



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Residential Services Group B
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0003945
Fieldwork ID:	MON-0035883

About the designated centre

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

Group B : St. Anne's residential service is a residential centre located in Co. Tipperary. The centre can provide a service to seven adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is two semi-detached homes with an interlinking corridor to the rear of the house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 28 July 2022	11:00hrs to 15:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was ongoing on the day of inspection and measures were taken by staff and the inspector to reduce risk of infection. This included wearing face masks and regular hand hygiene. On arrival at the centre temperature checking was carried out and hand hygiene prior to contact with residents.

There were six residents living in the centre on the day of inspection and the inspector had the opportunity to meet with five of the residents. One resident had left for their day service and was not present for the inspection. Residents appeared happy and comfortable in their home throughout the day of inspection. On arrival at the centre, two residents were in the kitchen helping with the unpacking of shopping. One resident, who used gestures, vocalisations and other non-verbal means to communicate, smiled at the inspector when spoken to. The other resident present spoke about items that were important to them such as watching DVDs and they explained to the inspector that they recently got all television channels installed to their bedroom television set. Staff interactions with the residents at this time were familiar, warm and caring.

On the walk around of the centre the inspector met with the other three residents. One resident was watching television in their bedroom and the other two residents were relaxing in their respective sitting rooms. Residents were watching preferred television programs and also had access to suitable leisure activities during this time. Staff were seen to interact with residents at this time and offer care and support in line with residents' needs. For example a resident used a call bell system to indicate they needed assistance. The staff member immediately responded to this and was seen to appropriately support the resident. Again residents appeared happy and content during this time and were noted to frequently smile when staff interacted with them.

A resident spoke in detail about their employment in a local cattle mart and the importance of this role of them. They spoke about a recent family visit and how they had enjoyed the overnight stay. They stated that they liked their home and garden.

Residents had access to meaningful activities and the importance of family connections were maintained for residents. A sample of resident meeting notes reviewed, indicated that residents were given the choice of activities in their week. The notes indicated that residents enjoyed family visits, holidays, day trips, home visits, meals and drinks outs, planning birthday parties, employment and attending their relevant day services if appropriate.

On the day of inspection both the person in charge and person participating in management were on leave. The assistant house manager facilitated the inspection.

This person was very knowledgeable around residents and relevant infection prevention control measures within the designated centre.

The inspector commenced the inspection with a walk around of the premises. The designated centre comprises two adjoining semi-detached homes located in a housing estate. The housing estate was in close proximity to the local town where there were many local amenities. Each home consisted of a kitchen, utility room, downstairs bathroom, sitting room, bedrooms all of which were en suite, a main bathroom. There were office spaces in both homes for staff. Both homes were interconnected by a conservatory and residents could enter each home freely if they so wished. One house was a home for two residents and the other house was a home for four residents. Each bedroom was individually decorated, for example, one resident proudly showed their storage for their DVD collection, and in another bedroom certificates from courses were proudly displayed. The garden had recently been renovated and presented as a very welcoming space. There were planted beds, plenty of outdoor seating, outdoor lighting and a dining area covered by a gazebo. Residents were very proud of this space and they recently held a garden party with family and friends.

The residents in this centre were supported by a person in charge, assistant house manager, and care staff. Residents had varying needs with some residents requiring more support than others with aspects of their care. Staff spoken with were very knowledgeable about residents' individual needs and preferences. The assistant house manager was the infection control lead for the day. Each day a different member of staff was appointed to this role and they were responsible for ensuring the providers systems and policies regarding infection control were implemented in the centre during that shift.

Overall it was found that the residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. It was evident that measures implemented were consistent with the National Standards and in line with the providers own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. High levels of compliance were noted in the centre on the day of inspection.

Capacity and capability

Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in

place to reduce the risk of COVID-19 and other healthcare-associated infection in the centre. The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full time person in charge in place who was supported by the assistant house leader in the centre. The centre was also supported by a senior management team. The service manager also visited the centre on the day on inspection to provide relevant support as needed. There was a dedicated infection control committee who minimally met four times a year. The role of this committee was to ensure a standard approach to infection control measures were employed across the organisation. were available to support if any infection control or COVID-19 concerns arose. There was a regular management presence in the centre and the person in charge and assistant house manager provided both formal one to one supervisions with staff and regular on the floor supervision with staff and residents.

