

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

## Issued by the Chief Inspector

Name of designated centre:	31 Ormond Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0002095
Fieldwork ID:	MON-0035749

## About the designated centre

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

This is a residential house providing care, support, education and life long learning opportunities for four young adults with visual impairment, who prefer to be called students rather than residents. The centre is situated in a vibrant community in north county Dublin and within easy reach of the city centre. The house is available to the students from Sunday evening to Friday morning and each weekend, all students go home. The house is a two storey dwelling and each student has their own private bedroom. There is a large fully furnished sitting room, a computer room, a large kitchen/dining area and a separate utility facility. There are also adequate bathrooms facilities on both floors of the house. To the front of the property there is a small private garden area, with adequate on street parking and to the rear there is a large garden area available to the residents. Systems are in place to ensure each student can avail of learning and educational opportunities so as to reach their full potential and support/maintain their independence. Students are also supported to use their community such as local shops, restaurants, and hotels. The house is staffed by a full time person in charge who is a qualified social care professional and a team of qualified social care workers.

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

Number of residents on the date of inspection:

4

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
Tuesday 26 April 2022	09:50hrs to 16:20hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. The inspector found that while there were some good practices and arrangements in place, overall the arrangements were not sufficient and improvements were required to ensure that residents were appropriately protected from the risk of healthcare-associated infections.

On arrival to the designated centre, the inspector was met by a staff member and was requested to complete a COVID-19 symptom declaration as part of the procedure for visitors. The inspector observed staff wearing personal protective equipment (face mask) that was in line with the current public health guidance, and there was hand sanitiser and COVID-19 signage at the front door.

The residents in the centre are usually referred to as 'young people' or 'students', but will be referred to as 'residents' in this report. The inspector did not have the opportunity to speak with residents as three of the residents were attending education programmes outside of the centre, and one resident was at home during the inspection. However, the inspector did observe information for residents on COVID-19 and infection prevention and control (IPC) matters in accessible format, for example, picture format and Braille. The inspector also found that residents had been consulted with and informed of COVID-19 and IPC matters during residents' meetings.

The centre was staffed by a team of social care workers. The inspector met and spoke with several staff members during the inspection. Staff spoke about residents in a respectful and warm manner, and it was clear that they had a good understanding of the residents' needs and the supports they required. The inspector also spoke to staff members about the IPC measures implemented in the centre, and this is discussed further in the report.

The inspector completed a thorough walk around of the centre in the company of a staff member and the person in charge. The centre comprised a two-storey terrace house in Dublin. The house was very conveniently located close to many amenities and services such as shops, cafés, and public transport. The house was also close to the educational programmes that the residents attended. There was a small front garden and larger back garden which was found to require upkeep. The house was found to be warm, comfortable and nicely decorated. The house had been recently painted and new sofas for the sitting room had been ordered. Each resident had their own bedroom and there were ample communal areas. The inspector found that aspects of the premises and the IPC practices required attention to mitigate infection hazards and risks. For example, some carpeting was damaged and stained, waste receptacle arrangements required enhancements, the storage of toothbrushes in communal bathrooms was inadequate, there was clutter in areas, some kitchen cupboards were damaged and could not be cleaned effectively. Parts of the centre

also required cleaning. These findings are discussed further in the quality and safety section of the report.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

While the inspector found some good infection prevention and control practices and arrangements during the inspection, overall the governance arrangements were insufficient in effectively protecting residents from the risk of infection.

The registered provider had prepared a written policy on infection prevention and control (IPC), dated September 2020, however the policy was not comprehensive enough to be effective. It did not outline how the provider governed and monitored IPC matters, and did not identify any associated roles and responsibilities. Furthermore, the detail was insufficient, for example (non-exhaustive):

- In relation to use of personal protective equipment (PPE), only gloves and aprons were referred to.
- Staff training requirements and frequency of training required further detail.
- Arrangements for the management of laundry did not provide sufficient guidance, particularly in relation to soiled laundry.
- There was insufficient guidance on the management of bodily fluid spills.
- There was no guidance on the management of clinical waste.
- There was poor detail on transmission based precautions.
- There was insufficient detail on cleaning arrangements.
- There was no detail on how the transmission of infectious diseases such as legionnaires disease, which was a risk in the centre, were mitigated.

