



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

## Issued by the Chief Inspector

Name of designated centre:	Glenullen
Name of provider:	GALRO Unlimited Company
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	05 January 2022
Centre ID:	OSV-0005549
Fieldwork ID:	MON-0035274

## About the designated centre

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

Glenullen is a purposely renovated centre located in a village in Co. Dublin. The centre consists of the following, an activities/sitting room, two bedrooms, kitchen come dining room, laundry area, and office. There is an enclosed exterior yard with soft surfacing to provide outdoor play. The centre is within walking distance to a range of local amenities. The aim of Glenullen is to provide high support residential care and supervision for two children, either male or female, in a safe nurturing homely environment that meets the needs of children with intellectual disability and/or autism and/or basic medical needs who may present with behaviours of concern relating to their diagnosis. Glenullen will provide high support residential care for children who are aged between 9 and 17 years of age upon referral. Staffing levels reflected the needs of the children availing of residential care with social care workers providing 24 hour care and support.

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

Number of residents on the date of inspection:	2
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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 5 January 2022	09:30hrs to 14:00hrs	Maureen Burns Rees	Lead
Wednesday 5 January 2022	09:30hrs to 14:00hrs	Thomas Hogan	Support

## What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which the registered provider had put in place for infection prevention and control.

From what the inspectors observed, there was evidence that the registered provider had put in place some systems and arrangements which were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018). However, improvements were required in relation to the maintenance of the premises and the arrangements for the monitoring of infection prevention and control. Consequently, it was determined that the registered provider was not adequately ensuring that residents who may be at risk of healthcare-associated infections were appropriately protected.

The centre comprised of a two storey, two bed-roomed house. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes. There was a nice sized sitting room, kitchen come dining room, bathroom and staff room located on the ground floor. It was located in a town in the Dublin region and within walking distance of a range of local amenities. The centre was registered to accommodate two residents under the age of 18 years and there were no vacancies at the time of inspection.

The inspectors met with one of the two residents living in the centre on the day of inspection. The other resident was spending time in their family home. Both of the residents were engaged in a full-time school placement. The resident met with appeared in good spirits and indicated to the inspectors that they were happy living in the centre. Staff were observed to take the resident out for a walk and to complete a baking task with them.

Conversations between the inspectors with the resident and staff took place, with the inspectors wearing a medical grade face mask and social distancing in line with national guidance. The inspectors met and spoke with the person in charge and staff members. In addition, the inspectors spent time reviewing documentation and observing the physical environment of the centre.

There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19. The inspectors did not have an opportunity to meet with the relatives of either resident but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review. This indicated that relatives were happy with the quality of the service being provided.

The centre was found to be comfortable, homely and overall the centre appeared clean. However, there were a number of areas in need of maintenance which meant that these areas were difficult to effectively clean from an infection control

perspective. These areas included chipped and worn paint in some areas, stained and some missing tile grouting in bathrooms, broken and missing seal behind kitchen sink and broken surface on unit in bathroom. This meant that these areas could be more difficult to clean from an infection control perspective. Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team. However, records showed that the checklists were not consistently completed. This meant that cleaning may not have been completed in line with the timelines proposed by the registered provider. The inspectors found that there were adequate resources in place to clean the centre. However, improvements were required for the arrangements for the storing of cleaning equipment, as wet mops were observed to be stored on the floor in an unventilated cupboard. There was no schedule or records maintained for the cleaning and decontamination of the cleaning equipment, i.e. the Hoover, mop handle, mop bucket, etc.

The full complement of staff were in place at the time of inspection. A number of new staff had recently commenced working in the centre but there were others who had been working in the centre for an extended period. The majority of staff had received training in infection prevention and control. However, there were a number of staff who required refresher training in a number of areas related to infection, prevention and control.

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

## Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. However, improvements were required to ensure the effective oversight, monitoring and review of infection prevention and control practices consistent with the national standards for infection prevention and control in community services.

The centre was managed by a suitably qualified and experienced person. The person in charge had taken up the post in September 2021. She had a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each resident in this regard. The person in charge held a degree in sociology and social studies and a certificate in leadership and management. She had more than five years management experience. She was in a full time position and was not responsible for any other centre. The person in charge reported that she felt supported in her role.

There was a clearly defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant

that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn report to the director of service. The person in charge and head of care held formal meetings on a regular basis. The centre had an identified infection control officer on the staff team. In addition, the provider had identified a COVID-19 lead within the organisation who had responsibility for the development and implementation of infection prevention and control guidance and monitoring and reviewing this matter across the organisation.

