



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

## Issued by the Chief Inspector

Name of designated centre:	Shiven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0007803
Fieldwork ID:	MON-0035453

## About the designated centre

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

Shiven Services can provide a mix of full time residential and respite services to a maximum of 6 individuals of mixed gender who are over 18 years of age and have varying levels of intellectual disability. The service can support individuals with mobility issues who do not require specialised equipment and can support those with medical, mental health and/or sensory needs, those with complex needs and those who may require assistance with communication. The service can support individuals who require different levels of support in areas of everyday living including community activities, housekeeping, shopping, personal care and maintaining family contact. Shiven Services consists of one dwelling comprising two bungalows attached by a glass corridor both providing a combination of living and sleeping accommodation. The centre is spacious with large bedrooms and has two large sitting rooms, two kitchen/diners, an office and a staff sleepover room. An accessible garden with an outdoor dining space and raised beds is attached. The centre is located on the edge of a rural town and has good access to a wide range of facilities and amenities. Residents are supported by a staff team of a team leader, social care workers and care assistants. Staff are based in the centre when residents are present including at night.

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

Number of residents on the date of inspection:

3

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 26 January 2022	09:30hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor the provider's compliance with Regulation 27: Protection against infection. The inspection was unannounced. The inspector met and spoke with staff who were on duty, and met with three of the six residents who lived in the centre. The inspector also observed residents in their home as they went about their day, including care and support interactions between staff and residents.

On arrival at the centre, the staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. The staff member confirmed that there were no staff or residents with signs or symptoms of COVID-19 in the centre.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that despite the COVID-19 restrictions and additional infection prevention and control measures in place since the onset of the pandemic, residents were supported and encouraged to have a good quality of life in the centre that was respectful of their individual wishes and choices.

Shiven Services is located on the edge of a rural town and has good access to a wide range of facilities and amenities. The centre consists of one dwelling comprising two bungalows linked by a glass corridor both providing a combination of living and sleeping accommodation. The centre provides a service for up to six residents. One bungalow accommodates three residents on a full-time residential basis and the other bungalow provides a respite service for three residents. The centre is spacious with large bedrooms, two large sitting rooms, two kitchen/diners, an office and a staff sleepover room. Residents were accommodated in single bedrooms with an adequate number of bathroom facilities. Residents had access to a garden area with an outdoor dining space provided to the rear of the dwelling. The garden area appeared neglected and unkept and was not an area that residents could currently use and enjoy. This issue had been identified by the management team and was planned to be addressed. While the house appeared to be visibly clean and well-maintained in most areas, some areas required repair and maintenance to ensure surfaces were conducive to effective cleaning. There was insufficient guidance in place to direct thorough cleaning of the environment and equipment.

The inspector spoke with three residents to gain an insight into their lived experience. Residents spoken with indicated that they understood the reasons why infection prevention and control measures such as wearing face masks, regularly washing and sanitising their hands, maintaining social distance was important in protecting their health. Residents mentioned the negative impact that COVID-19 restrictions had on their lives such as the cancellation of music events that they had

planned to attend and the curtailment of eating out in restaurants and hotels. They were delighted that restrictions were now easing but told the inspector how they needed to remain careful when out and about in public areas. Residents confirmed that they were kept up to date with information regarding the COVID-19 pandemic and the changing restrictions. The inspector saw that these issues were discussed with residents at the weekly house meetings.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. Residents were involved in making decisions about their preferred daily activities. Each resident had their preferred daily activity schedule documented in an appropriate format. During the day of inspection, residents were supported to go for walks, go shopping for food items and get takeaway coffee. Residents told the inspector how they were looking forward to getting a take away meal that evening. Throughout the day, residents were observed following their own routines, coming and going from their bedrooms and the communal areas of the house as they wished and completing daily household tasks such as personal laundry. They were observed relaxing in a variety of communal sitting areas, having their lunch and helping themselves to snacks and drinks in the kitchen and completing an arts and crafts activity. Residents told the inspector how they regularly enjoyed other activities such as flower arranging, baking, playing golf, soccer, going swimming and attending the beautician and hairdresser. The centre had a vehicle which could be used by residents to attend outings and activities. There was a cleaning protocol in place for the vehicle and cleaning records reviewed showed that contact surfaces were cleaned after each use. The vehicle was supplied with disinfectant wipes, hand sanitiser and a supply of face masks.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

Residents had access to telephones and computer technology. Some residents were observed using their phones to listen to their preferred music. Another resident was supported to use their laptop computer to virtually attend a yoga session on line. One of the residents had completed some modules of the ECDL (European computer driving licence) computer training course and another resident was completing an on line university course on assisted decision making.

Residents were observed to be familiar with and comfortable in their surroundings. They told the inspector how they liked living in the house and enjoyed the company of staff. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. There was a relaxed and

friendly atmosphere in the house. Staff were observed to interact with residents in a caring, courteous and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home. Some residents visited family routinely at weekends.

It was evident from these inspection findings that management and staff saw infection prevention and control as central to their roles and, an integral part of providing safe, effective care and support for residents on a daily basis. The centre was found to be visibly clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services (2018)*, however, some improvements were required in order to fully comply.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre, she was also the designated COVID-19 lead. There were clear management and reporting structures in place within the centre. The person in charge was supported in her role by the area manager, service coordinator and team leader. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that there was a regular staff pattern and a number of recently recruited locum staff were also employed. The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. The person in charge reported that all staff had availed of COVID-19 vaccination. Staff on duty continued to be monitored for signs and symptoms of COVID-19 twice daily.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. A COVID-19 lead worker was identified and had completed training with the Health and Safety Authority with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought the attention of the management team. Further training in relation to infection prevention and control was scheduled for staff in February 2022. Staff spoken with confirmed that they had attended a combination of on-line training and in house training as well as partaking in practical demonstrations in areas such as hand hygiene and donning and doffing of PPE (personal protective equipment). Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including the recording of cleaning tasks completed, infection, prevention and control training, COVID-19 protocols, disposal of PPE and cleaning of frequently touched items such as telephones.