The absence of a comprehensive IPC policy posed a risk to the health and safety of the residents. Complimentary policies to support IPC matters, such as the policies on food hygiene and the storage of chemicals were found to be overdue review.

The provider had prepared a COVID-19 IPC strategy dated October 2021. The strategy included procedures and guidelines specific to COVID-19. As a precaution against the risk of COVID-19 transmission, COVID-19 symptoms checks were completed for staff, residents, and visitors; the inspector found the checks were being consistently completed. The inspector found that parts of the strategy required revision and further detail, and there was a need for increased staff awareness of the contents of the strategy. The strategy did include a clear pathway for COVID-19 escalation, and the inspector found that the provider had implemented good systems for the escalation of COVID-19 matters.

The provider had established a COVID-19 management team, they met regularly,

and there were minutes maintained of their meetings. There were also monthly social care management team meetings. The meetings included IPC and COVID-19 as regular agenda items. The inspector reviewed a sample of the meeting minutes and found that they included good discussions on updated IPC and COVID-19 guidance and information. There was a clinical nurse manager who had responsibility for IPC matters. The clinical nurse manager was readily available to the centre and provided regular support and guidance to the person in charge and staff team. In February 2022, the clinical nurse manager attended a team meeting to guide staff on the use of PPE.

The provider had implemented systems for monitoring IPC measures in the centre. The person in charge had completed a self assessment tool to test the effectiveness of COVID-19 measures. The annual review had referred to COVID-19 matters such as restrictions, and access to PPE and cleaning supplies, and the six-monthly unannounced report on the quality of care and support in the centre had referred to food safety and waste management. However, the scope of the annual review and six-monthly unannounced report was limited in how IPC matters were reviewed. Regular health and safety audits were undertaken and looked at aspects of IPC such as cleanliness, premise upkeep, and ventilation. An IPC audit had been completed in May 2021, however, it had focused on COVID-19. The person in charge had completed an IPC audit in March 2022, however, the inspector found that the scope of the audit required widening to ensure it was effective.

The inspector found that the written risk assessments on IPC matters were poor. The risk assessment on 'contraction of a contagious disease' was very limited in scope and the existing control measures were not sufficiently detailed. COVID-19 risk assessments were found to be more detailed. There were no risk assessments on matters such as legionnaires disease, management of laundry, management of bodily fluid spills. There was a risk of legionnaires disease presenting in the centre as it closed for the summer months. The provider had tested the water in October 2021 and no concerns were detected. However, it was unclear if the water had been tested prior to the residents returning to the centre after the summer or when the water would be next tested.

There was a consistent staff team working in the centre. The centre used only used one relief staff to cover vacant shifts to reduce the risk of COVID-19 transmission into the centre. Staff working in the centre had completed training in hand hygiene, use of PPE, and COVID-19, to support them in implementing and adhering to IPC precautions and best practice. COVID-19 was also discussed at weekly team meetings.

There was some written guidance available to staff on IPC matters, such as signage in the office area on use of masks. However, overall there was a lack of sufficient written guidance. For example, although staff had completed training on the use of PPE, there was no guidance that was readily available for them to refer to as a refresher. Furthermore, the recent updates on IPC matters from public health were not available in the centre.

The inspector met a number of staff during the inspection and spoke with some of

them about the IPC arrangements and systems in the centre. The staff spoke to the inspector about their training and the IPC risks in the centre. They advised the inspector that the residents did not have any specific medical conditions or behavioural needs that presented IPC risks. The staff told the inspector about some of the measures to reduce the risk of COVID-19 transmission, such as vaccination and symptom checks. The staff were aware of the signs and symptoms of COVID-19, and told the inspector about how residents were supported to understand COVID-19 and IPC precautions and measures. Some residents had presented with COVID-19 symptoms, and staff spoke about how they were supported to self-isolate and how the cleaning regimes were increased during these times. Staff also spoke about the cleaning arrangements and use of chemicals in the centre. It was found that staff required further guidance on matters, such as use of colour coded clothes and management of soiled laundry. Staff advised the inspector, that if they had any IPC queries or concerns they would contact the person in charge or clinical nurse manager, and were happy with the support and guidance they received on IPC matters.

