



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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Quay
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0005727
Fieldwork ID:	MON-0036149

## About the designated centre

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

Shannon Quay is located on the outskirts of a village in Co. Leitrim and is run by the Health Service Executive. The centre provides residential and respite care to four male and female adults with an with disabilities. The centre comprises of one two-storey premises which provides residents with their own bedroom, en-suite and shared bathroom facilities, a utility, kitchen and dining area, a sitting room, a sun room and access to a garden space. It is staffed on a 24/7 basis by a full-time person in charge (who is a qualified nurse), nursing staff and care assistants. Transport is provided so as residents have access to their day services and other community based facilities.

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

Number of residents on the date of inspection:	3
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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 30 March 2022	12:00hrs to 17:15hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector met and spoke with residents and staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Shannon Quay is located in a residential area, close to a scenic village. The centre provided both residential and shared respite care. The property visited by the inspector was spacious and comfortably decorated. It was observed to be very clean and tidy. The entrance hall was bright and welcoming. There was a large kitchen and dining room where residents' meals were prepared. Beside this, there was a utility room for the storage of bathing and cleaning products and the laundering of linen and clothing. There was a sitting room at the front of the house and a sun room at the side. This meant that residents had space to spend time apart if they choose to do so. Upstairs there were four bedrooms, two of which were en-suite. There was a garden at the rear of the house where the bins were stored neatly with the lids closed.

On arrival at the designated centre, the inspector found that the provider had measures in place to prevent and manage the risks associated with COVID-19. These included hand sanitisers provided at the point of entry, a system of temperature checks and a recording process which ensured that relevant details of those that entered the centre were documented. A box of face masks was on the hall table and a pedal bin was provided where used face masks could be appropriately disposed. Information posters were displayed throughout the centre which alerted residents and staff to the risks posed by the COVID-19 pandemic and explained the actions to take to avoid the transmission of infection. Signage was available in easy-to-read formats which supported residents' understanding.

Suitable facilities for hand hygiene were available throughout the centre. These included a number of hand washing sinks, with soap, towels and foot operated bins provided. Hand sanitiser was available at entrances and in the kitchen. Staff were observed to be practicing good hand hygiene at appropriate intervals, throughout the day, using the recommended techniques. Face masks were worn by those on duty. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, face shields and both medical grade and FFP2 masks. In addition, the inspector noted that outbreak management kits were available for use if required.

The residents living at Shannon Quay were not in the centre at the time of inspection, however, they returned centre later in the day. They were observed to be wearing face masks on entry to the property and those spoken with were aware of the reason for this. One resident told the inspector that it was important to wear

a mask and to wash their hands. Residents were also aware of the importance of keeping their home clean and tidy and they spoke about the chores that they completed. Furthermore, residents were aware of the importance of vaccination and spoke to the inspector about this

Overall, the inspector found that arrangements were in place which ensured that residents were being kept safe from the risks associated with an infection outbreak in the centre. Residents were supported to understand the risks associated with the transmission of infection and were assisted to follow public health guidance. However, the inspector noted areas which required improvement in order to promote the quality and safety of the service provided. The next two sections of this report will expand upon these findings.

## Capacity and capability

Good governance arrangements and clear reporting relationships were in place in this designated centre. The person in charge was present on the day of inspection and they were aware of their overall responsibility for the oversight of the infection prevention and control measures in place. They acted as the Lead Worker Representative under the COVID-19 Return to Work Safely Protocol (Health and Safety Authority, 2020). The clinical nurse manager was present and this showed that there was a clear deputising arrangement in place. The person in charge told the inspector that there was an adequate team of staff available to support the residents. Furthermore, an on call cover arrangement was in place with consistent relief staff available if required.

Staff spoken with were aware of the risks posed by healthcare associated infections, as well as understanding the risks associated with COVID-19. They had a good understanding of how to prevent the transmission of infection and of how to manage risk laundry and risk waste effectively. Furthermore, they were aware of how to put an isolation plan in place if required and they told the inspector that they had used this recently. However, from a review of the documentation and discussion with staff, the inspector found that the locations used to don and doff PPE were not in line with the isolation plan that the provider had in place. This required review.

The provider had ensured that staff had access to training and support as part of a continuous professional development programme. This included access to a range of IPC training modules. For example, infection prevention and control training, training on hand hygiene, use of personal protective equipment and COVID-19 outbreak management. A review of the training matrix provided evidence and training was completed as required and was up to date.

