



# 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 G
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0003950
Fieldwork ID:	MON-0036252

## About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents have on-site day services and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support.

The premise is a bungalow located on the outskirts of a village. Each resident has their own bedroom. There are communal kitchen, dining and bathroom facilities and a spacious back garden.

The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Nursing support is also available to residents.

**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
Tuesday 26 April 2022	10:00hrs to 15:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

An unannounced thematic inspection was carried out in relation to infection prevention and control to assess the providers compliance with Regulation 27: Protection against infection. The inspector met and interacted with the four residents who lived in the centre.

The staff member on duty on the day of inspection ensured the necessary checks were carried out when the inspector arrived at the centre. They asked the inspector to sign in, checked their identification and took their temperature. The staff member was wearing the correct face covering in line with guidance and they ensured the inspector was wearing an FFP2 mask also. Hand hygiene was carried out by both the inspector and the staff member on duty.

The centre is a bungalow with 6 bedrooms with 4 en suite bedrooms, 1 bedroom is a staff sleeper room. It has 1 kitchen/dining room, 1 sitting room, 1 main bathroom and 1 utility room, 1 toilet and wash hand basin. The centre has a garden for residents to use for barbecue's and recreational use. The centre is on the outskirts of a rural village but close to a larger town and amenities so residents have access to services. The centre is staffed by a team of nursing and care staff; the person in charge is supported by an area manager.

The inspector arrived at the centre as two residents were going out for the morning for an activity. The inspector met with the other two residents in the centre who were having breakfast. The staff assisted the two residents with breakfast and personal care in a very respectful manner. There appeared to be a very positive relationship between the resident and staff members as there was very pleasant interactions between them. While the residents did not have the ability to communicate verbally they interacted in a very friendly way with the inspector, one resident took the inspectors hand and also gave them a 'high five'. Later in the morning the other residents returned and interacted with the inspector in a pleasant way which indicated that they were relaxed in their environment. The residents were observed having lunch and watching TV and all seemed very comfortable throughout the day. One resident went out for walk with a staff member during the afternoon and had a cup of tea out; on return the resident seemed to have enjoyed themselves.

The residents lived experience during the pandemic seemed to be very positive, staff were innovative in doing in-house and garden activities and local walks. The residents interacted with friends and family on video call and since the restrictions lifted were back out in their local community. They used their local hairdressers, cafe's, swimming pool and horse riding facilities and had plenty of meaningful activities in their day. They also attended music and art classes and spent time with family and friends. The centre and staff were proactive in facilitating friend and family relationships.

It was evident from documentation reviewed and discussions had with staff that the staff knew the residents very well and were noted to meet their needs very well on the day of inspection. While the residents did not have the ability to communicate verbally the staff knew their vocalisations and gestures and responded in a kind and caring manner. The inspectors sense was of a happy and homely environment.

Overall the centre was clean but required some enhanced cleaning of floors and windows. The hand sanitising units were full and there was plenty of personal protective equipment for staff use. There was good guidance for staff around cleaning as there was a regular cleaning schedule and an enhanced cleaning schedule. There was also product information which informed staff of the dilution methods of the cleaning products. All staff on duty were familiar with protocols around infection prevention and control and how to minimise the risk of infection. There were visuals throughout the house explaining hand hygiene, social distancing and wearing of a face covering to residents.

However significant work was required to the kitchen in order to maintain good infection prevention and control. The kitchen cabinets and flooring were very defective and the window boards required repainting. Also there were some areas of the bedrooms and bathrooms which required attention such as the wardrobes in the bedrooms which the surface had peeled off, mould on ceiling and defective flooring. The front door needed to be painted, the blinds in the dining area were torn and defective and some chairs had worn or torn leather on them. The person in charge explained that there was a plan in place to refurbish the kitchen and to address the issues in the bedrooms and bathroom. He showed the inspector the documentation and emails outlining these plans which also included full repainting of the house and deep cleaning. A senior manager also met with the inspector on the day of inspection to outline the plan of action that was in place and to assure the inspector of their awareness of these issues and their commitment to addressing them.

