



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

Issued by the Chief Inspector

Name of designated centre:	Grange View Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0004063
Fieldwork ID:	MON-0035454

About the designated centre

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

Grange View provides a residential service to people with an intellectual disability and who require mild to high support needs. The centre has capacity to accommodate five residents at any one time and six residents were identified as using this service. Four of the residents have a full-time placement and two residents had a shared care arrangement. The centre is located on the outskirts of a small town and transport was provided in the evenings and weekends for residents to attend their local community for activities and events. There is a social care model applied in this centre and there are staff on duty, both in the morning and in the evening. Residents are also supported by one night duty staff member.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 March 2022	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor the provider's compliance with Regulation 27: Protection against infection. The inspection was unannounced. The inspector met and spoke with staff who were on duty and met with three residents who lived in the centre.

On arrival at the centre, the staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. The staff member confirmed that there were no staff or residents with signs or symptoms of any infections including COVID-19 in the centre.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life in the centre that was respectful of their individual wishes and choices.

On the morning of the inspection, residents were up and about, one resident had already gone to their day service and the others were having breakfast and getting organised to go to their local day services. There were two staff on duty supporting residents in the house with their morning routines and another two staff from the day service arrived to support residents travel by minibus to their day service. The atmosphere in the house was calm and relaxed. Residents were observed having their breakfasts, assisting with putting dishes in the dishwasher, being supported to get their packed lunches and getting ready to leave the centre at their own pace. The inspector again met with some residents on their return from the day service later in the afternoon. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. All staff were observed to know the residents well as they chatted and interacted with residents in a friendly, caring and respectful manner.

The residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and staff were well known to the residents, many of the staff had worked in the centre for several years. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents.

Grange View Services is located on the edge of a rural village and has good access to a number of larger towns, a range of facilities and amenities. The centre consists of a single storey dwelling and provides a service for up to six residents. Four of the residents have a full-time placement and two residents have a shared care arrangement. Accommodation is provided for residents in five individual bedrooms. One of the residents has a bedroom with ensuite toilet and shower facilities, a separate living and dining area. Other residents share a bathroom, shower room,

sitting room and dining room. All residents had access to the kitchen and to an enclosed well-maintained garden area with an outdoor dining space provided to the rear of the dwelling.

Some areas of the house required repair and maintenance. Staff outlined how there had been a major water leak in the recent past which had damaged floors, skirting boards and some walls. The person in charge advised that works were planned to address these issues. She told the inspector that all walls were due to be repainted and flooring throughout the centre was due to be replaced. Other areas identified that required repair included the defective cupboard doors to the laundry room as well as worn and defective upholstery to some chairs.

While most areas of the house were found to be visibly clean, some areas required more thorough and regular cleaning. For example, the threshold to the front door, pipe work underneath the wash hand basin and fixtures in the shared shower room were not maintained in a clean condition and showed obvious lack of routine cleaning. There were no dedicated housekeeping staff employed and cleaning was the responsibility of all staff on duty. There was insufficient guidance in place to direct thorough cleaning of the environment and staff on duty did not have protected time to carry out thorough cleaning.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. Residents were involved in making decisions about their preferred daily activities. Each resident had their preferred daily activity schedule documented in an appropriate format. Residents had the choice to attend local day services if they wished. Staff informed the inspector that residents were delighted at being able to attend day services again following its closure during 2021 due to the pandemic. Residents enjoyed a variety of activities at the day service, including music, yoga, reflexology, exercise classes and having Jacuzzi baths. During the evenings and at weekends, residents enjoyed going for walks, going for drives on the bus to places of interest, shopping, visiting the hairdresser, visiting local churches, eating out and getting take away meals. They also enjoyed spending time relaxing at home, listening to their favourite music, helping out with household tasks and spending time in the garden. The inspector observed photographs of residents enjoying recent day trips to a garden centre and the circus. The centre had a new minibus which could be used by residents to attend outings and activities.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. 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. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

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. Some residents received regular visits from family members and other residents were supported to regularly visit family members at home. Some residents went home routinely at weekends.

