the two homes into two different designated centres, which would enhance the governance arrangements by appointing a person in charge in each location. At the time of the inspection, both homes were registered together. The person in charge was not on duty during the day of inspection, therefore the manager of one home and the nursing staff team in another home assisted the inspection process.

The provider demonstrated through their written policies, procedures, management structure and systems that they had the capacity and capability to protect residents from the risk of healthcare-associated infections. Some minor improvements were required in relation to the premises and facilities in the designated centre, to some documentation and to the training available to staff.

There were governance and management arrangements and escalation structures in place to ensure the provider was aware of any infection prevention and control issues within the designated centre. The senior manager visited the designated centre on a weekly basis, and held formal meetings with the person in charge along with regular written reporting arrangements.

The provider had ensured that staff read and understood guiding policies and procedures in relation to infection prevention and control, for example by requiring staff to sign each policy to indicate they had been read and understood. Infection prevention and control arrangements were discussed at team meetings, reviewed as part of stand-alone specific audits as well as including regulation 27 in the annual review and six-monthly provider unannounced visits. The provider had recently updated their waste management policy, which gave greater guidance on the

management of healthcare and non healthcare waste management.

The provider had appointed a clinical nurse specialist with a focus on infection prevention and control, who was available to support staff working in the designated centre, as well as providing routine audits in this area. These audits were found to be comprehensive and identified areas for improvement. It was seen on inspection that the majority of actions raised within the audit in one home in particular had been fully addressed, with some outstanding actions remaining in place at the time of the inspection in another home.

The provider had out-of-hours and on-call arrangements in place, and staff were aware of who to contact after-hours in the event of a risk in relation to infection prevention and control. This was laid out in written documents for staff to easily know who to contact on a given day. The provider had identified named infection prevention and control lead staff members in each home, and these staff had received training specific to their role.

While there were arrangements in place for the management of known infection prevention and control risks in the designated centre, these were not fully documented within the risk management framework. There was an absence of a written overview of all potential or actual infection prevention and control risks for this location specifically to ensure these could be regularly reviewed and assessed. For example, risks related to lack of hand-hygiene products at the point of care, or control measures for effective management of risks associated with soiling. While local practices were in place, and staff had good knowledge of how to manage these issues safely, they had not been included in the risk register to ensure effective oversight. The senior manager completed a risk assessment of some of these risks during the inspection to address this.

The provider had appointed a sufficient number and skill-mix of staff to work in the designated centre, based on the infection prevention and control requirements. There was a stable staff team consisting of nurses and care staff, and no requirement currently for temporary or agency staffing. Staff demonstrated a good knowledge of how to carry out their daily duties in a manner that promoted infection prevention and control practices, and where aware of guidance documents and best practice guides in relation to infection prevention and control.

The provider had made training available to staff to support their knowledge and practices, for example, all staff had completed training in hand hygiene and a number of staff had completed infection prevention and control training (which included best practice and standard precautions). The provider had identified this training as a control measures to the risk of infection in their service, and had plans for all staff to complete this training. Guidance was available in the designated centre on different infectious diseases, how to prevent their transmission and the transmission-based precautions that were required in their management.

Some staff had completed additional academic studies in areas relevant to the needs of residents, for example, respiratory illness.

To further reduce the requirement for unplanned hospital admissions, and

subsequent associated infection control risks, the provider was arranging training for the staff team in the replacement of percutaneous endoscopic gastrostomy (PEG) tubes. One staff had completed this training, and one was in the process of completing it. Once completed, this would further reduce the requirement of hospital admissions into acute services for some residents. Similarly, staff had received training in the use of particular equipment for aspiration and residents now had their own equipment to support this. Staff had received training and guidance in the use of this equipment, with input form the clinical nurse specialist in infection prevention and control. The use of this machine within residents' home, further reduced the risk of an unplanned hospital admission into acute care services.

The staff team had access to a Clinical Nurse Specialist (CNS) in Infection prevention and control, for example, reviewing with the team the use of reusable products versus single use and ensuring guidance was fit-for-purpose based on the operation of the house and the needs of residents.

Overall the provider ensured there were effective governance and management structures and systems in place, along with adequate resources and clear lines of communication to promote best practice in relation to infection prevention and control, in order to protect residents from the risk of acquiring healthcare-associated infections. Some improvements were required in relation to wider training in infection prevention and control for all staff employed in the designated centre and to ensure local risk assessments and written procedures were in place to guide staff on the management of risk in each location.

Quality and safety

The provider demonstrated through their practices and care arrangements that they were implementing effective infection prevention and control arrangements with some minor improvements noted in relation to the premises and guiding documentation.

Residents had access to healthcare services from the primary care team along with allied health and social care professionals employed by the provider. Residents had access to their General Practitioner (GP) and there was good communication between people responsible for providing healthcare to residents, through regular multidisciplinary team meetings and contact with key personnel. For residents who presented with a need for longer-term or repeated antibiotic treatment, this had been discussed and risk assessed in conjunction with prescribing doctors, and measures taken to reduce the likelihood of antimicrobial resistance.

There was easy-to-read information available in the designated centre to support residents to understand the certain illnesses and requirement for testing for COVID-19. Residents and their families had been supported to understand and consent to vaccination programmes available to them. There was signage in the bathroom

areas to guide residents on how to effectively wash their hands.

