



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Dochas
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	23 May 2022
Centre ID:	OSV-0007866
Fieldwork ID:	MON-0035910

## About the designated centre

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

Teach Dochas is a four bedroom semi-detached two storey house situated on the outskirts of a large town in County Westmeath. The house is located in a housing estate and is within walking distance to some community amenities. A car is provided in the centre also should residents wish to avail of amenities that are not in walking distance. The centre can provide care to male and female adults. Each resident has their own bedroom and the property consists of a well equipped kitchen/dining room and a sitting room. There is a landscaped garden to the back of the property. One staff member is on duty during the day and at night the staff member is employed on a sleep over basis. A senior manager who is a nurse provides an out of hours on call service for staff. The person in charge is fulltime in the organisation and is also responsible for another designated centre under this provider. Residents attend a day service Monday to Friday.

**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
Monday 23 May 2022	11:45hrs to 18:45hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspector met with the three residents in the centre, and they shared their experiences of living in the centre. The inspection was completed over one day and was facilitated by a staff member and the person participating in management.

On arrival to the centre, the inspector observed there was hand sanitising equipment available, and personal protective equipment (PPE) for staff and visitors use. There was also procedure whereby staff and visitors temperatures and symptoms were checked on arrival, and records maintained.

From a walk around the premises, speaking with residents and a staff member, and a review of the practices and policies in the centre, it was clear that the provider had robust arrangements in place to ensure residents were supported with safe and efficient infection and prevention and control (IPC) practices. Some minor improvement was required in documentation; however, IPC practices in the centre were in line with public health guidelines and local policies.

The centre was a semi-detached house located on the outskirts of a large town. There was a well-equipped kitchen dining room and a large sitting room. Each of the residents had their own bedroom, individually decorated to the residents' preference. One of the bedrooms had ensuite facilities, and a bathroom was shared by two residents. A fourth bedroom was used as an office and staff sleepover room. Additional toilet facilities were also available downstairs for residents' use.

Overall the inspector found the premises were clean, well maintained, bright and comfortable for residents. There was sufficient storage to ensure that personal protective equipment (PPE) and cleaning materials could be stored in a manner to maintain good IPC practices.

The inspector met with the three residents in the afternoon. Residents told the inspector they were very happy living in the centre, and that both the staff in the centre and in the day services they attended were lovely. The residents spoke about some of the activities they enjoyed doing both in the centre and in the day services. These included boat trips, drives, walks, going to the gym, and going to local shows. Two of the residents had planned to go for afternoon tea the following week, and all the residents told the inspector about plans they had for holidays over the summer months.

Residents also told the inspector they were well cared for and could access a range of allied healthcare professionals if they needed. Residents spoke about the support they had during the COVID-19 pandemic, and described some of the IPC measures they used to protect themselves, including hand hygiene, use of PPE, and cough

etiquette.

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

## Capacity and capability

There were clear governance and management arrangements in place to ensure the provision of safe and effective IPC practices.

The provider had developed a range of policies and procedures to support effective IPC practices. These included a health and safety policy incorporating COVID-19, a contingency plan and risk assessments. The contingency plan included standard operating procedures for the detection, prevention and response to an outbreak of infection, and the staffing contingency arrangements. While most of the information was up-to-date, the inspector found the available Health Protection Surveillance Centre guidelines for residential care facilities were out of date by a number of months. Similarly, the person in charge had assessed the risks relating to IPC and control measures were outlined in risk assessments; however, most of these risk assessments had not been reviewed within the stated timeframe.

The provider had systems in place for auditing the quality and safety of services in the centre which included a review of IPC measures in the centre. A six monthly unannounced visit by the provider in December 2021 had identified a number IPC measures that required attention. The inspector found all of the areas identified had been addressed on the day of inspection. Two health and safety audits were reviewed and an action arising had been completed.

A monthly checklist was completed by the person in charge and included a review of some IPC measures such as cleanliness of the centre, staff knowledge of notifiable events, food safety checklists, and supplies of PPE, and cleaning equipment.

The provider had appointed a lead person for IPC in the service, and a lead person for COVID-19. The person in charge took responsibility for IPC in the centre on a day to day basis. A staff member described this organisational reporting mechanism which was consistent with the details set out in the provider's risk management policy. The staff member also described the actions to take in the event a resident suspected of having COVID-19, in line with the provider's guidance and public health guidance.

The provider had sufficient staff in place to ensure the needs of the residents were met, and IPC measures were implemented. There was one staff on duty in the morning and afternoon, and in a sleepover capacity at night time. Additional staff had been provided in response to a recent outbreak in the centre. Regular staff were employed in the centre, and any additional staffing requirements which arose

due to absences, or during the recent outbreak, had been filled by regular relief staff.

Staff had been provided with a range of up-to-date training in IPC. This included hand hygiene, infection control, donning and doffing PPE and in the National Standards for Infection Prevention and Control in Community Settings (Health Information and Quality Authority, 2018). The inspector also reviewed a sample of training records for two relief staff, and all IPC training was complete and up-to-date.

There were regular staff meetings held in the centre, and IPC measures were discussed at these meetings, with improvements identified and actioned. For example, the use of appropriate face masks in January 2022 was discussed and actioned, and an action regarding the cleaning schedule was recommended in March 2022. The inspector found these actions were in place on the day of inspection, with the staff member wearing an FFP2 mask, and all cleaning schedules complete.

