



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

Issued by the Chief Inspector

Name of designated centre:	Centre 2 - Cheeverstown House Residential Services (Active Age)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0004925
Fieldwork ID:	MON-0036948

About the designated centre

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

This designated centre comprises of four houses, three of which are located on a residential campus in South Dublin and one is based in the community in a small village in South Dublin. The centre provides full-time residential care and support for male and female adults. The capacity of the service is for 16 adults with intellectual disabilities including some adults with physical and sensory disabilities. House 1 and 2 each comprise of 6 bedrooms, a kitchen/dining room, two sitting rooms and two toilets, a bathroom and shower room. House 3 comprises of two bedrooms, kitchen/dining room, sitting room and toilet downstairs and a bathroom with toilet upstairs. House 4, outside of the main campus, comprises of 3 bedrooms, one of which is used as an office, sitting room, kitchen/dining area and one toilet on ground floor and a two toilet upstairs, one with a bath. Each house includes a garden space for the residents. As per the current statement of purpose, there is a clinical nurse manager, 13 staff nurses, 16 care assistance 4 housekeeping staff and a full-time person in charge employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 31 May 2022	09:45hrs to 18:10hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The inspectors met with residents, staff members and management personnel, as well as observing support interactions between staff and service users.

The inspector briefly met or observed support interactions with the residents living in the designated centre during the course of the inspection. Residents were relaxing in the living rooms, having lunch, going out for walks, watching television or attending their day service and medical appointments. Some residents had specific support needs and did not communicate using speech, and in these instances staff communicated with the residents in a patient and appropriate manner. The inspector observed examples during the day of staff supporting residents who were upset and distressed, to stay safe while returning to their baseline mood.

Bedrooms were personalised and decorated to residents' preferences, and residents had access to kitchen, garden and bathroom facilities in each house. Three of the four houses of this designated centre were located on a congregated campus setting. These houses had been identified as no longer suitable for residents and the provider was involved in a long-term project to transition residents off the campus to residential houses and apartments around the community. Despite plans to ultimately vacate the houses, they were kept in a generally good state of maintenance to provide a safe environment while people continued to live in these houses.

The houses had set hours of attendance by staff responsible for the cleaning and housekeeping of residents' homes, and inspectors observed areas such as kitchens, bedrooms and living rooms, and frequently touched surfaces such as door handles and rails, were kept clean by housekeeping staff.

The inspector reviewed a sample of resident meetings in which residents could plan activities and outings off-campus, make requests such as getting new furniture in their homes, and raise complaints on matters such as not liking days on which the service was short staffed. Some of these meetings advised residents of when social restrictions associated with the COVID-19 pandemic were being relaxed and where increased access to friends and family would be supported.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how these arrangements affect the quality and safety of the service being delivered in respect of infection prevention and control practices.

Capacity and capability

The provider had conducted a self-assessment of their ability to control and respond to infection outbreak risk in this designated centre, most recently in April 2022. The provider had also completed comprehensive risk assessments related to health and safety in the designated centre. These informed the provider's preparedness and contingency plan for mitigating the risk of an outbreak in the centre, and ensuring residents and front-line staff were safe in the event of an outbreak. There was evidence that this plan and the centre's risk controls on infection control practices were centre-specific and revised routinely.

In reviewing the risk controls identified, the inspector found that some of the control measures set out to mitigate infection risk were not happening in the centre. For example, the use of correct face coverings, management of waste and sharp items, frequency of resident and staff temperature checks, and cleaning and disinfecting of resident equipment and devices was not being done in accordance with centre policies and procedures. Separately, the provider had not assessed the risks related to potential infection hazards such as influenza, hepatitis B, and *Clostridioides difficile* (*C. diff*). The provider conducted testing of water in the designated centre, and where legionella risk was detected, a task of water treatment and flushing of seldom-used outlets and drains commenced in response for a period of weeks. However, there was no evidence available to indicate that this measure was occurring proactively to prevent bacteria risk developing in the first instance.

Some measures described had not taken account of current circumstances in the centre, or to reflect the national recommended guidelines for residential care settings. For example, some risk controls limited access to visitors in the residents' home to a set number of days in a week or only on compassionate grounds, which was not in line with national guidelines to optimise access to visitors. Some risk controls were enhanced on the grounds that residents were not vaccinated, however at the time of the most recent review, all residents were fully vaccinated against COVID-19.

