



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Limelawn Green - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0003065
Fieldwork ID:	MON-0039220

## About the designated centre

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

This centre is a community based residential home with the capacity to provide full-time residential care and support to four residents with an intellectual disability. The centre is home to residents with low or minimal support needs. The centre is located in a suburban setting in County Dublin with access to a variety of local amenities such as shops, a local shopping centre, bus routes, and local churches. The premises is a semi-detached, five bedroom house which provides adequate private and communal space for residents. Residents in the centre are supported by a staff team comprising of a person in charge and social care workers. Residents are supported by a sleepover staff and have some additional staffing support during the day. All four residents normally attend day services four days a week and enjoy a prearranged day off, however, during the period of the COVID-19 pandemic these days have been reduced for some residents while others are receiving a temporary day service from within the centre.

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

Number of residents on the date of inspection:	4
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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 1 June 2023	09:30hrs to 14:00hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). The inspector found that residents were in receipt of a good quality person-centred service which had supported them to engage in activities of their choosing. The provider had carried out a number of actions since the last inspection concerning IPC. While for the most part, the provider had met the requirements of the regulation, some improvement was required in relation to risk management and premises.

The designated centre is a semi-detached house in a suburban area in West Dublin. Downstairs comprises a sitting room and kitchen. There is a resident's bedroom downstairs and a toilet. Upstairs, there are four bedrooms, one of which is used as a staff office and sleepover room. One resident had an en suite bathroom, while the other residents shared a bathroom. The house was tastefully decorated and had a homely atmosphere, with photographs of residents engaging in activities and personal affects throughout. Residents' bedrooms were personalised and there was ample space for residents to store their belongings. Some areas of the premises required maintenance and replacement. This is detailed under 'Quality and Safety' below.

There were four residents living in the centre on the day of the inspection. The inspector had the opportunity to meet with two of the residents. Residents were observed as they went about their morning routines. They spoke with the inspector about their plans for the day and reported that they liked living in the house. They were supported by staff to attend appointments during the morning. One resident spoke about their family and showed the inspector photographs of the Special Olympics and an autograph which they had received from a celebrity. They spoke about their plans and activities they enjoyed. Staff on duty on the day of the inspection had supported the residents for a significant length of time and there was a calm and relaxed atmosphere, with both residents and staff evidently comfortable in each others' company.

Resident meetings took place regularly and these were used as a forum to discuss relevant infection and control measures including hand hygiene. There was easy-to-read information available for residents, including digital material on hand hygiene. Residents had access to their GP as required and there was an online system in place for sharing any laboratory results with a clinical nurse specialist in IPC. Consent was sought for any healthcare interventions, including vaccines or tests and this was documented. Hospital passports and individual isolation plans were in place.

In summary, the inspector found that the residents in the centre were supported by an experienced staff team and were receiving a person-centred service which enabled them to engage in activities of their choice. The service had promoted residents' rights to access information about IPC, to learn skills to promote their

safety with regard to IPC and their right to consent to healthcare interventions. The next two sections of the report present the findings of this inspection in relation to governance and management arrangements and how these arrangements impacted on the quality and safety of care. The findings will be presented under Capacity and Capability and Quality and Safety and an overall judgment of compliance with Regulation 27 is outlined at the end of the report.

## Capacity and capability

The provider was found to have suitable governance and management arrangements in place to monitor and oversee IPC and antimicrobial stewardship within the designated centre. The provider had an infection prevention and control committee who met on a quarterly basis. The committee monitored healthcare-associated infections, hygiene and IPC audits and prepared an annual report for the senior management team. There was an outbreak control strategy in place and this included a clear escalation pathway for staff to use in the event of a suspected or confirmed case of a healthcare-associated infection in the centre. A centre-specific contingency plan had been documented since the last inspection and included information specific to the centre and how best to support residents in the event of any suspected or confirmed cases of healthcare-associated infections.

There were management systems in place to monitor and oversee IPC within the centre. These included bi-annual audits in hand hygiene and an annual IPC audit. The annual review from the previous year included infection prevention and control , with identified actions. Most of these were in progress or completed. Similarly, the six-monthly unannounced provider visits also included IPC and any required actions were placed on a tracker to ensure ongoing quality improvement. The provider had completed most of the actions identified on the last IPC inspection. The provider had a number of policies and procedures in place which clearly outlined roles and responsibilities of staff in relation to ensuring that residents were protected from healthcare-associated infections.

The person in charge was responsible for monitoring and implementing IPC measures in the centre. They carried out audits and checks on the environment and cleanliness to ensure that standards remained high in the centre. They had recently completed the Health Information and Quality Authority preparedness and contingency planning and self-assessment tool for COVID-19. This was to ensure that appropriate systems, processes and referral pathways were in place to support residents and staff in the event of a suspected or positive case of any healthcare - associated infection. This was now specifically adapted for the centre and was reflective of current public health guidance. Staff meetings took place on a regular basis and IPC was a set agenda item for these meetings.

