



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

Issued by the Chief Inspector

Name of designated centre:	Thornvilla Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0001936
Fieldwork ID:	MON-0035445

About the designated centre

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

Thornvilla Community Group Home provides full-time residential care and support to adults with an intellectual disability. The centre can accommodate male and female residents over the age of 18 years. The centre comprises of a two-storey detached house set in its own grounds in a residential area of a town. The centre is in close proximity to a range of local amenities such as public transport, cafes, cinema and shops. Residents also have access to a vehicle at the centre to support them to access other activities and amenities in the surrounding area. In addition to their own bedrooms, residents living at the centre have access to community facilities which include a sitting room, kitchen and dining room. In addition, a large communal bathroom is available on each floor of the building. Residents are supported by a team of care assistants, with staff available during the day to support residents when they are not at their day service. At night-time, there are sleepover staff and waking night cover provided to support residents with their needs. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 24 March 2022	11:00hrs to 18:00hrs	Catherine Glynn	Lead
Thursday 24 March 2022	11:00hrs to 18:00hrs	Úna McDermott	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection, the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

This centre was homely and nicely decorated, with personal effects throughout, and it was evident that all efforts had been made to ensure a safe and person-centred environment for the residents who lived there, together with adhering to public health guidelines to ensure that residents were protected in relation to the current public health risk.

On arrival at the centre, the inspector observed that infection control practices were in place. There were signs on the door relating to current public health guidance, hand hygiene facilities and personal protective equipment were immediately available and visitors were required to complete a questionnaire, relating to their COVID-19 status, including temperature, and the expected practices were outlined in a visitors' protocol.

The inspectors conducted a walk around of the centre. The centre was visibly clean and hygiene stations were readily available as well as staff being seen to be adhering to the current public health guidelines. Any equipment in place in order to meet the needs of residents was clean and well maintained. However, closer examination found that improvement was required to the centre due to worn and cracked paintwork and debris in some areas of the centre. Inspectors observed that the centre's dining room was used for multiple purposes due to a lack of space. As well as being used to eat meals, the room also stored for example the centre's medication cabinet and laundry appliances, impacting on its use by residents. The lack of space and rooms' multiple uses also impacted on the effectiveness of cleaning arrangements in place. On closer examination, inspectors found documents behind furniture and evidence of dirt and debris in the room. Inspectors also found that the upstairs bathroom had not been effectively cleaned with debris and dust again being observed.

There were five residents at the centre during the inspection, although one of the residents was not met by the inspector as they were enjoying a sleep in. Residents were not able to communicate verbally about life at the centre; however, inspectors observed residents going about their daily lives and interactions with staff. Inspectors also spoke with staff and reviewed documentation on how residents' needs were met at the centre. Residents were engaged in various activities throughout the day, including outings, preparation of snacks and attendance at groups of which they were members. Infection prevention and control practices were observed throughout. It was evident that all efforts had been made to ensure that residents had access to various activities throughout the recent restrictions, and

that more opportunities we now being offered and supported with the lifting of restrictions.

Information had been provided to residents throughout the public health crisis, both through their residents' forum meetings and through the development of easy read information. This took the form of pictorial social stories for residents, including issues such as cleaning, being ill and vaccinations. While it was difficult to ascertain the level of understanding that residents achieved via these means, it was clear that all efforts had been made to pass on the relevant information. Additionally, various strategies had been put in place to support residents, including visits by external personnel to the house to conduct PCR testing when required, in order to alleviate any anxiety for residents.

Staff in this centre were responsible for ensuring that both the routine and enhanced cleaning tasks required due to the public health crisis were being completed. Staff discussed the arrangements in place for the cleaning of the centre, including additional daily cleaning tasks and support for residents in maintaining clean personal living environments. They also outlined the different strategies that had been put in place to support individual residents, including any anxiety or lack of understanding, and ways of ensuring a meaningful life for residents during restrictions. However, improvement was required to the cleaning procedures due to the usage of some rooms due to lack of appropriate storage; such as medication, documentation and medical equipment.