## Quality and safety

While there were some areas of good practice noted in the local implementation of infection prevention and control (IPC) procedures, it was found that improvement was required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection. The inspector found that residents were provided with appropriate information and were involved in decisions about their care to prevent, control, and manage healthcare-associated infections.

Residents had accessible information on IPC and COVID-19 matters, in picture and Braille format. There was information on COVID-19 vaccines, and the vaccination status of residents was known. IPC and COVID-19 was also discussed at residents' meetings to keep residents up-to-date on the latest guidance and to remind them of the IPC precautions. The inspector reviewed a sample of the meeting minutes and found that matters such as cleaning, wearing personal protective equipment (PPE), hand hygiene, and social distancing had been discussed. Staff also told the inspector about how residents were reminded of IPC precautions through verbal prompts and reminders. Staff spoke about residents in a kind and warm manner, and it was clear that they had a good understanding of their needs and had a good rapport with them.

The inspector completed a thorough walk around of the centre. The centre was warm, bright, homely and nicely decorated. Each resident had their own bedroom and there was ample communal space. Signage on COVID-19 and IPC was displayed, and hand washing facilities were readily available. There was also a supply of face masks for visitors to use if required. Overall, the centre was well



maintained but some enhancements were required:

- Carpet in the office and a bedroom was torn.
- The enamel on the sink hole in some bathroom hand washing basins was damaged.
- Some of the kitchen cupboards were chipped in places and there was a crack in the veneer of the counter, which presented a risk of harbouring bacteria.

Staff working in the centre completed all of the cleaning duties in addition to their primary roles. Cleaning schedules were in place and staff were consistent in recording the duties completed. The person in charge was also reviewing the cleaning records to ensure they were completed. The cleaning schedules required enhancement to include the bathroom fans and to evidence that the pull-out sofa, used by staff to sleep on at night, was cleaned after use. Generally, the centre was clean, however, some areas required improvements:

- Some of the bedroom window frames required cleaning.
- The oven hood required cleaning.
- The kitchen cupboard doors were stained and some of the drawers required cleaning.
- The washing machine, oven and microwave were clean, however the freezer and a small fridge required cleaning.
- One of the showers required deep cleaning.
- High cleaning was required in the main shower room. There was also mould staining on the window blind and on the ceiling.
- The bathroom / shower room fans were dirty.
- The compost bin in the kitchen required cleaning.
- The vehicle used to transport residents required cleaning.

The centre had some arrangements in place to prevent the risk of cross contamination, such as colour coded towels for residents. However, the inspector found that some of the arrangements required improvements:

- The waste receptacle arrangements required enhancement, for example, some bins were rusty and therefore could not be cleaned properly, and some bins had no bin liners and it was not evident that they were being cleaned.
- The storage arrangements of toothbrushes in shared bathrooms was poor and presented a risk of infection cross contamination.
- The laundry basket used was not conducive to prevent cross contamination of infection.
- Strips of sticker tape were on the stairs and steps into the kitchen as a visual aid for residents. However, some of the stickers had detached at the edges and collected debris.
- The counter in the laundry room was cluttered with baskets and containers.
- There were no safety data sheets for the cleaning chemicals used in the centre.

The registered provider had implemented procedures for the event of a suspected or confirmed case. There had been COVID-19 cases in the centre and they had been

managed well, and the person in charge reviewed every suspected or confirmed case to identify potential learning. The outbreak management plan, however, was not sufficiently detailed, for example, it did not refer to use of PPE, waste management, individual supports that residents may require, donning and doffing spaces, or transmission based precautions. Furthermore, it was found that some practices implemented in the centre were not reflected in the plan. The centre had a small supply of PPE to be worn in the event of a suspected or confirmed COVID-19 case, however, there was easy access to more if needed. There were also alginate bags to wash laundry, however, it was found that staff required further guidance on the use of the alginate bags.