It was evident that residents rights were being upheld within the centre as there were visuals noted throughout the house in a accessible or easy read format explaining infection prevention and control to residents. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. At service user team meetings residents were informed of what activities are available to them, choice for meals, snacks and choose what time they would like to get up and go to bed. Service users were encouraged to choose their clothes on a daily basis, assisted by staff. It was indicated in documentation that where residents could not articulate this, gesture or verbal cues by each resident was recognised and acted on and their family members were also consulted. Service users also have access to advocacy committees through their representative in each house. All service users have access to an independent advocate if they so wish.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with

national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was plenty of space for residents to meet with visitors in private if they wished.

The centre had a vehicle which could be used by residents to attend outings and activities and there was a cleaning protocol in place for the vehicle.

Throughout the inspection the staff discussed and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. They saw good infection prevention and control measures as part of providing safe and effective care and support to residents. Overall the premises was clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks. However the centre did not meet the criteria to comply with infection prevention and control guidance.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The provider did not meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre and the staff knew who to escalate matters to. The person in charge was supported in their role by senior management. There was evidence that staff and the person in charge had escalated issues with the kitchen, bedrooms and bathrooms to management to senior management and that a plan was in place to address these matters. This indicated that there were good reporting structures and lines of accountability in place. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector reviewed the actual and planned staff rota and found that there adequate staff numbers on duty on the day of inspection provided by a core team of regular staff. The centre was staffed by a mix of nursing and care staff and past rotas indicated that this staff level and mix was maintained. The staff skill mix was in line with the assessed needs of the residents and the statement of purpose and function. The staff team undertook the maintenance of infection prevention and

control within the centre and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. Throughout the day staff were observed to perform hand hygiene, and support residents with hand washing also. Staff members and residents had their temperatures taken twice daily, morning and evening.

The person in charge had ensured that staff members had the appropriate training in infection prevention and control and all training was up to date. The inspector reviewed the training matrix and identified that all staff had completed training in various aspects of infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. In discussions with staff they outlined the various training they had undertaken in infection prevention and control and were able to articulate the main points and objectives of the training.

Staff had access to a range of guidance documents in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018) and an Avista Infection Prevention and Control Guidance Document which was reviewed and updated in February 2022. These documents outlined guidance for the protection and management of COVID-19 and gave direction around areas such as management of laundry specific to the protection and management of COVID-19, isolation procedures, staff arrangements and reporting responsibilities. There were outbreak management guidelines and a COVID-19 emergency response plan in place to provide guidance to staff. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

The centre had a cleaning schedule in place and an enhanced cleaning regime in the event of an outbreak. While the cleaning list was somewhat maintained it was not signed consistently and some items which had been signed for were not completed such as sweeping and washing of floors. There was clear guidance provided around cleaning, method and equipment used and which products to use and their dilution formula. There were colour food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and which colour was used for what food product. There were colour coded mops available and guidance provided around laundering them, staff were clear on which colour to use in which area.

The provider had systems in place to monitor and review infection prevention and control in the centre. Infection prevention and control audits were being carried out annually by the provider. There were also weekly checks completed by the person in charge which highlighted the issues with the kitchen and defective surfaces and also outlined gaps in the cleaning checklist.

The person in charge confirmed that they had access to support and advice in relation to infection, prevention and control as needed from their line manager, from lead COVID-19 staff within the organisation and the public health department in the



HSE.

## Quality and safety

The findings from the inspection process noted that the residents in this centre were involved in the running of the centre and had been informed about infection prevention and control as indicated by the visual easy read posters and documents throughout the house and also from resident meeting notes. The inspector found that the services provided in this centre were person-centred in nature and residents were supported in the prevention and control of health-care associated infections. It was evident that hand hygiene and social distancing had been explained to residents and why they had been unable to go to certain places during restrictive periods. However the centre was not compliant in Regulation 27: Infection Prevention and Control due to the defective surfaces, flooring and extensive kitchen refurbishment that was required in the centre.