There was a comprehensive list of IPC audit tools in use in this designated centre. These included health and safety audits and daily, weekly and enhanced cleaning audits for the centre. For example, the inspector viewed an enhanced cleaning schedule which was used when there was a recent infection transmission risk in the

centre. The IPC self-assessment tool was also reviewed and this was up to date. The inspector found that the tools and checklists used were working well and the designated centre was clean, tidy and well maintained.

The inspector viewed the documentation maintained in the centre and found that the annual review and the twice per year provider-led audit were completed in accordance with the regulations. Furthermore, the provider had processes and systems in place to assist with the delivery of a good quality and safe service. These included policies and procedures to prevent and control the spread of infection and a site specific COVID-19 contingency plan. A risk register was in place, infection prevention and control risks were identified and control measures were in place. However, improvements were required in the oversight of these arrangements, to ensure that they were fit for purpose, reviewed regularly and in line with up-to-date public health guidance.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

## Quality and safety

The inspector found that infection prevention and control was part of the routine delivery of care and support at this designated centre.

Residents were found to be involved in discussions about IPC and had good information provided to support their understanding of the risk of infection. For example, residents meetings were taking place weekly and these were facilitated by the residents. Easy to read minutes were available for review and these provided evidence of discussions on the COVID-19 pandemic, wearing of face masks and cleaning the house. Public health messages and signage for use by residents and staff was displayed throughout the house. This included easy-to-read symptoms sheets, fact sheets, donning and doffing poster and information on social distancing. The inspector found that these sheets were informative but required updating. For example, the signage on the front door was not in line with current public health guidelines on visitation.

Residents had individual person-centred plans and care plans in place. A review of the documentation found that these were effective and up to date. For example, a record of daily symptom checks was available and the care notes were updated regularly. Furthermore, each resident had a HSE Health Passport on file which contained their personal information if a hospital admission was required. However, the provision of an individual and up-to-date COVID-19 isolation plan was not available for all residents. This was contrary to the provider's policy and required review.

The utility room was used to launder clothing and linen on site and for the storage

of cleaning equipment. It was very clean and tidy and cleaning schedules were on display. Colour coded mops and buckets were used in this centre although arrangements for the colouring coding system and the storage of mop heads required improvement. Similarly, the system of colour coded cleaning cloths in use required review to ensure that it was fit for purpose and effective.

The premises provided was in a very good state of repair. It was very clean, neat and tidy and the hard and soft furnishings were spotless. Foot operated bins were provided throughout the centre and these were clean and in working order. The inspector found that a range of cleaning products were available which were sourced from the local supermarket. Information sheets were maintained for most of the products used, however some required updating. These described how to correctly use the product and what to do in the event of a spillage, a splash or ingestion.

### Regulation 27: Protection against infection

This designated centre was clean and in a good state of repair. The provider had procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. However, improvements were required with the oversight of arrangements, to ensure that they were in line with current public health guidance, fit for purpose and regularly reviewed. In addition, a review of the cleaning processes used would enhance the standard of the service provided.

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 Shannon Quay OSV-0005727

Inspection ID: MON-0036149

Date of inspection: 30/03/2022

## 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>To ensure compliance with regulation 27 Protection against infection the following action has been undertaken:</p> <p>All staff have completed their refresher training in the Amric recommended training in Donning and Doffing PPE in the healthcare setting. Isolation plans will include the relevant location for donning and doffing of PPE. Equipment is provided for the disposal of PPE in each designated isolation area. Completed: 07/04/2022</p> <p>All signage within the designated center has been reviewed and now reflects the most up to date guidance from Infection Prevention Control which is inclusive of the visitation guidelines. Completed: 07/04/2022</p> <p>Each resident's individual Covid care plan has been reviewed and will include guidance on how each individuals will self-isolate in the event of a suspected or confirmed Covid 19 diagnosis. All residents have an isolation plan in place in the event of becoming a suspect or positive case of Covid. This includes those attending on a shared care basis. To be completed : 30/04/2022</p> <p>A colour coded flat mop system has been ordered within the Centre. Flat mop system will have a designated storage area. Signage has been added to ensure that staff are aware that the designated area is for mops and coded cleaning cloths only. Signage is in place with guidance on the use of these systems. To be completed:12th May 2022</p> <p>Chemical risk assessments have been reviewed and updated and now include data safety sheets for each chemical in use at the designated center.</p>	

To be completed: 30/04/2022

A Biological Risk Assessment has been completed on the procedure for laundering of contaminated bedding/ clothing in the event of a suspect or confirmed Covid 19 infection.

Completed 07/04/2022

**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	12/05/2022