There was a system in place for review of IPC issues in the centre. A post incident review had been completed by the person in charge and staff following a recent outbreak of COVID-19. The review had considered areas such as availability of supplies, implementation of public health measures, management support, residents' needs, communication with families and service personnel, and learning from the experience.

## Quality and safety

Overall the inspector found arrangements were in place to protect residents from the risk of healthcare acquired infections. Residents were actively involved in decisions about their care and support, and information regarding healthcare acquired infections had been provided. The centre and equipment was well maintained, and infection prevention and control was part of the everyday provision of care. Timely and responsive actions had been taken in response to a recent outbreak in the centre.

Information was available in accessible format on issues relating to healthcare acquired infections and prevention measures including handwashing, the use of PPE, viruses, COVID-19 and legionnaires disease. Discussions relating to COVID-19 had been facilitated in residents' weekly meetings and as discussed, residents told the inspector about some of the measures they used to protect themselves.

Residents' needs had been assessed and plans were in place to guide the practice in the provision of care. For example, intimate care plans and healthcare plans were in place, which set out the support residents required to meet their personal care and healthcare needs. All personal plans had been developed into accessible information and signed by residents. This meant that residents had been provided with information relating to their personal and healthcare needs. As mentioned residents

told the inspector about some of the support they received from their general practitioner (GP) and allied health care professionals if they needed. Annual health checks had been completed by each residents' GP, and residents had been provided with opportunities to avail of vaccination programmes.

Risk assessments for COVID-19 had been completed for each resident and the control measures were found to be in place or planned for. For example, there were ample supplies of hand sanitiser and a staff was observed to frequently use these, cough etiquette information had been evidently provided to residents, signage on IPC measures was in place throughout the centre, and a COVID-19 lead person was appointed, who was available by phone to respond to a suspected incident of COVID-19.

There was an ample supply of PPE in the centre, and enhanced PPE was available through the IPC and COVID-19 lead persons, as part of a response plan in the event of a suspected outbreak of infection occurring. Food safety practices also formed part of the day to day support in the centre, for example, cooked food temperatures were recorded, fridge and freezer temperatures checked, and colour coded chopping boards used during food preparation.

As discussed the centre was clean, and a twice daily cleaning schedule was completed and recorded. Daily and weekly cleaning was also completed, and the staff member described these schedules to the inspector. Residents were supported to be involved in the upkeep of the centre and helped out with cleaning their rooms, hoovering, and dusting. Staff also described weekly measures in place for the prevention of legionnaire's disease. The residents had the use of a vehicle, and staff described the cleaning schedule for the vehicle including surface cleaning after each use, and twice weekly hoovering. Overall the vehicle was found to be clean and well maintained.

Colour coded mops were available and appropriately stored, and the staff showed the inspector the guide for use of colour coded cleaning mops, buckets and cleaning cloths. Residents' used clothes were stored separately in individual laundry baskets, and then laundered separately.

There were suitable waste management arrangements in place, and all bins were pedal operated. Clinical waste facilities had been provided during the recent outbreak, and were provided by the IPC lead person in the event of an outbreak.

There had been a recent outbreak of COVID-19 in the centre, and there had been timely identification of additional cases following the first confirmed case. An outbreak plan had been initiated supported by the COVID-lead person and IPC lead person, and the staff member described the isolation plans and staffing contingency plan which had been implemented at the time. Enhanced PPE had been provided, and cleaning stations had been set up outside isolation areas. Residents told the inspector they had been well cared for and supported during this time. As discussed a post outbreak review had been completed.



## Regulation 27: Protection against infection

The provider had systems in place to ensure effective oversight of IPC, and policies and procedures in place in relation infection prevention and control in line with national guidance. There were sufficiently skilled staff employed in the centre, and staff had been provided with the necessary training in infection prevention and control measures. The inspector found the staff member on duty was knowledgeable on these preventative and response measures, and was observed to implement measures as per public health and local guidelines.

The person in charge had ensured effective oversight of the IPC systems, and was supported by both management personnel and IPC and COVID-19 lead personnel. There were clear governance arrangements in place for the management of IPC in the service. IPC measures were also audited on a regular basis, and where required corrective action was taken to mitigate risks to residents, staff and visitors.

Some improvement was required in the documentation in the centre, specifically to ensure the most up-to-date public health guidelines on residential care facilities were available, and to ensure risk assessments relating to IPC were reviewed within the stated timeframe.

Notwithstanding this, the inspector found the practices in the centre were in line with the most recent public health guidelines, and the centre's facilities and equipment was clean and well maintained.

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 Teach Dochas OSV-0007866

Inspection ID: MON-0035910

Date of inspection: 23/05/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	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>• The minutes of the centres post - covid meeting was submitted 29/5/22</li><li>• All Risk Assessments have been reviewed by the Person in Charge and are now up to date 29/5/22</li><li>• The Annual Review is on sight and has been placed in the centres Audit folder 29/5/22</li><li>• The Operations Manager has provided the centre with the most up to date Public Health guidelines on covid, these guidelines were issued on the 10/6/22</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	10/06/2022