The inspector did a walk through of the centre with the person in charge and a senior member of management. Overall the centre was clean, however there were numerous areas that required improvement. The centre required repair and upgrade to ensure surfaces were conducive to effective cleaning and to enhance infection control. The areas identified included defective surfaces on the kitchen cupboards, counter tops and defective floor surfaces with gaps and crevices where bacteria could reside. Some rooms had mould on the ceiling and there had been leak in one bedroom which was fixed but the wall had not been repaired. The surface was peeling off the wardrobes in the residents bedrooms and there were torn blinds in the dining room. The house needed to be repainted including walls, front door and window boards. The provider had recognised the need for the renovation and repair works through their own audit process and had already contracted a kitchen fitter to put in a new kitchen. On the day of inspection the provider arranged for painting of the building to be completed and was able to give the inspector a date for painting and also for contract cleaners to do a deep clean. The provider was committed to addressing the issues and had a plan in place.

The hand gel dispensers were full and clean and there was adequate supply of FFP2 masks available. The staff were noted to wear the correct FFP2 face covering and were observed to take both their own and residents temperatures during the inspection. There was an area for donning and doffing inside the front door and a designated bin for disposal of same. There were paper towel dispensers in all communal bathrooms. There were colour coded food preparation boards in use and staff spoken with were clear on their use and cleaning procedure. The staff were also fully aware of which colour mop head to use for each area and how to launder them after use. There were no aerosol generating procedures in use in the centre such as nebulising although they were aware of the protocols around such procedures. There was a COVID -19 contingency plan as part of the guidance document provided to staff. This outlined the reporting procedures, isolation

protocol and staffing arrangements in the event of a confirmed case.

There were good arrangements in place for the laundry of residents clothing and centre linen in both houses. The practice in relation to separating laundry required improvement as on occasion there appeared to be more than one residents laundry in the tumble dryer at the same time, there was a clean linen basket for clean clothes out of the laundry room. The staff washed the residents clothing at a high temperature using the appropriate products. Cleaning products as indicated in the Covid-19 guidance document were used for floors and surfaces and diluted correctly. There were appropriate arrangements in place for the disposal of clinical waste in the event there was a confirmed case. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There was a cleaning protocol in place for the house vehicle and it was cleaned after each use.

The inspector observed visual easy read format posters relating to infection prevention and control throughout the centre promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19. The inspector reviewed resident meeting notes and noted that infection prevention and control, rights, advocacy and how to make a complaint was on the agenda for every meeting. Infection prevention and control had been explained fully to residents although they had limited understanding of the restrictions every effort had been made to aid their understanding.

The staff members on duty on the day of the inspection were able to clearly articulate their roles in maintaining good infection prevention and control within the centre. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for sign and symptoms of COVID-19 on a daily basis. Staff members spoken with during this inspection demonstrated a good awareness infection prevention and control, of the COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

Overall the centre was clean and homely, there was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The COVID-19 guidance document outlined what products to use and the formula for dilution.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms.

Residents' health, personal and social care needs were met throughout the COVID-19 pandemic, residents continued to have access to General Practitioners (GPs) and a range of allied health professionals. Residents were supported to access vaccination programmes and national screening programmes. The provider had put

in place a process to support residents make an informed decision when offered a COVID-19 vaccine. All residents had availed of the COVID-19 vaccine programme.

### Regulation 27: Protection against infection

The provider was not compliant with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018).

- The centre had defective kitchen surfaces and flooring that required repair and upgrade,
- The residents bedrooms and bathroom had mould on ceilings and defective floors and wardrobes,
- The house required painting, the front door and window boards paint were peeling,
- The blinds in the dining room blinds were torn
- There were some chairs with torn leather on them.

Judgment: Not 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	Not compliant

# Compliance Plan for St. Anne's Residential Services - Group G OSV-0003950

Inspection ID: MON-0036252

Date of inspection: 26/04/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Since inspection the centre was deep cleaned by contract cleaners on 12/05/2022. Painting of one resident’s room, the office and the old fireplace is complete. Mould on the ceiling in one bathroom was removed and a new fan was installed. New blinds were fitted in the dining room.</p> <p>Since inspection chairs with torn leather have been removed and replaced with new chairs.</p> <p>The provider has committed to a plan to replace the floor in the hallway, office and one residents bedroom 31/08/2022</p> <p>The provider has committed to a plan to upgrade the kitchen in the centre 30/09/2022.</p> <p>The provider has committed to a plan to paint the centre which will include the front door and the window boards 31/08/2022.</p> <p>The provider has committed to a plan to upgrade the wardrobes in residents bedrooms 30/09/2022.</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.	Not Compliant	Orange	30/09/2022