



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

Issued by the Chief Inspector

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| Name of designated centre: | Alpine Services |
| Name of provider: | Ability West |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 25 May 2022 |
| Centre ID: | OSV-0004069 |
| Fieldwork ID: | MON-0036015 |

About the designated centre

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

Alpine Service provides respite care to 5 male and female people with an intellectual disability who require a support level ranging from minimum to high, and who are over 18 years of age. The service provides planned, short-term, recurrent respite breaks of varying durations. The centre is a large, well-equipped building linked to a day service in a rural town. All residential accommodation is on the ground floor of the building, and residents have their own bedrooms during respite breaks. The centre is centrally located and is close to amenities such as shops, restaurants, a church, and pharmacy service. Residents are supported by a staff team which includes the person in charge, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. The person on charge is based in the centre.

The following information outlines some additional data on this centre.

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| 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 25 May 2022 | 13:30hrs to 17:00hrs | Mary Costelloe | Lead |

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspection was unannounced. On arrival at the centre, the staff 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 inspector met and spoke with the person in charge and staff who were on duty. The inspector also met with the recently appointed assistant director of client services. A total of 21 residents availed of this respite service, however, a maximum of five residents were accommodated on any one night. Length of stays varied from one to two nights during the weekdays and three nights at weekends. Residents attended their respective day services during the day time. They usually arrived in the centre in the late afternoon and left again in the morning to attend their day services. The person in charge confirmed that residents being accommodated had no known infection risks and all were required to complete a return to service questionnaire prior to each stay in the centre in order to minimise the risk of spread of infection.

The inspector met and spoke with the four residents who were availing of a respite break in the centre when they arrived in the afternoon from their day services. Some residents attended the day service in the adjoining building while others arrived from their service by bus. The residents were in great form and appeared to be delighted and happy returning to the centre. They smiled and greeted staff in a relaxed and familiar manner. They chatted about their day, their plans for the evening and for the following day. They reported that they had a good day at the day service and were looking forward to attending a party the following day as they had all been invited to attend celebrations to mark the the 60th anniversary of the Ability West organisation. They spoke about the musician who was going to play music and the food they were going to enjoy.

Residents spoken with told the inspector how they liked availing of the respite service and enjoyed the time they spent in the centre. They advised that they liked their bedrooms, enjoyed lovely food, got to go places and do activities that they enjoyed. Some residents said that there was nothing they would change about the service. They told the inspector that they were looking forward to eating out in a local bar and restaurant that evening and another resident said she was looking forward to attending the hairdresser before eating out.

The centre was located in a rural town and close to a number of larger towns with good access to a range of facilities and amenities. The centre had its own minibus which residents used to go on outings, day trips and attend activities. Residents reported that they enjoyed going shopping, going for walks, going bowling, attending the cinema, eating out and had recently enjoyed a day trip to the beach.

Residents also enjoyed spending time relaxing in the centre, watching their favourite soaps on television, watching music DVD's and doing word searches. Some residents enjoyed gardening, planting flowers and taking care of and watering plants.

The centre was single storey but part of a two storey building which was used by day services. All residents were accommodated in single bedrooms which were spacious and bright. There was adequate personal storage space provided in each room. Residents shared a large well-equipped shower room and two toilets. Residents had access to a large kitchen, dining room and day room. There was also a utility room used for laundry and storage of cleaning equipment. Residents had access to an outdoor paved garden area which contained a variety of colourful pots and plants, a raised garden bed and sandpit. There was a range of outdoor furniture which residents could use and staff reported that many of the residents enjoyed spending time outside.

There were cleaning protocols in place for each bedroom between service user stays. All bedrooms were cleaned and prepared before the arrival of each resident. Each resident had their own bed linen which they had chosen themselves. They also had a box of their preferred games, puzzles and items of significance to themselves which were suitably stored in the centre and made available to each resident on their arrival at the centre.

The centre was found to be visibly clean and well maintained. The walls to the corridors had been recently painted. The person in charge had identified a small number of areas that needed refurbishment in order to further enhance infection control in the centre and had made arrangements to have these issues addressed.

The rights of residents 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 and as well as signage that was used as reminders for residents to wash their hands. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives. Minutes of meetings reviewed indicated that infection prevention and control, COVID-19 and the importance of keeping ones hands clean were discussed. Staff confirmed that they had also completed demonstrations on correct hand hygiene techniques at resident house meetings and continued to remind and encourage residents regarding the importance of hand hygiene. Each resident had an individualised intimate care and support plan in place to ensure that their privacy and dignity was respected.

Residents were facilitated to remain in contact with family members and receive visitors while availing of respite services. 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. The entrance hall was supplied with hand sanitising dispensers and signage was displayed reminding visitors to sanitise their hands.

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. Staff showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols 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

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018). Improvements were required to the on-call management arrangements during the weekdays and a small number of areas needed refurbishment in order to further enhance infection control in the centre.

There were clear governance and management arrangements in place that ensured clear lines of accountability and responsibility for the prevention and control of health care-associated infection in the centre. The person in charge was responsibility for and maintained effective oversight of infection prevention and control in the centre. The person in charge was supported by a team of staff and the assistant director of client services. There was on-call management arrangements in place for out of hours at weekends, however, on-call arrangements during the weekdays required review. While there was an informal arrangement whereby three local staff had agreed that they they could be called upon if available in the event of an emergency, there were no formal on-call management arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

Staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that there was a regular staff pattern. Staff spoken with told the inspector that staffing levels in the centre were flexible in order to meet the assessed support needs of the respite residents. These staff were employed on a regular basis by the provider and had developed good relationships with the residents. The inspector observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful. The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. Cleaning was the responsibility of all staff on duty, the inspector noted that all parts of the centre and equipment in use were maintained in a visibly clean condition. Cleaning schedules in place for both day and night staff were being completed.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. Training records reviewed identified that all staff had completed mandatory training in various

aspects of infection prevention and control including basics of infection prevention and control, hand hygiene and putting on and taking off personal protective equipment (PPE). All staff had recently completed refresher training in infection prevention and control as well as training on chemical safety and managing health and safety in health care settings. Staff spoken with confirmed that they had attended a combination of on-line and in house training. During the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks.