The contingency arrangement prescribed in the event that specific residents become sick, who are assessed as being unable to effectively self-isolate in their home, was that they would relocate to a named location on the campus. However, this location had not been available for isolation for several months as it was being used to accommodate residents of another designated centre whose own houses were being renovated. Review was required to ensure that there were clear and appropriate arrangements in place for residents in the event they become ill with COVID-19 and cannot effectively isolate or practice social distancing in their own home.

The provider had conducted audits, most recently in May 2022, to identify good practices and areas in need of development with the environmental hygiene of the designated centre. These audits were detailed and found that overall, staff adherence to good hand hygiene practice, and the housekeeping team's work at

keeping the general environment clean was of a good standard. For areas identified as in need of development, a time-bound action plan was developed to address same. At the time of inspection, many of the actions identified from the provider audits had not been progressed in accordance with the provider's own timeframes. As such, many of the deficits in the provider's own audits were also found during this inspection, as well as other aspects for improvement which had not been identified by the provider, as will be described later in this report.

Members of the staff team were facilitated to attend training and education programmes on good infection control practices, proper hand hygiene and the use of personal protective equipment (PPE) and identifying symptoms of infection risk in people with intellectual disabilities. Outside of some instances in which staff were not wearing face coverings in accordance with national and provider guidelines when directly supporting residents, overall the inspector observed good adherence to infection control practice by the centre staff team. For each shift, an infection control leader was identified per house. The inspector found that the duties of this role were limited to ensuring that the house was appropriately stocked with PPE and hand sanitiser, with no duties related to monitoring staff practice or cleanliness of items used around the house.

The inspector spoke with members of the housekeeping team, who were clear on cleaning and disinfecting protocols for different surfaces and environments, proper use of cleaning equipment and chemicals, and what they were and were not responsible for keeping clean. The areas for which the housekeeping team were responsible were generally clean, in light of the challenges associated with maintaining these older buildings.

Two outbreaks of COVID-19 had occurred in this designated centre in the six months preceding this inspection. The inspector was provided evidence indicating that despite the substantial impact on the staffing complement, the provider had adequate resources available to maintain safe minimum staffing levels in the affected houses while team members were off-duty. This included utilising relief and agency personnel, and regular staff working overtime hours, to support the residents during the outbreak while mitigating the impact on support continuity. Outbreak reports reflected on which measures worked according to plan and where learning would be taken from the real-life experience of an outbreak of COVID-19.

The topic of infection prevention and control was discussed as part of the service's most recent quality and safety report and annual review of the service overall. In this, the provider reflected upon the good work by the frontline team and residents in doing their part in keeping themselves and others safe. The inspector found examples of correspondence issued to residents' families to keep them updated on news during outbreaks in the centre and during upward trends of COVID-19 case numbers in the general community, and how it affected the operation of the centre.

Quality and safety

The inspector found that residents and staff had been supported and advised on how to follow good practices and stay safe with regard to infection control matters. Some improvement was required in the management of items such as sterile stock, cleaning equipment, medical devices and resident equipment. The provider conducted regular audits of the service to identify areas in need of development, though there were mixed findings of their usefulness in bringing about improvement to the service in a timely fashion.

The premises of this designated centre was made up of older buildings which were challenging to effectively clean and sanitise. Some areas of the designated centre had areas with rusted fixtures, flaking paint or plasterwork, and worn or peeling kitchen and bathroom surfaces which could not be effectively sanitised. However, despite the challenge posed by this, the centre environment was generally clean and free of malodour. The majority of the areas affected by wear and tear were cosmetic and areas such as wet rooms, food preparation surfaces and medicine storage were clean and appropriately maintained. Floors, walls, bedrooms and bathrooms, and frequently touched points such as light switches, rails and handles were overall clean and routinely disinfected. Some furniture such as couches and armchairs in living rooms were badly worn in their upholstery and were not clean on inspection.

The staff utilised a cleaning schedule to identify when and how often areas of each house were cleaned. The environmental areas on the schedule were overall clean on inspection, however the provider had identified that items not on the schedule had no record of when they were inspected or cleaned. This included ventilation fans, curtains, carpets, blinds, mattresses and high surfaces, however despite these findings, the provider had not updated their cleaning schedules to include these items within their own stated time frames. Some of the items omitted from routine cleaning records were consistent with items found to not be clean during this inspection.

