

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

Issued by the Chief Inspector

Name of designated centre:	Avalon
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 April 2023
Centre ID:	OSV-0002433
Fieldwork ID:	MON-0037702

## About the designated centre

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

The centre provides residential services to adults 18 years and over, who present with a diagnosis of intellectual disability, autism or acquired brain injury and mental health. This centre can accommodate a total of five residents. It is fully wheelchair accessible and each resident has their own bedroom. The centre consists of a kitchen, utility, dining room and four communal living areas. The centre also has two bathrooms and two wc's available. There is also a communal garden available to residents. The centre is located a short drive from a village in Meath. The centre is staffed by a person in charge, a house manager, a nurse and direct support workers.

**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
Tuesday 18 April 2023	10:20hrs to 17:45hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This inspection took place over one day and the inspector had the opportunity to talk to three residents who lived in the centre, and briefly met two other residents. The inspector observed that staff positively interacted with residents, and knew the residents well. The person in charge facilitated the inspection.

The inspector observed that staff adhered to the local procedures in relation to visitors to the centre, and temperature and respiratory symptoms were checked on arrival to the centre. There was hand sanitiser and face masks available at the front entrance for visitors' use.

From a walk around the premises, speaking with residents and the staff team, 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.

The centre was a large single storey house located on a campus setting on the outskirts of a town. Each of the residents had their own bedroom, and there were adequate bathrooms to meet the needs of the residents. A kitchen and adjoining dining room, a laundry room, two gardens, and two sitting rooms were also available for residents' use. An adjoining apartment was available for one resident, and the resident could also access the main parts of the centre, if they wished.

Overall the centre was clean and well maintained, and had been decorated to comfortably meet the needs of the residents, while ensuring their preferences were respected.

The inspector met with the three residents during the day, and they spoke about some of the activities they liked to do. For example, a resident told the inspector they liked to go horse riding every week, and sometimes they go to the cinema. They also said they liked living in the centre, they liked to get a takeaway at the weekend, and that the staff in the centre were good to them.

Another residents told the inspector they were going out in the afternoon, and they like to go to a specific restaurant in the community, go shopping, or to the Zoo. The resident said they also liked to visit friends in other houses on the campus. The resident had a number of photos of them doing preferred activities, such as baking, a beach trip, and attending a Christmas party. The resident told the inspector that staff were good to them, and they liked living in the centre. Residents were supported to keep in contact with their families, and residents rang their families, or had regular family visits.

Overall residents seemed happy living in the centre, and their choices as to how they liked to spend their day were supported and respected. For example, some residents' preferred to be quite active during the day, and the inspector observed

that picture schedules of activities were developed for residents, and included their preferred activities. One resident really enjoyed gardening, and had secured a job with the provider tending to the grounds on campus. Another resident was paid to help clean the centre bus every week. The person in charge explained that some residents' accessed the provider's day centre, on a sessional basis.

As mentioned residents were supported to access community amenities, for example, to go to restaurants, the go-karting track, the beach, and the cinema. Residents were also encouraged to be involved the running of the centre, and helped with looking after their rooms, and during the summer with planting plant pots for the garden. Up to a few days before the inspection, residents had pet rabbits in the garden, and the person in charge explained that residents enjoyed taking care of the rabbits, and that the IPC risks had been assessed and hygiene measures incorporated into supports for residents.

Staff were observed to be kind in their interactions with residents, and were respectful of residents' choices. For example, a staff member was observed to take their time with a resident and was cognisant of the need to allow the resident adequate time to attend to a task.

Overall the inspector found that residents were being well cared for, and there was a skilled and supportive staff team to ensure that residents enjoyed a good quality of life.

## Capacity and capability

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspector met the five residents who lived in the centre, some of whom spent time talking to the inspector about their experiences of living in the centre. The inspector also met with the person in charge, and house manager, and spoke to two staff members about IPC practices, and about the support provided to residents living in the centre.

The inspector reviewed documentation such as risk management plans, staff roster, staff training records, individual support plans, complaints records, audits, and minutes of a range of meetings including residents' meetings. Overall the inspector found the provider had ensured the systems and resources were in place to implement the required IPC measures, to ensure residents were protected from the risk of a healthcare acquired infection.

There were robust governance and management arrangements in place, to ensure care and support was provided to meet the needs of residents and to protect them from a risk of a healthcare acquired infection. The provider had developed a range

of policies and procedures to support effective IPC practices. These included an IPC policy, a contingency plan, and a risk register, and had ensured sufficient resources were in place in order to provide care in a safe manner.

The provider contingency plan, along with the IPC policy, outlined the standard precautions to be adhered to on a day to day basis, and the transmission based precautions to be followed in the event a suspected or confirmed case of COVID - 19. The contingency plan also included the management reporting procedures, as well as the staff contingency measures, and isolation arrangements in the event of an outbreak of infection in the centre. The contingency plan had recently been updated, in line with updated public health guidance. Up-to-date public health guidance was also available in the centre including the Health Protection Surveillance Centre guidelines for residential care facilities, and a community IPC manual.

The provider had appointed a lead person for IPC in the service, and the person in charge had also been appointed in the centre as a lead person for COVID-19. The person in charge described the management response in the event of an outbreak in the centre, and an IPC team consisting of the IPC lead, the person in charge, and senior managers would convene to review arrangements in the event this was required.

The provider had assessed risks relating to IPC including general IPC risks, risks to residents, and specific practices in the centre. For example, all residents had been assessed as to the risk of cross contamination, and to the potential IPC risks associated with caring for pets in the centre. General IPC risks included for example, environmental hygiene, clinical sharps, cross-infection, exposure to COVID-19, and the inspector found all preventative measures detailed in risk management plans were implemented in the centre. These included completing cleaning schedules, a clutter free environment, staff training in IPC, the use of personal protective equipment (PPE), hand hygiene, and incident reporting procedures.

