



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

## Issued by the Chief Inspector

Name of designated centre:	The Glens
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	26 July 2022
Centre ID:	OSV-0004880
Fieldwork ID:	MON-0035433

## About the designated centre

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

In this centre the provider aims to provide an individualised residential service to a maximum of nine residents. The service is delivered in two separate locations; a semi-detached house and an apartment block comprised of three apartments. The location of each facilitates access to the amenities available in the large busy town. Three residents live in the house and two residents share each of the three apartments. The model of support is social and a twenty-four hour staff presence is maintained in each location. Residents present with a diverse range of needs and abilities and the support provided is informed by an individual assessment of need that includes domains such as healthcare, education, employment and, meaningful social and community inclusion. Management and oversight of the service is delegated to the person in charge who is supported by a social care leader and a social care worker.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 26 July 2022	10:00hrs to 17:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was focused on assessing the provider's compliance with Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's National Standards for infection prevention and control in community services (2018). The inspector found the provider had such procedures in place and infection prevention and control was part of the daily routines and management of the centre. There was some scope for improvement such as the need to review and assure an aspect of the outbreak plan and, agreeing the format and frequency of formal infection prevention quality assurance systems.

The inspector spent time in the house and in the apartments. The arrangements for infection prevention and control were both standardised and somewhat different between the locations and within each location as they responded to the needs and abilities of the residents. For example, some residents had good awareness of the risk posed by infection and had good independence in the maintenance of their apartment and in their activities of daily living. Other residents were more dependent on the staff team to protect them against the risk of infection.

On the day of inspection three residents from the apartments were at home on planned holidays with family. The inspector met and spent time with the remaining six residents. Some residents had the skills to converse easily with the inspector while other residents used a combination of word and gesture to engage and respond. Residents who ordinarily shared an apartment told the inspector that they were enjoying having the apartments to themselves. There is an active plan for one resident to transition to independent living nearby. The resident was very much looking forward to this but naturally a little anxious that the move would progress as planned.

There was little explicit discussion of infection prevention and control and the inspector sensed that residents were adapting to living with COVID-19 as they reengaged with normal routines and activities. For example, a topic of discussion in both houses was the very recent social organised by the provider and attended by all of the residents. It was clear that residents had enjoyed this event greatly in particular the opportunity they had to meet with friends and peers from other services. Residents readily shared with the inspector photos taken at the event and spoke of the fun that they had. The person in charge described how infection prevention and control was considered and risk assessed by management when planning this event such as ensuring both staff and residents were well and fit to attend.

All of the residents looked well, were in good form and clearly relaxed and happy in their home and with the staff members on duty. There was a sense of fun as residents joked and laughed with staff and with the inspector and shared their love of music and dance. The support observed was one of normalised daily routines. For

example, residents and staff members were noted to walk and chat easily together. A resident made and enjoyed a cup of tea for themselves as a staff member prepared the appealing main evening meal. Residents were clearly familiar with the recently appointed person in charge who they addressed on first name terms and described as wonderful. One resident was delighted with the new floor-covering in his bedroom and en-suite bathroom and confirmed he had chosen the colour himself. All of the residents told the inspector or gestured they were happy with life and with their life in the centre.

The inspector did not meet with any representatives but saw that the completion of the internal annual review had included feedback sought from representatives. Where feedback was provided it was very positive.

Though the observed routines were homely and normalised the inspector saw in both locations how residents were protected by and supported to protect themselves from the risk of infection. For example, staff were observed to adhere to the controls designed to reduce the risk of accidentally introducing infection to the centre such as establishing visitor well-being and requesting the performance of hand hygiene and the wearing of a face mask. The inspector, staff coming on duty and contractors working on site were all requested to adhere to these controls. The person in charge confirmed that other than these controls there were no restrictions on visits to the centre.

There was ready opportunity in each location to perform hand-hygiene and staff were observed to do this after tasks such as using the hand-held phone. All staff members on duty in both houses were noted to wear a well-fitting face mask.

Both premises though different (one premises was purpose built, the other was of older and domestic type construction) presented as visibly clean and no immediate infection prevention and control risks were identified by this inspection. Staff adherence to good practice and the implementation of a recent infection prevention improvement plan that had issued from a recent internal audit contributed to these satisfactory HIQA inspection findings.