The risk register in the centre was found to include risk assessments in relation to different aspects of IPC such as cleaning, waste, linen and sharps. There was

evidence of good practice Risks were identified for both the centre and individuals. There was evidence to indicate that the person in charge had sought specific IPC advice for one resident and there was a robust IPC risk assessment in place for them. Some IPC risk assessments required review to ensure that ratings were proportionate to the risks identified. Some risk assessments required review to ensure that only live risks were on the register in line with current public health guidance.

The centre was staffed with an appropriate number of staff to meet residents' assessed needs, including their IPC needs. The provider had employed two regular relief staff in the centre and a review of rosters indicated that residents were enjoying good continuity of care for the weeks prior to the inspection taking place. The provider specified IPC training which was mandatory for staff members working in different roles for example, nursing staff, social care workers and management. Staff had completed training in a number of IPC-related areas including hand hygiene, donning and doffing of personal protective equipment, standard-based precautions, the management of blood and body fluid spillages, respiratory etiquette. Some staff were due to complete a refresher in food safety in the weeks following inspection. This had been identified and actioned by the provider as a requirement.

## Quality and safety

The inspector found that residents in the centre were supported to understand and respond to information about all aspects of their care, including those related to healthcare or infection prevention and control. Residents had health communication books and hospital passports which contained key healthcare-related information including vaccination status and colonisation status where appropriate. IPC measures were discussed with residents at meetings and while government restrictions were now lifted, the inspector saw evidence of how residents were well supported during periods of isolation in the house.

As outlined previously, the provider had developed an IPC policy and had a number of procedures in place to guide staff practices relating to infection prevention and control. There were a number of standard operating procedures in place for staff including, managing suspected and confirmed cases, supporting residents in isolation, procedures for the management of maintenance, sharps and waste. Additional guidance was available on cleaning and disinfection. There were clear systems in place in relation to clinical specimen collection and transportation.

The premises was found to be well suited to residents' assessed needs in line with the centre's statement of purpose. Some areas had been addressed since the last inspection such as painting the centre and there were plans in place to refurbish the kitchen and replace the shed. The lining of the shed was peeling off inside the shed

which was used to store cleaning equipment such as mops and mop buckets, in addition to a utility space with both the washing machine and tumble drier. However, the bathroom upstairs required repair. The inspector observed that paint was peeling from the ceiling and there were black spores beginning to appear on the roof. This was identified by the person in charge on the day of the inspection but had not been identified on recent audits.

Cleaning was the responsibility of staff. There were clear arrangements in place to clean and disinfect the centre. Cleaning schedules and checklists were in place and these were audited on a weekly basis by the person in charge. Safety data sheets were available for staff. Cleaning schedules were in place which demonstrated the frequency of different activities in the house, the type of activity to be undertaken and products to use. Cleaning equipment was also included on these schedules. Additional measures were in place in the centre to meet a specified IPC risk and all staff were familiar with these measures. Staff had access to alginate bags where required. There were suitable arrangements in place for the management of linen and laundry and waste management.

There had been an outbreak in the centre since the last inspection. The inspector saw evidence of discussions taking place following this outbreak with staff members. This identified things that had gone well in addition to identifying areas requiring action. For example, following the outbreak, there was a plan to update the contingency plan for the centre and to ensure that this plan included practical elements such as purchasing of groceries and supplies and arrangements on cleaning.

## Regulation 27: Protection against infection

The inspector found that the provider generally met the requirements of Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control in Community Settings (HIQA, 2018). Some improvements were required as outlined below:

- Some areas of the premises required attention. Plans were in place to refurbish the kitchen and replace the shed. However, the bathroom was found to be in a poor state of repair and this had not been identified on the last audit of the centre.
- Some IPC risk assessments required review to ensure that ratings were proportionate to the risks identified. Some risk assessments required review to ensure that only live risks were on the register in line with current public health guidance.

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 Limelawn Green - Community Residential Service OSV-0003065

Inspection ID: MON-0039220

Date of inspection: 01/06/2023

## 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> <p>The provider will ensure that a new shed and kitchen will be completed by 30th September 2023, ensuring it meets IPC standards.</p> <p>The provider will ensure areas identified in upstairs bathroom are fixed to meet IPC standards by 30th July.</p> <p>The person in charge will review IPC risk assessments to ensure ratings are proportionate to the risks identified and in line with current public health guidance by 30th July.</p>	

## 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.	Substantially Compliant	Yellow	30/07/2023