Staff demonstrated good knowledge, based on clear protocols for routine care that had associated risks from an infection prevention and control perspective, for example an improved procedure for cooling and labelling boiled water for procedures, a clear written process for cleaning of particular equipment and items were stored in a manner that were clutter-free and promoted ease of frequent cleaning.

The provider had taken practical measures to assist staff in the keeping the premises clean, for example by installing of wall protection in hallways. Additional equipment had been sourced and staff trained in their use which supported the delivery of residents' routine care from their home and reduced the likelihood of transfer to acute hospital settings.

The premises were tidy and clean and there were systems in place to ensure regular and enhanced cleaning regimes as part of daily tasks. There were separate utility rooms available in both homes of the designated centre and laundry facilities for washing and drying laundry and for the storage of cleaning products. The machines were seen to be well maintained and clean, and there was guidance for staff to follow in relation to managing soiled linen and washing cleaning materials such as mops and cloths. There was a colour-coded system in place in both homes, for example using red equipment and cloths for certain areas and yellow for others. Staff had prepared cleaning buckets for easy access to products and equipment for cleaning particular areas. While there was a colour-coded system in place, improvements were needed in relation to the storage of mops and cleaning buckets in one of the homes, which were seen to be kept outside of the back door. Staff maintained checklists of cleaning of the environment and all equipment and these were monitored by the management team.

Following an audit in infection prevention and control, staff in one home had devised clear written guidance on the cleaning products to be used for different tasks, to ensure a standard of cleaning in line with the provider's policy. While all staff could explain the safe practices and use of different products, a written guide in one home was not yet available.

In one home, there were additional challenges to some aspects of infection prevention and control based on the needs of residents, for example, it was not appropriate to leave hand sanitiser or toiletries in communal spaces or bathrooms due to other presenting risks. However, the staff team had created ways of working that both promoted infection prevention and managed other associated risks.

From speaking with staff regarding the cleaning arrangements staff demonstrated a clear understanding of the products and equipment to be used for different scenarios. For example, outlining how they would clean and disinfect sensory equipment used by residents and which particular cleaning chemical would be used for different tasks involved.

Equipment in the designated centre was decontaminated and well maintained to minimise the risk of transmitting a healthcare-associated infection. Shared

equipment such as shower trolleys had specific cleaning regimes in place and staff could outline the cleaning procedures for each equipment. There was appropriate guidance on the use of and disposal of "single-use" equipment.

Apart from previous incidents of COVID-19 among staff team members, there had been no other outbreak of any other health-care associated infection in the designated centre since it was first registered as a designated centre. While residents were often admitted to hospital for in-patient stay, staff had good communication pathways with hospital teams to ensure clear information was available, for example, regarding colonisation of any infectious diseases and other infection prevention and control risks.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19 in the designated centre, along with risk assessments and control plans for different risks associated with COVID-19 for individual residents. Residents had isolation plans to guide their supports should they need to isolate in order to prevent transmission of an infectious disease. Each resident had their own individual bedroom, some of which were en-suite.

Overall, staff working in both homes had good knowledge and demonstrated local practices that promoted infection prevention and control in line with their policies and best practice guidance. While the environment was clean and well maintained, there were some barriers to further reducing risk in one home due to the premises and facilities available, which the provider had identified themselves and were working on plans to improve.

Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be substantially compliant with regulation 27 infection control, and the National Standards.

The provider demonstrated that they were protecting residents from the risk of infection, through their governance and management structure and the care arrangements being delivered with the designated centre. There was clear roles and responsibilities in relation to infection prevention and control within the designated centre, and staff had access to a clinical nurse specialist in infection prevention and control. There were policies in place to guide staff practice, and these were based on evidenced based information.

There were oversight arrangements in place to ensure infection prevention and control was consistently reviewed, monitored and improved upon, through both specific audits and as part of the provider's wider auditing systems.

Staff demonstrated an excellent knowledge of best practice in infection prevention and control in the context of their daily roles. The provider had hired competent staff who had access to training in relation to infection prevention and control and

there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support.

The premises and environment were well kept and there were systems in place to raise issues with buildings or their facilities and to routinely clean and maintain premises and equipment.

This inspection found evidence of good practice, but also identified a number of minor areas for improvement. These are as follows:

- arrangements for the storage of mop-heads and cleaning buckets in one home were not appropriate

- the bathroom facilities in one home required attention due to a lack of ventilation, cracks and holes in tiling

- the flooring in one home required improvements to ensure it was effectively sealed and easy to clean

- only 11 of 20.25 WTE (Whole time equivalent) staff had completed training specific to infection prevention and control

- Written guidance for particular care arrangements and risks associated with personal care required improvement to ensure these could be regularly reviewed and assessed for their effectiveness

- there was a requirement for clear written guidance for cleaning tasks, which products are used and why.

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 Stewarts Care Childrens Home Designated Centre 13 OSV-0003910

Inspection ID: MON-0035561

Date of inspection: 08/06/2022

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. The written guidance in relation to cleaning tasks and products is now available in both properties in this DC. 2. A schedule of works has been requested from the technical service department in relation to outstanding maintenance issues identified in this inspection. 3. Staff who had not received training specific to infection prevention and control has been provided and is ongoing. 4. Risk assessments are discussed as part of the staff meetings rolling agenda on a monthly basis for discussion and review to ensure greater oversight by all staff of same. Risk assessments are reviewed more frequently where required. 5. A solution to the storage of mop heads and buckets has been provided in an alternate location to outside the back door.	

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	31/10/2022