A recent audit had been completed in the centre which fully reviewed infection prevention and control measures in place. This included a review of staff training, the environment, waste management, sharps and spillage management. Management were appropriately identifying areas in need of improvements and developing action plans with persons responsible when necessary. Infection control was also an aspect of the providers unannounced six monthly audits in the centre. For example, it had been identified that not all residents' specific equipment had been on the cleaning schedule. This had been rectified and added to the cleaning schedule as required.

The centre was fully staffed with regular relief staff and one regular agency staff utilised as required. The provider had identified the need of additional staffing at night to ensure all residents' needs were met. This was currently being funded by the provider. A business case had recently been submitted to the relevant funder for increased staffing requirements due to residents' changing needs. However, the staffing arrangements in place were adequate to ensure effective infection control measures were consistently implemented within the centre.

Staff meetings were taking place regularly. The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed as it was on the standing agenda for each meeting. For example, notes indicated that residents recovery post COVID-19 infection was discussed, training, infection prevention control updates in line with national guidance and other notable illnesses circulating in the community such as norovirus.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centre staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of personal protective equipment and cough etiquette were completed. In addition to this, face to face training in the form of competency assessments in hand hygiene had recently been

completed.

There were full time on-call management arrangements in place. The centre had a clear escalation pathway in place for in the event of a suspected or confirmed case of COVID-19 or other relevant notifiable diseases. Staff spoken with were clear regarding this process. A centre specific COVID-19 response plan had been developed for in the event of an outbreak of COVID-19 and this included staffing procedures, management arrangements, visitation, cleaning schedules, contact tracing, communication with residents and their representatives and use of personal protective equipment. Following a recent outbreak of COVID-19 within the centre a post outbreak review occurred where specific learning's were identified and communicated to the staff team.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Risk assessments were found to be in line with relevant national guidance.

As stated previously the designated centre consists of two adjoining semi-detached homes with an interconnecting conservatory. The premises was a homely environment decorated to the residents' individual preferences and needs. The premises was visibly very clean during the walk around the centre. Due to the age of the premises there was some minor wear and tear, evident mainly in bathrooms. The provider had identified this as an area of improvement and there were plans to refurbish bathrooms by year end. All aspects of the centre including storage areas, cupboards, bathrooms, cooking facilities, food preparation areas and laundry facilities were clean, tidy and organised. Cleaning schedules were in place and these were carefully implemented by all staff daily. High touch points such as handles, switches, keyboards, remote controls, phones and taps, were cleaned on a regular basis. There were also cleaning schedules for monthly and weekly cleans.

The centre had two utility rooms where the centre laundry was carried out and cleaning materials were stored. The inspector observed clear systems in place for the separation of clean and dirty laundry. Staff spoken with were clear regarding procedures to take when washing soiled linen. Residents all had separate laundry baskets. A colour coding system was also in place. Separate coloured mops and

cloths were used to clean different areas of the house. There were a number of hand washing facilities and alcohol gels noted around the centre.

It was evident that infection control measures and COVID-19 measures were regularly communicated with residents in a way that was accessible to them. Easy read documentation in relation to a number of infection control measures and COVID-19 were used to effectively communicate with residents. Topics such as COVID-19, hand hygiene the use of PPE were discussed at the residents' monthly meetings and infection prevention and control measures were a standing agenda for this meeting. A number of signs were noted around the centre which communicated infection prevention and control guidance and measures. Key working sessions were also held with residents where infection control measures were discussed one to one, for example, COVID-19 vaccination was discussed in detail to ascertain residents consent was discussed and documented.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspector found high levels of compliance. Clear, safe and effective systems were in place for protecting residents against healthcare associated infections. This was evident in the following areas reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing.
- Clear management and oversight systems were in place and infection control measures were regularly audited and reviewed.
- The service had a clear and robust contingency plan in place for in the event of an outbreak of COVID-19.
- A post outbreak analysis had taken place where clear leanings were identified.
- The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.
- There was a system in place for identifying and mitigating potential and actual infection control risks in the centre.
- The premises and the environment was visibly clean and overall well maintained. Schedules were in place to ensure that all aspects of the premises was regularly cleaned including resident's equipment.
- Policies and procedures were guiding safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.
- There was regular and consistent communication between staff, management and residents regarding infection prevention and control measures in the

centre.

Judgment: 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	Compliant