Overall, inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was generally clean, inspectors did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition. This is discussed later in this report.

However, the provider and staff had ensured throughout the pandemic that residents were kept safe and were not subjected to unnecessarily restrictive arrangements which might prevent them from leading active lives and personal freedoms in the centre above and beyond public health guidelines in place at various times during the pandemic.

Capacity and capability

The provider had developed procedures for the effective management, control and prevention of infection within the centre, however; the systems to oversee and ensure continued delivery of safe and effective prevention and control measures in the centre required improvement.

On arrival at the centre, inspectors were met by three of the residents and two staff who introduced themselves. Inspectors met with residents in a communal area of the centre, such as the sitting room and kitchen area. Staff were engaged in a variety of activities in preparation for activities and mealtimes. Some residents were preparing for day programme activities and were looking forward to spending time away from the centre. Inspectors observed that staff supported residents in line with their personal plans and these interactions were unhurried, which resulted in a social and enjoyable activity for residents. Inspectors observed staff wearing appropriate masks during all interactions with residents. Furthermore, all residents were aware and spoke about their attendance with staff to church recently, and they had all worn masks without prompting. Inspectors noted the interactions between residents and staff and could see that both residents and staff were familiar with each other and were relaxed in each others company.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to personal protective equipment (PPE), hand hygiene, decontamination, laundry and waste disposal. Policies were discussed both with staff and with residents, and staff were required to complete mandatory training in IPC and undertake daily and weekly cleaning check lists and planners. However, inspectors found that there was significant gaps in the completion of daily and weekly records and therefore the provider's policies and procedures were not consistently adhered too. In addition, on review of the recent unannounced audit and the annual review of care, inspectors noted these were not effective as they had not identified issues as described in this inspection report.

The provider had a COVID-19 contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak. Risk assessments had been completed in relation to individual residents, provision of PPE, visitors to the centre, staffing and plans for isolation if required. However, inspectors noted that following a recent outbreak of COVID-19 at the centre, the provider had not undertaken a post outbreak review to assure themselves of the continued effectiveness of the contingency plan in the event of further re-occurrences.

Staffing arrangements were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff had received all mandatory training, including training relating to current public health guidelines. Training records were reviewed by inspectors and were found to be current and included areas such as use of PPE, breaking the chain of infection and hand hygiene.

Staff supervision meeting with their manager were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item for discussion, and arrangements were in place to ensure staff were made aware of any changes in infection control practices immediately.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out required daily cleaning tasks. However, management's oversight arrangements had not identified that records were not

consistently maintained by staff, and therefore did not give assurance that cleaning tasks were undertaken. As a result, it was unclear to inspectors if increased cleaning and sanitising of touch points such as door handles and light switches and other areas of the centre were completed as required. However, staff who spoke with inspectors were clear about cleaning and sanitising routines and explained how these were carried out. Staff also explained about the colour coding system in place for cloths and mop heads used at the centre. In addition, they also explained the use of alginate bags for management of potentially infectious laundry.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on their assessed needs. Reviewed care plans were up to date, and both informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as and when required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. In addition, residents were supported to make an informed decision about having the COVID-19 vaccination and attending vaccination programmes.

Through discussions with staff, inspectors found that all staff members were knowledgeable about the current public health guidelines, as well as additional supports that had been put in place in order to maximise the quality of life for residents at the centre.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to some surfaces, maintenance, use of rooms and storage systems and processes were required, to ensure that effective cleaning would consistently be carried out.

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated. Each personal plan included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being a suspected or confirmed case of COVID-19. Plans had been updated with relevant IPC guidance, and goals had been set with residents at various stages of the pandemic. For example, goals had been set for some residents to support them with steps necessary to avail of the vaccination programme. These goals had been archived as achieved, and different goals introduced, including skills teaching and leisure activities. Goals had been recently updated to reflect the lifting of community restrictions.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving

healthcare personnel about the individual needs of each resident.