## Regulation 27: Protection against infection

Systems and arrangements in place for the protection against infection in the centre were not adequate. Practices were not fully consistent with national standards for infection, prevention and control (IPC) in community services. While the inspector did identify some good practices, the areas for improvement posed a risk to the safety of residents in the centre from exposure to infection. These include;

- The written IPC policy was not comprehensive or robust enough in order to be effective.
- The COVID-19 strategy and procedures required revision and further detail.
- The outbreak management plan required review and further detail to ensure it could be effectively implemented in the event of an outbreak and covered key areas.
- The arrangements to prevent legionnaires disease were unclear.
- The IPC risk assessments were insufficient in detail and scope.
- Staff required access to further guidance on IPC matters, including up-to-date public health guidance and safety data sheets.
- The auditing systems required enhancement to encompass a wider range of IPC matters.
- Some areas of the home and the vehicle required cleaning.
- Cleaning schedules required revision to include all required cleaning tasks.
- Some areas of the home required upkeep such as torn carpeting, and damaged kitchen cupboards.
- Some local practices were not conducive to good infection control precautions for example, poor management of waste receptacles, clutter, poor storage of toothbrushes, and worn sticky tape on steps and stairs.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for 31 Ormond Road OSV-0002095

Inspection ID: MON-0035749

Date of inspection: 26/04/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A schedule of policy/procedural changes and physical remedial work was commenced in the immediate aftermath of the inspection, these being addressed hereunder using the categories relied on in the inspection report.</p> <p><b>CAPACITY AND CAPABILITY:</b></p> <ul style="list-style-type: none"> <li>- The centre’s IPC policy has been comprehensively reviewed and added to and now includes guidance on all forms of PPE including donning and doffing, a specific requirement in terms of the type and frequency of training required, enhanced guidance on the management of laundry including clear instructions on the proper use of Alignate bags, guidance on the management of high risk waste and blood spillages and clear transmission based precautions specific to infectious diseases. In addition, the centre’s policy on legionnaires disease has been significantly altered with greater clarity on when the centre’s two a year externally sourced inspections will occur as well as enhanced internal inspection provision. The Covid-19 strategy has also been updated in conjunction with this IPC policy and all social care staff will be required to sign to say that they have read and understood its provisions. Covid 19 strategy now includes greater detail in the management of an outbreak to include further guidance on PPE, waste management and individual supports residents require. In respect of both the IPC and Covid-19 policy there is now greater clarity in terms of the type and frequency of cleaning required, including deep cleaning and appropriate templates are now in place to ensure that all the areas identified in the inspection, as requiring enhanced cleaning, are now referenced. Further, the scope of the annual review and the six monthly unannounced inspection reports will now contain a much enhanced emphasis on IPC matters including reviews of cleaning schedules and training records. In increasing the scope of these audits particular attention will be paid to ensuring that enhanced risk assessments on IPC matters and the control measures in place to address identified IPC risks are much more rigorous. A physical copy of the HSPC Infection Control guidance for residential services is now available in the house and staff members are required to</li> </ul>	

regularly monitor the HSPC website for ongoing updates. Finally, in this area, a colour coded chart is in place in the house clearly indicating the different cloths to be used for cleaning and guidance on their laundering is included in the IPC policy.

**QUALITY AND SAFETY:** A raft of refurbishment work has been scheduled, the intention being that much of this will be carried out during the summer holiday months subject to urgent work which is already underway. In respect of the latter, the window frames have now been cleaned and mould staining on one window blind and on the ceiling has been removed. High dusting is now regularly in place, the freezer and fridge have now been cleaned and the shower requiring deep cleaning has now been attended to. An identified rusty bin has been removed and an inadequate laundry bin replaced. Identified clutter has been removed and frayed sticker tape on the stairs has been replaced.

Toothbrushes are no longer communally stored in the bathroom and the cleaning of bins, the use of bin liners, the cleaning of staff beds and the valeting of the centre vehicle are now line items in the revamped housecleaning schedule. Remedial work in terms of new carpets, damaged enamel, a cracked counter veneer and chipped cupboards will be carried out over the period of the summer closure so as to minimise disruption to residents.

**PROTECTION AGAINST INFECTION:** Having referenced the centre's response to most of the points raised under this heading already in the previous two sections all that remains here is to indicate that there are enhanced auditing systems now in place in the centre and these now encompass a wider range of IPC matters and safety data sheets in respect of all of the cleaning products in use in the centre are now in place. In addition it is the intention of the provider to source external training for all social care staff and the centres household and catering staff in the area of improving infection control prevention. It is envisaged this training will be available in early September 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).

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	30/09/2022