In summary, this was a well-managed, person centred service where residents enjoyed a good quality of life. The provider had systems in place that sought to protect residents and staff from the risk of infection. However, while areas that needed to improve were generally known to the provider a satisfactory solution was still needed for some of these issues such as having suitable isolation arrangements in place for all residents.

While on site the inspector followed up on issues from previous HIQA inspections such as the transition to independent living mentioned above and business cases seeking additional staff supports for some residents. Some progress had been made but staffing resources was not fully resolved. Assurance on staffing was requested separately of the provider.

The next two sections of this report will describe the governance and management arrangements in place and how these arrangements ensured and assured the quality and safety of the service provided to residents by promoting compliance with

## Capacity and capability

There were governance arrangements in place that supported effective infection prevention and control practice. Infection prevention and control was seen as the responsibility of management and staff and was based on what the inspector observed an established part of the day-to-day operation and management of the service.

There were allocated responsibilities. For example, the person in charge was the nominated infection prevention and control lead for the service. The person in charge and her peers had opportunity to attend infection prevention and control specific meetings with their line manager. This ensured they were informed, kept up to date of changes and developments and could share learning. The person in charge discussed with the inspector how the staff team were kept up to date and had access to guidance to support them in their practice. For example, updates were circulated to all staff members via their allocated work email. The person in charge had also convened a recent staff meeting to specifically discuss for example the outbreak plans and reporting pathways. A further meeting was planned so that all staff attended such a meeting. The person in charge described the actions taken by staff when infection concerns arose such as contacting management or on-call, donning the correct level of PPE (Personal Protective Equipment) and making arrangements for residents to isolate from their peers.

Records available to staff in the centre included recently revised local and organisational general and COVID-19 specific infection prevention and control policy and procedure. Copies of the centres outbreak plan and isolation plans for each resident were also in place. The plans were clear on the procedures to be adopted to control the spread of infection in the event of suspected and confirmed infection. Some residents could and had safely isolated in their own bedrooms. However, the plans also highlighted the inability of some residents to do this. To reduce the risk of transmission to peers and staff, the plans identified the requirement for transfer to the nominated isolation facility. However, the ongoing availability of this facility was not assured due to other service demands. While this was a challenge, there was a need to identify suitable alternative arrangements for residents to safely isolate from their peers where such isolation for a specified period of time continued to be a specified control. For example, in the event of COVID-19 or influenza virus infection.

The person in charge confirmed there had been some inconsistency in the application of formal infection prevention and control quality assurance systems. A recent infection prevention and control audit had been completed in one house and the person in charge was completing and had repeated the HIQA self-assessment tool in May. There was evidence of the transfer of learning from the internal reviews that had been completed and from the findings of HIQA inspections completed in

other services. For example, the revised and updated infection prevention and control guidance referred to above. Additional hand-sanitising units and disposable hand towel dispensers had been provided. No poor practice was observed by this inspector and on discussion there was solid knowledge of evidence based infection prevention and control. However, the provider did need to review and agree the format and frequency of its quality assurance systems going forward so that infection prevention and control was proactively and consistently monitored and assured.

The outbreak plan included the staffing arrangements to be put in place in the event of an outbreak of infection. For example, the plan specified the need for a risk assessment and robust controls in the event that assigned staff could not be provided and staff had to crossover between residents and apartments. Staff were reported to be flexible and altered their work pattern to facilitate specific events and activities or in response to the outbreak of infection.

The provider had prescribed for staff the suite of baseline and refresher infection prevention and control training to be completed. Based on the records seen staff had completed training in hand hygiene, putting on and taking off PPE and in infection prevention and control. However, given the arrangements in place for staffing the centre better oversight of the training completed by all persons supporting residents was needed. For example, while management was confident the training had been completed there were gaps in records to confirm completion of training in hand hygiene, the use of PPE and, in standard, transmission and droplet precautions. A number of staff had not based on the records available completed the recommended training on the fit-testing of FFP2 masks.

## Quality and safety

While there was some scope for improvement the inspector was assured infection prevention and control was part of the daily routines of the service. Residents enjoyed a good quality of life with reasonable and minimal controls to protect them from the risk of infection.

For example, some residents had regular access to home and family, had returned to external day services and employment and all residents were out and about supported by staff in their local community. The person in charge described the ongoing monitoring of resident well-being so that any possible infection was detected quickly. Records were maintained of this twice daily monitoring and staff spoken with clearly described how residents might display signs of illness such as a change or loss of appetite. Symptoms such as a raised temperature continued to have a high index of suspicion for infection and were responded to until it was established there was no active risk of infection.