Staff had access to a range of policies and guidance in relation to infection prevention and control including the *National Standards for infection prevention and control in community services (2018)*. While the provider had an infection prevention and control policy dated May 2021, it lacked guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the management of linen and laundry and management of waste including healthcare risk waste. However, the infection prevention and control policy had been superseded by guidelines for services for the the protection and management of COVID-19 which did provide some guidance to direct cleaning of the environment and management of laundry specific to the protection and management of COVID-19. There were outbreak control management guidelines and a COVID-19 management response plan in place to further guide staff. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

While the centre appeared visibly clean, there was no documented comprehensive cleaning schedule in place to guide practice. The cleaning checklist in use did not guide staff in the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. There was some colour coded cleaning equipment in use but staff spoken with were unclear and inconsistent in describing



the cleaning procedures and systems in use.

The provider had some systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audit completed in November 2021 had reflected mainly on infection prevention and control and no issues of concern had been identified in the review. The annual review had been completed for 2020 and while compliance in relation to infection prevention and control was not reflected in the report, the person in charge advised that it would be reflected in the 2022 report which was currently in progress. The person in charge had completed the HSE's infection prevention and control checklist for residential care, and had also completed an environmental site review during December 2021. There was an action plan in place to address maintenance and upgrade to some parts of the building. The nominated lead worker completed a monthly checklist of agreed infection prevention and control measures in place, recent audits reviewed had not identified issues.

The person in charge confirmed that she had access to support and advice in relation to infection, prevention and control as needed from her line manager, from the MDT(multi-disciplinary team) and, from the centralised COVID-19 response committee. This committee was specifically set up by the provider to provide support, guidance and, case review of specific matters arising in services. There was evidence of communication and correspondence between the centre and this committee. She also confirmed that she had access to an infection control specialist within the organisation and to public health specialist advice in the HSE.

## Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were well informed, involved and supported in the prevention and control of health-care associated infections. However, some improvements were required to the repair and upgrading of some surface finishes to ensure they were conducive to effective cleaning and to the provision of comprehensive guidance to direct thorough cleaning and disinfection of the facility.

It was clear that residents had been supported to understand why infection prevention and control precautions were in place and had been facilitated with opportunities to discuss and keep up-to-date with this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector found that posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and

residents. There were regular meetings with residents which included infection prevention and control items such as reminders and updates on the COVID-19. A positive behaviour support protocol had been developed to support residents if they needed to go for a COVID-19 test.

From discussions with staff and observations in the centre, it was evident that staff understood the importance of infection prevention and control, had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for signs and symptoms of COVID-19 on a daily basis.

There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. 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.

While the house was generally well-maintained, some areas required repair and maintenance to ensure surfaces were conducive to effective cleaning and to enhance infection control. These areas included some damaged walls that required repair and repainting, rusted radiators, torn upholstery on some chairs, defective kitchen worktop and untreated raw wooden hand rails.

While the house was found to be visibly clean, there was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. Staff informed the inspector that there was no dedicated housekeeping staff and that cleaning was the responsibility of all staff on duty. While the cleaning checklist in place listed areas of the centre that were to be cleaned three times a day, it did not include all areas and all equipment to be cleaned and or disinfected. It did not include guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There was no clear guidance on the colour coding system in place or guidance in relation to the frequency or methods to use for items of cleaning equipment in use such as cloths or mop heads. This posed a risk as staff spoken with were unclear and inconsistent in describing the cleaning procedures and systems in use.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments. Throughout the COVID-19 pandemic, residents continued to have access to General Practitioners (GPs) and a range of allied health professionals. A review of residents files indicated that residents had been regularly reviewed by their GP, healthcare professionals and consultants. Residents were supported to access vaccination programmes and national screening programmes. The provider had put in place a process to support residents make an informed decision when offered a COVID-19 vaccine. All residents had availed of the COVID-19 vaccine

programme. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

## Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services (2018)* but some action was required for the provider to be fully compliant.

- The infection prevention and control policy dated May 2021 lacked guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the management of linen and laundry and management of waste including healthcare risk waste.
- There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place did not include all areas and all equipment to be cleaned and or disinfected. It did not include guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There was no clear guidance on the colour coding system in place or guidance in relation to the frequency of cleaning equipment such as cloths or mop heads.
- Repair and maintenance was required to some areas of the centre to ensure surfaces were conducive to effective cleaning and in order to enhance infection control. These areas included, damaged walls that required repair and repainting, rusted radiators, torn upholstery on some chairs, defective kitchen worktop and untreated raw wooden hand rails.

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 Shiven Services OSV-0007803

Inspection ID: MON-0035453

Date of inspection: 26/01/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• An updated Infection Prevention Control Policy is expected by May 31st 2022 for the organization.</li> <li>• New cleaning schedules outlining daily, weekly and monthly cleaning will be implemented by March 31st 2022. This will also include a colour code system with details of equipment to be cleaned, instructions outlining cleaning method and products to be used.</li> <li>• The landlord will be contacted to schedule grounds maintenance, repair and maintenance of fixtures and fittings with a view to works being completed by March 31st 2022. Maintenance will be contacted to schedule remedial paintworks and upholstery repairs.</li> </ul>	

**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	01/05/2022