While staff saw infection prevention and control as central to their roles and an integral part of providing safe, effective care and support for residents on a daily basis, further improvements were required to ensuring that adequate resources were provided to facilitate thorough and regular cleaning of the centre, to ensuring that hand hygiene training was fully implemented in practice and to ensuring that up-to-date guidance in relation to infection prevention and control were readily accessible to staff in the centre.

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

Improvements were required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

The governance and management arrangements in the centre required clarity in relation to overall accountability, responsibility and authority for infection prevention and control in the service. There was no person identified with overall responsibility for infection prevention and control in the centre. There was a full-time person in charge who was supported in her role by the assistant director of client services. There was on-call management arrangements in place for out of hours at weekends, however, there were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The inspector found that while the staffing levels were in line with those set out in the statement of purpose, further review was required to ensure adequate resources were allocated to cleaning of the centre and to ensure infection, prevention and control needs were met. The staffing roster reviewed indicated that there was a regular staffing pattern. There were no dedicated housekeeping staff employed and cleaning was the responsibility of all staff on duty. There were normally two staff on duty in the morning time from 7.30 to 10 am, three or four staff on duty in the evening time depending on the number and needs of residents. One of the residents required 1:1 support. There were no staff on duty during the day time when residents were absent from the house while attending day services. Staff on duty supported residents with personal care, meals, laundry and a wide range of other activities while at the same time ensuring that residents were supervised and safeguarding plans were implemented. The person in charge agreed that it was

difficult for staff to complete thorough and regular cleaning of the centre given the current working hours arrangement and the support needs of residents.

The management team had provided ongoing training for staff, however, further training and guidance was required. Appropriate facilities were also required to ensure that training in relation to hand hygiene could be implemented in practice. Training records reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control, including basic infection prevention and control, hand hygiene and donning and doffing of personal protective equipment. Staff spoken with confirmed that they had attended this training on line. While there was a number of wall mounted hand sanitizing units available, the inspector had concerns that there was no suitable hand drying facilities for staff or residents in the shared bathrooms and laundry areas. Paper towel dispensers were empty and there were no replacement stocks available on site. Hand towels were in use in all shared bathrooms and in the laundry room contrary to good practice in infection prevention and control. Staff outlined that due to a resident behavioural issue, paper tissues had been removed from communal bathrooms, however, no other suitable alternative to ensure safe and effective hand hygiene had been considered or implemented. Staff spoken with confirmed that they had not received any specific training in relation to the use of cleaning chemicals or regarding cleaning and disinfection.

Improvements were required to ensuring that policies and guidance in relation to infection prevention and control were available, up-to-date and readily accessible to staff in the centre. The inspector reviewed the centre's infection prevention control policy. The policy stated that the centre had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. The policy included links to the HSE website and national standards for infection prevention and control in community services. However, there were no hard copies of the guidelines readily accessible to staff in the centre. The latest and most up-to-date guidance from the HPSC (Health Protection and Surveillance Centre) was also not readily accessible in the centre. Staff spoken with were unclear regarding the up-to-date information and guidance in relation to wearing of protective face coverings in residential services. There was insufficient guidance in place to direct thorough cleaning of the environment. There was no documented comprehensive cleaning schedule in place to guide practice. For example, there was no guidance in relation to the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. There was colour coded cleaning equipment in use but some staff spoken with were unclear regarding the coding system in place. Some cleaning equipment described by staff as being used in the centre such as disposable cleaning cloths were not available on the day of inspection.