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.

For example, an IPC audit was completed in June 2022, and a significant number of actions were recommended following this audit. Most actions were completed on the day of inspection, with some planned maintenance works in progress for completion. The person in charge continued to review the IPC audit throughout the year and updated the action plan as actions were achieved. A IPC audit was also completed a number of days before this inspection, and the person in charge, along with the house manager had commenced working on these actions, including arranging to meet the procurement manager to complete some required maintenance works.

A health and safety audit had been completed in March 2023, and all actions were completed, including updating the emergency plan, updating the contingency plan, and ensuring food containers were labelled with opening dates.

IPC formed part of review process at monthly governance meeting between the person in charge and the assistant director of services. One action from a meeting in

February 2023, relating to monitoring residents symptoms, was found to be complete on the day of inspection. The person in charge told the inspector they complete a walk-around the centre every week, and the inspector reviewed a sample of a report that is completed weekly and sent to the assistant director of services.

The inspector spoke with two staff members who stated they could raise concern about the quality and safety of care and support, including concerns about IPC if needed, with the person in charge and management team, and overall had had good support during a recent outbreak in the centre. Staff also described the standard precautions in use in the centre, the response to a needle stick injury, and the actions to take to a suspected or confirmed case of COVID-19 occurring in the centre. Staff meetings were held monthly, and one staff described how staff met every morning at the beginning of the shift, and could also raise concerns at this time if needed.

There were sufficient staff employed in the centre, in order to meet the needs of the residents and to ensure IPC measures were implemented. There were seven staff on duty during the day and four staff on duty during the night, and from a review of a sample of roster since January 2023, staffing levels were maintained at the required level.

The inspector reviewed the training records and staff had been provided with a range of up-to-date training in IPC. Training included IPC, standard and transmission based precautions, donning and doffing PPE, hand hygiene, respiratory and cough etiquette, managing blood and bodily fluid spills, and cleaning and disinfecting the healthcare environment and patient equipment. Staff had also been provided with training in the National Standards for Infection Prevention and Control in Community Settings (Health Information and Quality Authority, 2018). Certificates of completion of training were available on site for staff, and the inspector reviewed a sample of two staff members' certificates for all IPC training.

## Quality and safety

Arrangements were in place to protect residents from the risk of healthcare acquired infections. Residents had been provided with information about potential IPC risks and about ways to help protect themselves. The environment was clean and well maintained, and had the required facilities to ensure IPC formed part of the day to day practices in the centre.

Information was displayed in accessible format for residents on issues relating to IPC and prevention measures including handwashing, and the use of PPE. Accessible information on COVID-19, self-isolation and restrictions was also available in accessible formats, and discussions relating to IPC had been included in weekly



residents' meetings. Part of these meetings also included skills teaching in hand hygiene, and staff told the inspector about some of the support residents required in relation to IPC measures.

Standard precautions were implemented as part of the day to day care in the centre. For example, staff were observed to wear face masks, and carried and used, portable hand sanitiser. Residents had been assessed as to risks posed by cross contamination, and a specific risk relating to care of pet rabbits in the centre, and the measures outlined in risk management plans had been implemented. Residents' and visitors' symptoms and temperature continued to be monitored, the environment was cleaned regularly, residents' laundry was cleaned separately, and hand hygiene and the use of PPE were in line with requirements.

Similarly residents' needs had been assessed, and plans of care outlined the support residents needed with their personal and healthcare needs. Residents had been provided with timely support from allied healthcare professionals, and all residents had an annual health check with their general practitioner completed. Residents had been supported to avail of flu and COVID-19 vaccination programmes. The inspector discussed the provision of Hepatitis B vaccinations for residents; however, this had not been offered to residents, and there was no policy in the service relating to Hepatitis B vaccination for residents. The person in charge reviewed this with the director of services, and arrangements were made by the end of the inspection, for all residents in this service to be offered this vaccination as part of their annual health review. Notwithstanding this, the inspector found there was no specific issues in the centre which may increase the risk of contracting Hepatitis B for residents.

The person in charge and house manager showed the inspector around the centre. The centre was clean and well maintained, and was laid out to meet the needs of residents. Colour coded mops and cloths were in use for specified areas in the centre. The centre was cleaned six times a day, and deep cleaning of each room in the centre was completed twice a week. Records of cleaning were maintained and all cleaning was recorded as complete. The inspector saw the bus was clean and cleaning records for the centre vehicle were also complete. Residents were encouraged to become involved in the upkeep of the premises, and helped with cleaning their living space, the bus and attending to the garden.

The areas where food was stored and prepared were clean, and well organised, and colour coded chopping boards were used when preparing food.

There were satisfactory arrangements in place for laundry management, and as mentioned residents' laundry was cleaned separately. Colour coded cleaning equipment was also laundered separately.

Personal protective equipment was stored appropriately, and there was ample supply for both standard precautions, and transmission based precautions should a suspected infectious disease occur in the centre.

Suitable arrangements were in place for the disposal of general and clinical waste, and pedal bins were in use throughout the centre.

There had been an outbreak of COVID-19 in the centre a number of months ago and the person in charge had contacted public health to report this outbreak. Recommendations regarding testing made by public health following the outbreak were found to be completed, and a notice of closure of the outbreak had been received. A post outbreak analysis review meeting had been convened and included a review of procedures and systems put into action at the time.

### Regulation 27: Protection against infection

Satisfactory arrangements were in place for infection prevention and control in the centre, in line with public health guidelines, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

Judgment: 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	Compliant