Cleaning had been identified as a priority by the provider, and there were multiple examples as to how this had been implemented. Regular cleaning records were not consistently maintained, and inspectors noted gaps in all records of deep cleaning, which was not monitored effectively. There was clear evidence that each resident's room was cleaned and sanitised regularly, however staining was noted on two bedroom carpets. Residents spoken with also discussed their cleaning and laundry schedules with inspectors. All staff were observed to be adhering to the current public health guidelines on the day of inspection.

A review of the service had been developed by the provider, and this included a review of the management of the public health crisis. There was also a system of audits in place, including a detailed infection control audit. Overall, the audits in place did not provide a satisfactory monitoring and review of the practices in place as required by current public health guidelines.

However, there were some areas which required attention, some of which had been identified during the provider's auditing, and some of which had not. While these improvements were required, they did not pose a risk to residents in terms of protection from an outbreak of an infectious disease. Overall the provider had ensured that the strategies and processes were in place to ensure the safety of resident, and to provide a good level of care and support.

Regulation 27: Protection against infection

Arrangements in place for the management of an outbreak of an infectious disease were not effective and required improvement in the following areas.

- Debris was present in the upstairs bathroom.
- The pedal bin in one of the bathrooms was not working and was not hands free in design.
- Damage to kitchen work surfaces- Damage to paintwork throughout the centre
- The centre's vehicle had not been effectively cleaned, and associated records were not completed in line with the centre's policy.
- A bedroom carpet was stained and therefore it was not possible to determine if it was clean.
- Cleaning arrangements for the centre's dining room were negatively impacted upon by the lack of storage and its multiple purposes (for example, medication storage, laundry facility).
- Cleaning products were inappropriately stored in the residents' coat cupboard.
- Management arrangements did not monitor and ensure the effective cleaning of all

parts of the centre.

- The provider had not completed a review of the effectiveness of the centre's COVID-19 contingency plan following a recent outbreak.

- Unannounced provider six-monthly visits and the annual review of care had not identified areas for improvement as described in the inspection report.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Thornvilla Community Group Home OSV-0001936

Inspection ID: MON-0035445

Date of inspection: 24/03/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Washing machine, tumble dryer and cabinet removed from dining area together with a full deep clean. Completed 14.04.2022 • Storage cupboard under stairs decluttered, cleaned and painted. Completed 30.03.2022 • Post outbreak review completed 23.04.22 • New Toaster purchased on 29.03.22 • New wipe clean night folder provided for one resident. Completed 25.03.22 • All residents have been provided with wipe clean folders for Care Notes. Completed 29.03.22 • Extractor fan taken apart and cleaned. Completed 28.03.22 • Top of medication press cleared. Completed 29.03.22 • Archiving pre 2020. Completed 29.03.22 • All bedrooms have been deep cleaned. Completed 30.03.22 • New nail clippers and scissors purchased. Completed 26.03.22 • Transport vehicle valeted. Completed 12.04.22 • Transport folder updated for sign off by all staff. Completed 01.04.22 • Carpets removed from all rooms. Completed 28.04.22 • Replaced with high rating non slip floor covering. Completed 28.04.22 • Painting of interior of house scheduled to commence on 11.05.22 together with repair/replacement of skirting boards. • A new suite is being developed in relation to deep cleaning for all areas and these will be added to the Audit Bank and checked on a monthly basis to be completed on 11.05.22 • Kitchen presses to be replaced together with worktop to be completed by 24.06.22 • New blood pressure monitor ordered awaiting delivery. • An additional section has been added to the 6 monthly unannounced visit template specifically focusing on Infection, Prevention and Control Completed 04.05.22 • Bins have been removed from the kitchen area. Completed 25.03.22 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	24/06/2022