



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

Issued by the Chief Inspector

Name of designated centre:	Bridge Lands
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0005682
Fieldwork ID:	MON-0036264

About the designated centre

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

Bridge Lands is a residential designated centre which can provide full time accommodation for up to six adults, who present with autism and/or an intellectual disability. The centre is a large detached dormer style house situated in County Laois. There is a full time person in charge assigned to the centre. The person in charge reports to a senior head of care manager. The staff team within the centre is comprised of number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents. There are a number of local amenities available to residents, including cafes, shops and clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 20 April 2022	09:30hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their access to the community to engage in personal interests was actively promoted.

This was an unannounced inspection to monitor infection prevention and control procedures in this centre. The inspection was facilitated by the person in charge and a senior manager also attended the centre during the inspection. As part of this inspection, the inspector met with five residents and four staff members who were supporting residents on the day of inspection.

All residents who met with the inspector appeared happy and content in the service. Two of the residents who met with the inspector spoke at length about their lives and how they like to spend their spare time. One resident also showed the inspector their room which they were very proud of. Their room had large displays of movie memorabilia, including characters from the favourite movies and their walls were decorated with cut-outs from their favourite movie magazine. They spoke at length about their life and how staff in the centre supported them to get out and about to visit local towns and cities like Dublin. They discussed how they had recently gone to Dublin on the train to do some shopping and also how they loved to cycle with staff in the surrounding area. They also discussed how they did not get along with one fellow resident but they had a good relationship with others. The person in charge explained that the provider had plans to resolve this issue by opening a new designated centre in the near future.

The other resident who spoke with the inspector said that they loved their home and that staff were really nice. They showed the inspector around the whole centre and also the exterior which had a polytunnel in which some residents had planted vegetables. They also showed the inspector their room and they said that staff assisted them with keeping it clean.

One resident used sign language to communicate and they appeared very comfortable in the company of staff. The remaining resident met with the inspector chatted for a short time as they prepared their breakfast and again they seemed very happy in the company of staff. Overall, there was a very calm and homely atmosphere in the centre. Residents went about their own business and staff chatted with them in a familiar and warm manner. Throughout the day, residents were coming and going from the centre with one resident returning from a family visit. This residents also explained that a family member was also calling to them in the afternoon. Another resident had plans to go to Dublin and they got the train in the late morning. A staff member who was supporting this outing said that the resident indicated the evening before that they would like a trip as the weather was nice. This indicated that residents were readily supported by the staff team to engage in activities which they enjoyed at a time of their choosing.

The centre was homely in nature and there was an ample number of rooms in which residents could relax. Maintenance was also occurring on the day of inspection with one of the reception rooms receiving a fresh coat of paint. The centre itself was generally maintained to a good standard and many areas were clean and free from dust and debris. However, some areas such as bathrooms required additional attention, for example, tile grouting was stained in some areas and gaps in sealant were evident around some showers and sinks which had the potential to impact on the staff ability to clean and sanitise these areas. There were also further issues in regards to the storage and laundering of mops and also in regards to the colour coded cleaning system which was in place. These issues will be discussed in a subsequent area of this report.

Capacity and capability

The inspector found that the provider had arrangements in place to promote infection prevention and control (IPC) and COVID 19 preparedness in this centre. The provider had a separate IPC policy and COVID 19 contingency plan, which when combined promoted the safety of residents who used this service. However, some improvements were required in regards to the IPC policy and also further clarity was required in regards to which document should be implemented or how they operated in-line with each other.

The provider had produced an IPC policy which was updated as required by the regulations and guided staff on the IPC measures which were implemented to promote residents' safety and wellbeing. This policy was supported by an additional response plan to COVID 19 and a service manager who attended the service previously indicated that both documents work in tandem with one another to promote IPC. This manager also indicated that the provider's policy was under review at the time of inspection. The inspector reviewed these documents and found for the most part that they outlined the IPC requirements which were required including waste management, the arrangements for laundry, cleaning and disinfecting and also the importance of hand hygiene. Although these documents were robust in many areas, some areas required further clarification. For example, further clarity was required in regards to the segregation of laundry and there was no information included in either document in regards to the colour coded cleaning system which was in place for surfaces and floors. Furthermore, there was no indication in either document as to which document should be implemented or that they were to be used in tandem with each other as outlined by the senior manager.

There were good oversight arrangements in place in regards to IPC and the provider's six monthly unannounced audit had examined IPC and highlighted that additional maintenance was required. As mentioned previously this maintenance was occurring on the day of inspection. The person in charge and a person external to the centre was also conducting regular audits which assisted in ensuring that IPC was promoted in this centre. A positive example of resident involvement in the

operation of the centre was also clearly evident. A resident had undertaken specific IPC training and they were supported by a specified staff member to also conduct IPC audits in the absence of the person in charge.