Significant improvement was required to ensure that mobility and medical equipment was properly managed against infection risk. The inspector reviewed a sample of equipment in the houses and found medical devices, their attachments or cases, which were visibly dirty and not effectively sanitised when not in use. This included nebuliser kits, finger pulse oximeters, digital thermometers, tablet crushers and instrument trays. Improvement was also required in the resident mobility equipment being effectively cleaned, as the inspector found a number of wheelchairs recorded as cleaned that day, which were visibly unclean with heavy residue, crumbs, dust and smudges on areas including seats, armrests, foot plates and upholstery.

Improvement was required in the management of waste in the service. Healthcare risk waste was not being disposed of in accordance with the provider's own procedures. Bins for disposing of sharp items such as syringes and lancets did not have their lids closed when not in use.

Equipment used for cleaning was managed well in the main. Brooms, vacuum cleaners and dustpans were clean and suitably stored. Mop poles and buckets were

colour coded based on their area of use and were stored clean and dry when not in use. Some minor improvement was required to ensure that mop heads in specific areas were not stored on the ground or against outside walls where they had picked up some dirt and debris.

The designated centre was adequately stocked with personal protective equipment such as face masks, goggles, plastic aprons and gloves. Some improvement was required in the availability of hand gel dispensers around the houses and in ensuring that hand towels were available alongside sinks. Some improvement was also required to ensure that residents' toiletries, shoes and cleaned clothes were not left inside shared toilets.

Food safety practices were appropriate for good infection control. Fridges and freezers were clean inside and outside, and routinely monitored to ensure they were at suitable temperature. Food items were disposed of when past their expiry date and were labelled as to when they had been opened. Sterile items such as syringe packs, gauze, oral hygiene kits and medical tubing were all within their use-by dates and were appropriately stored.

Regulation 27: Protection against infection

Overall the provider had detailed assessments of the infection control measures, contingency arrangements and guidance to good practice, which were specific to the designated centre and its residents' needs, and reflected upon following actual infection risk events. Improvement was required, however, in ensuring that the audits done to assess if these measures were effectively followed in practice were valuable in bringing about timely improvements and developments.

Overall, front-line staff followed good practices in keeping themselves and residents safe from infection risk in their interactions, both on a day-to-day basis, and during an infection outbreak. The housekeeping team had managed to effectively keep the general environment suitably clean and well-maintained. However, significant improvement was required in the oversight of medical devices and resident equipment being kept clean and sanitised. Other areas of the service required revision of risk controls and procedures to ensure they were in accordance with best practice or in response to changing circumstances with the centre and its residents.

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 Centre 2 - Cheeverstown House Residential Services (Active Age) OSV-0004925

Inspection ID: MON-0036948

Date of inspection: 31/05/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • All Contingency & Preparedness Plan are updated and will be reviewed 3 monthly and as required. • All Covid 19 Risk Assessments will be reviewed and scored appropriately as per National Guidelines including Visitors and staff temperature. • A review of individual risk assessments regarding self-isolation has indicated that all residents can self-isolate in their own home. This is also supported with the addition that all staff and residents are fully vaccinated and our measures are reflected in our robust staffing contingency plan. The organization has reviewed the need for an isolation unit in cases of Covid outbreak and from this review no isolation unit is required as all residents can self-isolate within their home. • IPC Audit actions will be reviewed and completed within the specified timeframe and this practice will continue bi annually and as required. • The PIC will ensure that all staff within this center will wear the appropriate mask as per National Guidelines. • Weekly and Daily cleaning schedules now include the cleaning steps to guide staff in cleaning and disinfecting. • All daily cleaning checklist now include the following items as highlighted in our inspection; blinds, curtains, handrails, mattress, pillows, brush handles, mop head. • A roles and responsibility guidance document will be devised to support the IPC lead person in each house and an awareness session on IPC will be rolled out. • General environment items highlighted during the inspection have been raised and logged to the facility management team for repair. • A record of weekly running of water of unused taps and showers is in place in each location and same raised and discussed at team meetings. • Healthcare risk waste (sharps) Sharps awareness to be discussed at team meetings 	

regarding the management of sharp bins.

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	31/08/2022