There was a response plan to prevent and or control COVID-19 infection, including outbreak and clusters, and contingency plans. These contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. The centre was emerging from a significant COVID-19 outbreak involving one of the residents and a number of staff. It was found that the outbreak had been well managed in the centre, with the risk of acquiring or transmitting the infection minimised. An incident management meeting had been conducted at the onset of this outbreak which included an investigation into possible causes. However, it was not detailed within the provider's response or contingency plans if an investigation would be completed as a consequence of this or any outbreak. This meant that further opportunities for learning to improve infection control arrangements might not be appropriately identified and shared with all relevant stakeholders to prevent a reoccurrence.

There were a series of audits completed in the centre which considered infection prevention and control. However, it was noted that some key issues identified on this inspection had not been highlighted in these audits. An annual review of the centre which was completed for 2020 was found to consider infection prevention and control across a number of key areas. A range of policies, procedures, protocols and guidelines related to infection prevention and control were in place. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HSPC).

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed to meet the centre's infection prevention and control needs. The staff members met with had a good knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

A range of training in the area of infection prevention and control had been provided for staff. However, there were some gaps in training records showing that a number of staff had not completed specific training. Staff members met with told the inspector that the training they had completed, had informed their practice and contributed to a greater understanding of infection prevention and control. The inspector found that specialist supports were available to the staff and management

teams from the Health Service Executive and Public Health office should it be required and contact information relating to these supports were documented in the centre.

## Quality and safety

The residents appeared to receive person-centred care and support whereby the residents received age appropriate information, and were involved and supported in the prevention and control of health-care associated infections. However, improvements were required regarding the maintenance and upkeep of the premises.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare associated infections. Some one-to-one work had been completed with each of the residents to help them to understand why infection prevention and control precautions were being taken. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display. Age appropriate information regarding Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals with the residents.

Overall, the centre appeared clean. However, there were broken and worn surfaces in a significant number of areas. This meant that these areas were difficult to effectively clean from an infection control perspective. There was a cleaning schedule in place. However, it did not clearly distinguish areas requiring enhanced cleaning. In addition, there were a number of entries missing from the cleaning schedule which suggested that cleaning was not always being completed in line with the frequency proposed by the provider. There was no schedule or records maintained for the cleaning and decontamination of the cleaning equipment, i.e. the Hoover, mop handle, mop bucket, etc.

There were arrangements in place for the laundry of residents' clothing and centre linen. There were suitable domestic, recycling and compostable waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider.

The inspector found that there was sufficient information in the centre to encourage and support good hand hygiene practices. Staff were observed to appropriately clean their hands at regular intervals, and they were wearing masks in accordance with current public health guidance. There was signage at the front door to remind visitors of the requirements to ensure that they wore masks and would be required to give their temperature and adhere to hand washing and sanitising arrangements. All visitors were required to sign in, complete checks and provide information to



facilitate contact tracing.

There was a risk management policy and environmental and individual risk assessments related to infection prevention and control. However, it was identified that the information within a number of risk assessments was not sufficiently detailed and required review to ensure that all risks were appropriately assessed and that there are appropriate measures in place to control and manage infection prevention and control risks identified.

## Regulation 27: Protection against infection

It was not detailed within the provider's response or contingency plans if an investigation would be completed as a consequence of a recent outbreak of COVID-19 in the centre. Some key issues identified on this inspection had not been highlighted in a range of infection control audits completed by the provider. The upkeep and maintenance of the property required attention, as there were a number of worn and broken surfaces. For example, worn and chipped paint, missing and stained grouting, worn surfaces on furniture. There were gaps in the cleaning records indicating that some areas may not have been cleaned at the frequency proposed by the provider. There was no schedule or records maintained for the cleaning and decontamination of the cleaning equipment, i.e. the Hoover, mop handle, mop bucket, etc. A number of staff had not completed training relating to infection prevention and control which had been identified as mandatory by the provider. It was identified that the information within a number of risk assessments was not sufficiently detailed and required review to ensure that all risks were appropriately assessed and that there are appropriate measures in place to control and manage infection prevention and control risks identified.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Glenullen OSV-0005549

Inspection ID: MON-0035274

Date of inspection: 05/01/2022

## 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>We conduct an incident management meeting at the onset of any COVID-19 outbreak and this includes an investigation into the outbreak. This practice is documented in the provider response plan. Going forward we will include this practice in the centre contingency plan.</p> <p>We will replace worn and broken surfaces and furniture. We will regrout tiles. We will paint the centre.</p> <p>To prevent gaps in the cleaning records we have reviewed the cleaning records and revised the format to indicate the frequency of cleaning required for each cleaning task.</p> <p>We have introduced a cleaning record for the cleaning and decontamination of the cleaning equipment. We have introduced a new protocol and storage area for storing cleaning equipment.</p> <p>We have amended preemployment training to make all IPC training mandatory. All IPC training for staff is now up to date.</p> <p>We have reviewed the centre’s risk assessments to ensure the information within is sufficiently detailed and that these risks are appropriately assessed and controlled.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	23/03/2022