The provider had adopted the HSE's policy in relation to infection prevention and control precautions in relation to COVID-19 and a copy was available to staff in the centre. There was a comprehensive centre specific COVID-19 contingency plan in place and the provider had set up a critical incidence response team to oversee organisational responses in terms of COVID-19. 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. The assistant director of client services was the nominated COVID-19 lead person. The person in charge confirmed that she had access to support and advice in relation to infection, prevention and control as needed from her line manager, that she had accessed specialist infection control advice during outbreaks of COVID-19 as well as public health specialist advice from the HSE. The management team were aware of the requirement to notify the Chief Inspector of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted.

The provider had some systems in place to monitor and review infection prevention and control in the centre. Outbreak reviews had been completed following two outbreaks of COVID-19 in the centre. The reviews had identified areas of learning and improvements required. For example, the requirement for additional waste storage bins had been addressed. Unannounced audits were being carried out twice each year on behalf of the provider and infection prevention and control had been reviewed as part of these audits. The annual review dated February 2022 had been completed. While compliance in relation to infection prevention and control was not reflected in the report, the quality improvement plan attached had identified some improvements. For example, infection prevention and control to be included as an agenda item for all staff and residents house meetings, all guidance updates in relation to infection prevention and control be printed and made available to staff. However, issues identified on the day of inspection relating to the physical environment, ensuring that staff had access to necessary supplies and products to comply with best practice, and ensuring the infection prevention and control guidelines were being implemented had not been documented as part of the reviews.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health-care associated infections. However, some improvements were required to the repair and upgrading of parts of the premises to ensure they were conducive to effective cleaning, to the provision of safe and effective hand washing facilities and to the provision of comprehensive guidance to direct thorough cleaning and disinfection of the centre.

Residents had been supported to understand why hand hygiene, cough etiquette, wearing of face masks and social distancing were important in protecting them from COVID-19 and other health-care associated infections. There was information available in the centre about infection prevention and control, COVID-19 vaccinations and getting tested for COVID-19 in easy-to-read picture formats. The inspector found that posters promoting hand washing, correct hand washing

techniques, social distancing and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and residents. There were regular meetings with residents at which staff discussed infection prevention and control items such as reminders and updates in relation to COVID-19. Residents were also provided with user friendly information regarding how to make a complaint, details of the national advocacy service and the details and contact information for the confidential recipient.

From discussions with staff it was evident that they had an clear understanding of their roles and responsibilities in protecting residents from preventable healthcare-associated infections. They continued to support and remind residents of the importance of regular hand hygiene. However, the inspector was not assured that effective infection prevention and control guidelines could be implemented effectively in relation to hand hygiene in the centre given that there was no suitable hand drying facilities for staff or residents in the shared bathroom and laundry areas. Staff continued to monitor residents for signs and symptoms of COVID-19 on a daily basis.

There was a poster displayed outlining the required protocols and precautions in place regarding infection prevention and control control for all visitors entering the centre. There was a hand sanitizing dispenser located inside the entrance door and signage to remind visitors of the requirements to adhere to hand hygiene and sanitising arrangements.

Improvements were required to repair and maintenance of the physical environment to enable effective cleaning and compliance with the regulations. Defective and damaged floors, skirting boards and walls which had resulted from a recent water leak required repair. Other areas identified that required repair included the defective cupboard doors to the laundry room as well as worn and defective upholstery to some chairs.

While most areas of the house were found to be visibly clean, arrangements in place for the cleaning and disinfection of the the centre required review. For example, the threshold to the front door, pipe work underneath the wash hand basin and fixtures in the shared shower room were not maintained in a clean condition and showed obvious lack of routine cleaning. There was insufficient guidance in place to direct thorough cleaning of the environment. There was no comprehensive cleaning schedule in place to guide staff in the frequency of cleaning required, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There was no clear guidance on the colour coding system in place. Disposable cleaning cloths described by staff as being used were not available in the centre.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Residents were supported to attend a range of medical and health care appointments. Throughout the COVID-19 pandemic, residents continued to have access to General Practitioners (GPs) and a range of allied health professionals. A review of a sample of residents files indicated that residents had been regularly reviewed by their GP, healthcare professionals and

consultants. 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. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Regulation 27: Protection against infection