Staff who met with the inspector were observed to regularly sanitise their hands and they had a good understanding of the cleaning arrangements in this centre. Staff had undertaken training in hand hygiene, IPC and the use of personal protective equipment (PPE). Internal audits also examined staff proficiency in these areas which assisted in ensuring that staff awareness of IPC measures were maintained to a good standard. Regular team meetings were also occurring with IPC as a standing item on the agenda.

Overall, the inspector found that IPC was actively promoted within the centre and the provider and the person in charge had good oversight of IPC arrangements. However, some improvements were required in regards to the provider's IPC policy.

Quality and safety

The inspector found that IPC was promoted in this centre and that residents enjoyed a good quality of life. Residents who met with the inspector were general satisfied with the service and they spoke about how they wash their hands and sometimes wear a face mask to protect themselves.

Residents enjoyed a good quality life in this centre and they were out and about doing various activities such as cycling, gardening and going on a train trip to Dublin on the day of inspection. Each resident had their own bedroom and they spoke about how staff members help them to clean. The person in charge had completed individualised isolation plans for residents who may be required to isolate as a result of contracting COVID 19. These plans were found to be comprehensive and clearly outlined the required IPC arrangements during this isolation period and also how each resident's general wellbeing and health would be promoted.

Residents were kept up-to-date with developments in regards to COVID 19 and IPC with scheduled individual keyworker sessions and regular residents' meetings occurring which kept residents to the forefront of care. In addition, a resident previously had to self isolate due to COVID 19 and an individualised session was held with them about their test result and the measures which were implemented to promote their safety and health.

The provider had a cleaning regime in place which involved the daily cleaning of areas in the centre and also the enhanced cleaning of frequently touched points such as door handles and light switches. A review of associated recording records indicated that all cleaning was completed as required, however, as mentioned earlier in the report, some areas of the centre required additional attention in regards to cleaning. In addition, some mops and buckets which were in use on the day of inspection were found to have been stored without being laundered or cleaned,

furthermore there was also some confusion amongst staff in regards to the colour coded cleaning system which was in place.

There were comprehensive risk assessments in place in response to COVID 19 with individualised assessments for residents and a separate risk assessment for the effect that COVID 19 may have on the centre, and the provision of care. There was also an environmental risk assessment in regards to IPC which had been updated to reflect the provider's response to COVID 19. The inspector found that these arrangements assisted in promoting residents' safety and their general wellbeing. In addition, the provider had made the decision to reduce the staffing complement should an outbreak occur in order to reduce footfall in the centre. The inspector found that the decision to reduce staffing arrangements was not taken lightly and was supported through a risk management process involving senior management in order to reduce the impact on residents.

The inspector found that residents were supported to have a good quality of life and that they were kept well informed in regards to IPC and COVID 19. Although, improvements were required in regards to some areas of IPC, overall the centre was well managed and the welfare and wellbeing of residents was actively promoted.

Regulation 27: Protection against infection

Infection prevention and control required some adjustments to ensure that all associated areas were maintained to a good standard at all times. The infection prevention and control policy required review and additional clarity was required in regards to the which policies and plans should be followed in order to promote infection prevention and control. Further adjustments were also required in regards to general cleaning and sanitising in the centre and the use, laundering and storage of colour coded mops required improvement.

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 Bridge Lands OSV-0005682

Inspection ID: MON-0036264

Date of inspection: 20/04/2022

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>We have resealed around the showers and sinks in the bathroom to ensure there are no gaps. We have deep cleaned and regrouted around tiles which were stained.</p> <p>We have introduced a new colour coded system for cloths, mops and buckets. We have incorporated the protocols for the colour coded cleaning into the IPC Policy. We have clear visuals on display for colour coded cleaning equipment, along with the protocol for laundering and/or disposal of cloths and mop heads.</p> <p>We have a new cleaning log in place for laundering and drying of mop heads and washing and drying of mop buckets.</p> <p>We have fully reviewed the GALRO IPC policy to include amongst other things, segregation of laundry, laundering mop heads and colour coded cleaning systems in use. We have incorporated information from the GALRO response plan into the IPC policy and have clearly indicated that the IPC policy contains all the relevant systems and guidelines for IPC and cleanliness and that the response plan is in place to be adhered to in the event of an outbreak of infection.</p> <p>We have introduced an IPC link Practitioner who visits the centre to conduct IPC audits on behalf of the provider and provides information and guidance to managers and staff on all matters pertaining to IPC and cleanliness in the centre.</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	20/05/2022