Residents in general were reported to enjoy good health and had access to clinicians and services as needed. For example, staff described and records seen confirmed



access to the General Practitioner (GP), nursing staff based in the GP practice, mental health services, dental care and chiropody. There were no planned admissions but records such as the "hospital passport" included information of the resident's vaccination status. All residents had been supported to access vaccination against the risk of COVID-19 and were also supported to avail of seasonal influenza vaccination.

Staff spoke with residents or used accessible materials to explain to residents the risk posed by infection and interventions such as vaccination and testing. The inspector saw how this discussion equipped residents to protect themselves. For example, the elbow greeting offered to the inspector. One resident was actively involved in the advocacy forum. This resident was on holidays but staff said infection, its control and impact on residents' lives was regularly discussed at these meetings.

Both premises presented as visibly clean. The design and layout of the apartments supported the centres outbreak plans as each resident had their own bedroom and sanitary facility. Obstacles to some residents isolating in their home and the need for further review of their plans has been addressed in the previous section of this report. Staff were aware of the principles of timely detection, restricted movements and isolation to prevent the spread of infection. The well-being of each staff member coming on duty and while on duty was formally established.

The provider was in the process of implementing revised cleaning policy and procedures. This included the introduction of a colour coded system of cleaning to reduce the risk of contamination and cross-infection. The range of products in use for cleaning and disinfection was being streamlined. Staff completed records of what and when areas were cleaned or cleaned and disinfected. Given the overall good health enjoyed by residents the person in charge advised there was no clinical equipment or devices in use and no shared equipment other than the requirement for residents in the house to share the main bathroom.

The inspector saw there was ready opportunity and good facilities for staff, residents and visitors to complete hand-hygiene either by hand washing or the use of hand sanitising products. These units were available for example in the shared hallway of each apartment, at main entrances and main hallways. Each wash-hand sink was supplied with soap and disposable hand-towel dispensers. All bins seen were foot-pedal operated and there were local arrangements for the collection of waste. Some residents managed their own laundry and each apartment had laundry facilities. Where staff support was needed staff confirmed the individualised management of each resident's laundry. Staff had access to water soluble bags if there was a requirement to manage potentially infectious items.

## Regulation 27: Protection against infection

This inspection found the provider had procedures in place that were consistent with HIQA's National Standards for infection prevention and control in community

services (2018). However, given the pending unavailability of the designated isolation facility a review of some isolation plans was needed. There was a need to identify suitable alternative arrangements for residents to safely isolate where isolation for a specified period was still required to reduce the risk of spread. This inspection did not identify any concerning risks or deficits and there was evidence of learning and improvement. However, the provider did need to review and agree the format and frequency of its quality assurance systems so that infection prevention and control was proactively and consistently monitored and assured.

Given the arrangements for staffing the centre, better oversight was needed to ensure all required training was complete. The source of an odour in one apartment required further investigation. One toilet seat needed to be replaced as it was stained and damaged. The practice of leaving fabric floor mats/bathmats on the floor of shared facilities (as observed) created a risk for contamination and cross infection.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for The Glens OSV-0004880

Inspection ID: MON-0035433

Date of inspection: 26/07/2022

## 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 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 as follows:</p> <ul style="list-style-type: none"> <li>• The registered provider has identified suitable alternative arrangements for residents to safely isolate from their peers where such isolation for a specified period of time continues to be a requirement. [complete]</li> <li>• Outbreak/isolation plans have been updated to reference the location identified for isolation requirements. [complete]</li> <li>• The person in charge has reviewed infection prevention and control training records to ensure all staff have completed the required training. [complete]</li> <li>• Damaged toilet seat has been removed and replaced with a new toilet seat. [complete]</li> <li>• Fabric floor/bath mats have been removed from shared facilities to reduce the risk of infection and cross contamination. [complete]</li> <li>• The registered providers' local Infection Prevention and Control guidelines will be further reviewed and agreed to ensure they include a robust review process to ensure infection prevention and control is proactively and consistently monitored and assured and that there are no inconsistencies in the application of review systems. [30/09/2022]</li> <li>• Investigation and corrective action is in progress to ensure the source of an odour identified in one apartment is addressed. [31/10/2022]</li> </ul> <p>[Overall completion: 31/10/2022]</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022