Improvements were required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

- Clarity in relation to overall accountability, responsibility and authority for infection prevention and control was required.
- There was no person identified with overall responsibility for infection prevention and control in the centre.
- There were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.
- A review of staffing was required to ensure adequate resources were allocated to support effective cleaning of the centre and to ensure infection, prevention and control needs were met.
- Appropriate facilities were required to ensure that training in relation to hand hygiene could be implemented in practice.
- Some policies and guidance in relation to infection prevention and control were not up-to-date and not readily accessible to staff in the centre.
- There was insufficient guidance in place to direct thorough cleaning of the environment. There was no documented comprehensive cleaning schedule in place to guide practice.
- Staff had not received any specific training in relation to the use of cleaning chemicals or regarding cleaning and disinfection.
- The threshold to the front door, pipe work underneath the wash hand basin and fixtures in the shared shower room were not maintained in a clean condition and showed obvious lack of routine cleaning.
- Some cleaning equipment described by staff as being used in the centre such as disposable cloths were not available in the centre on the day of inspection.
- Systems in place to monitor and review infection prevention and control in the centre had not identified issues that were noted on the day of inspection. For example, issues relating to the physical environment, ensuring that staff had access to necessary supplies and products to comply with best practice, and ensuring the infection prevention and control guidelines were being implemented had not been recorded as part of the reviews.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Grange View Services OSV-0004063

Inspection ID: MON-0035454

Date of inspection: 09/03/2022

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>Clarity in relation to overall accountability: PIC was identified as IPC lead on day of inspection. Now documented and senior staff identified to cover in PIC absence on shift. Completed by 23/4/22</p> <p>Overall accountability for IPC: PIC was identified as IPC lead on day of inspection. Now currently documented and senior staff identified to cover in PIC absence on shift. Completed by 23/4/22</p> <p>On call arrangements: The Senior Management Team are currently reviewing a proposal regarding out of hours on call system for weekdays. The formalised on call arrangements at weekends from 5pm Friday evening to 8 am Monday mornings continues as heretofore.</p> <p>Adequate resources to support effective cleaning of the center: Additional cleaning support staff is currently being explored in line with budgets, this has been requested to be considered by the organisations Finance Department. To be completed by 05/6/22 A deep clean of the service has been undertaken by staff following inspection. Completed by 23/4/22</p> <p>Adequate and appropriate hand drying facilities are now available in the shared bathroom and laundry areas. Completed by 23/4/22</p> <p>Hand hygiene in practice (training): Hand hygiene assessment was carried out at a staff meeting Completed 23/4/22.</p>	

Follow up assessment of staff adherence to hand hygiene practice will take place by PIC at regular intervals.

Policies and guidance:

A hard copy of most relevant and up to date guidance is now available in the designated centre. Completed by 23/4/22

A hard copy of the INFECTION PREVENTION AND CONTROL An Information Booklet for Community Disability Services published by HSE Kerry/Cork is now available in service which provides a guide to services on General cleaning in centres in outbreak scenarios. Completed by 23/04/22

Chemical and cleaning chemicals:

Staff are now aware of training available in terms of chemical use and this training for staff is ongoing through HSE Land . PIC will be reviewing records of same and same to be completed by 15/4/22

Cleaning equipment: Auditing system regarding cleaning products and equipment now in place. New cleaning products sourced and ordered by PIC ,who is responsible for stock control of such products.

A comprehensive cleaning schedule now in place , and includes information for staff on colour coded cleaning cloths. PIC will audit adherence to the cleaning schedule on an ongoing basis.

Completed by 23/4/22

Systems in place to monitor IPC

Auditing system regarding cleaning products and equipment now in place. New cleaning products sourced and ordered by PIC ,who is responsible for stock control of such products.

Completed by 23/4/22

Staff adherence to IPC practice measure will take place by PIC at regular and ongoing intervals.

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	05/06/2022