There was a range of policies and guidance in relation to infection prevention and control available and readily accessible to staff in the centre. The infection prevention and control policy was dated October 2021. The policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. It provided guidance to staff on a range of topics including standard precautions, hand hygiene, cleaning and disinfection, laundry management, decontamination of equipment, dealing with spills, safe use and disposal of sharps and guidelines on the management of an outbreak of infection. There were copies of the National Standards for infection prevention and control in community services (2018) as well as the latest guidance documents from the Health Protection Surveillance Centre available to staff. There was clear guidance and written protocols in place to direct cleaning of the centre. Staff spoken with were knowledgeable regarding the guidance and the inspector observed that it was being implemented in practice.

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. The plan had been updated following the last inspection to include guidance for staff in the event of service users health deteriorating. 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. There were detailed protocols outlined for use of the centre as an isolation unit in the event of an outbreak in other residential centres in the organisation. The person in charge confirmed that she had access to support and advice in relation to infection, prevention and control as needed 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. To date there had been no outbreak of COVID-19 in residents while availing of respite services in the centre.

The provider had systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audits completed in May and December 2021 had reflected on infection prevention and control and improvements identified had been addressed. The annual review had been completed and had included consultation with residents and their families. As part of the quality improvement plan, the corridor areas had been repainted and a review of infection prevention and control had been included as part of the monthly quality and safety audit. The inspector reviewed recent monthly audits which showed good compliance in relation to hand

hygiene supplies, waste collection and environmental cleaning.

Quality and safety

The provider had measures in place to ensure that the well-being of respite users was promoted and that respite users were kept safe from infection. Overall, there was evidence that a good quality and safe service was being provided to residents.

Residents continued to be supported to understand why infection prevention and control precautions were in place. They had been facilitated with opportunities to discuss and keep up-to-date with this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector found that posters promoting hand washing, correct hand washing techniques, cough etiquette, and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and residents. There was pictorial information made available to residents to support them should they need to go for a COVID -19 test. The inspector reviewed the minutes of weekly meetings held with residents which showed that infection prevention and control, COVID-19 and the importance of keeping ones hands clean were discussed. Staff spoken with advised that they had completed demonstrations on correct hand hygiene techniques at resident house meetings and continued to remind and encourage residents regarding the importance of hand hygiene.

From observations in the centre and discussions with staff, it was clear that staff understood the importance of infection prevention and control. They had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. 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.

The centre was found to be well maintained in a visibly clean condition throughout. There was some wear and tear surface damage to the sofa covering, table cloths and kitchen units, however, the person in charge had identified these issues and had brought them to the attention of the management team.

There was clear guidance and written protocols in place to direct cleaning of the centre. Staff spoken with were knowledgeable regarding the cleaning protocols, the difference between cleaning and disinfection, the use of cleaning equipment and cleaning chemicals as outlined in the policy. Cleaning records maintained showed that staff routinely completed cleaning tasks as set out in the cleaning schedules. There was limited shared equipment in use and there were cleaning protocols in place for the cleaning and disinfection of same. The kitchen and dining room were shared with the day service users, however, the inspector was assured that cleaning protocols in place were being implemented and overseen by the person in charge.

There were clear systems in place for the management of waste and laundry. The laundry room was well organised and there were posters displayed to remind staff regarding correct procedures for cleaning and disinfection, use of chemicals and the required temperatures for laundering clothes and other items of cleaning equipment such as mop heads.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. All residents had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Staff advised the inspector that the families arranged and supported residents attend all medical and health care appointments. All residents 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 in an emergency.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). While there was evidence of good practice in relation to infection prevention and control noted in many areas, some improvements were required to the on-call management arrangements and a small number of areas needed refurbishment in order to further enhance infection control in the centre.

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The provider had put in place a number of systems and processes which supported and guided good infection prevention and control practice. Staff supports were in place to meet the respite users' needs and safely implement infection prevention and control measures. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. Residents had access to GP's and out of hours service while availing of respite service. Residents were consulted with, kept informed and updated regarding infection prevention and control guidance and measures in the centre.

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 Alpine Services OSV-0004069

Inspection ID: MON-0036015

Date of inspection: 25/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The current on-call system which is included in procedures, is that 'Assistant Directors of Client Services are on call for out of hours Monday to Friday for their respective services and on-call rota is in place for weekends'. While this is documented, it has become increasing evident that this approach is not as effective as envisaged. Consequently, a 'fit-for-purpose' on-call management system is currently being reviewed at senior management level, and should be in place once the current recruitment process within client services is complete. It is anticipated that this will be completed by 30/09/2022.</p> <p>Refurbishment is currently underway in relation to the replacement of leather couches in the living room area, to be completed by 31/07/2022. New tablecloths have been sourced and in place for the dining room tables, completed on 21/06/2022. The kitchen presses and skirting boards are also being replaced, to be completed by 31/07/2022.</p> <p>The Person in Charge will continue to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored by carrying out the appropriate audits to monitor same.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 30/09/2022 |