



# 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:	18 August 2022
Centre ID:	OSV-0003065
Fieldwork ID:	MON-0036319

## 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 18 August 2022	09:15hrs to 16:00hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place concerning infection prevention and control measures and to monitor compliance with Regulation 27: Protection against Infection and the associated *National Standards for infection prevention and control in community services (HIQA, 2018)*. The inspector found that residents were in receipt of a good, person-centred service which had supported them to learn about, understand and develop skills to protect themselves against infection. The provider had put a number of good infection prevention and control measures in place, however the inspector found that improvements were required to achieve compliance with the standards.

The designated centre is a semi-detached house in a suburban area in West Dublin. Downstairs comprises a sitting room, a kitchen with a dining area, a small toilet and a resident's bedroom. To the rear of the house is an accessible back garden and a shed which functions as a laundry. Upstairs, there are four bedrooms, one of which is en-suite. One of the bedrooms is a staff bedroom and office. There is a shared bathroom which is accessible for all residents. The premises was found to be in a reasonable state of repair, with some works due to be completed in the weeks following the inspection such as replacing the tiling in the downstairs bathroom, replacing the shed and painting some of the centre.

Four residents live in the house and the inspector had the opportunity to meet each of them over the course of the day. Staff members on duty knew the residents well and there was a friendly atmosphere in the house. All of the residents showed the inspector their own bedrooms which were decorated and laid out in line with their wishes and interests. One of the residents showed the inspector the colour paint which they had picked for their bedroom and told the inspector they "loved" the house. The residents told the inspector about their routines and where they attended day services. Another resident was planning a holiday which they were looking forward to.

Resident meetings took place once a week and these were used as a forum to discuss various aspects of infection prevention and control such as social distancing, hand hygiene and respiratory etiquette. There was easy-to-read information available for residents which included digital material on hand hygiene. Residents had access to their general practitioner (GP) as required and the provider used an online system for sharing laboratory results with the clinical nurse specialist in infection prevention and control (IPC). Consent was sought for any interventions, vaccines and testing from residents and this was documented. The speech and language therapy department had developed a series of resources to use with residents on COVID-19, isolation, identifying pain, schedules and health passports in order to provide visual supports and clear information to those with communication access needs.

In summary, the inspector found the centre to have a friendly and relaxed

atmosphere, which was respectful of the residents and their rights to information, consultation and support relating to IPC measures and practices. The centre was in need of maintenance works which was underway. Improvements were required in governance and management arrangements to ensure that monitoring systems were leading to changes to ensure ongoing quality improvement in the service. The next two sections of the report will outline the findings of this inspection in relation to governance and management and how these arrangements impacted on the quality and safety of IPC. 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 registered provider had a number of management systems and structures in place to govern infection prevention and control and antimicrobial stewardship in the organisation and to ensure that residents were protected from healthcare-associated infections. There was an infection prevention and control committee which met once a quarter. Membership of this committee included the director of nursing, the quality and risk manager, a senior pharmacist, nominated members of the nursing management team and the clinical nurse specialist in infection prevention and control and health promotion. This committee monitored healthcare-associated infections, hygiene and IPC audits and compiled an annual report for the Chief Executive Officer. The provider had a serious incident management team which met as required and any outbreaks were reviewed by the executive team. There were emergency governance arrangements in place and these were routinely shared with staff teams. There was a clear escalation pathway for staff in the event of a resident or staff member becoming symptomatic.

Local management meetings took place between the persons in charge and persons participating in management and IPC information and updates was a standing agenda item. The provider had updated the Infection Prevention and Control policy in May 2022. However, the policy did not specifically outline the roles and responsibilities of staff members relating to IPC. The provider had identified three key documents to guide staff practice but this required staff to read these documents and apply them to their specific places of work.

The provider had a clinical nurse specialist in infection prevention and control who supported and carried out IPC audits, acted as a resource for staff where specific IPC advice was required and they had an active role in oversight of antimicrobial stewardship. The clinical nurse specialist in IPC monitored laboratory reports for all residents via a shared online system with residents' GPs to identify any emergence of resistance and/ or identification of multidrug-resistant organisms. Antibiotic use also was monitored and reported on each month to management.

The person in charge was responsible for oversight, monitoring and implementation

of IPC practices in the centre. The person in charge had a small number of supernumerary hours available to them to carry out their duties. They carried out audits in areas such as hand hygiene, environmental hygiene and cleanliness and health and safety. Some of the audits, while taking place, were not in date, or in some cases the actions which were identified were not yet complete or documented. The person in charge had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. However, this had not been specifically adapted for the centre and there was no quality improvement plan arising from it. There was a local contingency plan in place but this was not sufficiently detailed to ensure timely and appropriate management of suspected or confirmed cases of infection in the centre. Staff meetings took place regularly and IPC and COVID-19 were standing agenda items.

There was a staff vacancy in the house on the day of the inspection. A review of the planned and actual rosters demonstrated that there had been a high number of agency and relief staff (twelve in total) used in the month of the inspection. Rosters were poorly maintained and did not contain the full names of all staff completing shifts. While there was some information on cleaning and IPC available to agency and relief staff, there was not a clear induction checklist or a system to ensure all IPC measures were appropriately relayed and followed. Sleepover staff were working alone from seven in the evening until the following morning, so this posed a particular risk in this centre.

Staff had completed training in hand hygiene and food safety. However, training had not been completed since March 2020 on IPC, antimicrobial stewardship and standard and transmission- based precautions. Donning and doffing of personal protective equipment (PPE) was also found to be out of date.

The risk register in the centre and the safety statement included risk assessments in relation to different aspects of IPC such as cleaning, waste, linen and sharps. There was evidence of good practice with staff identifying IPC risks specific to one resident and liaising with the CNS in infection prevention and control in order to develop an appropriate risk assessment. This was in progress on the day of the inspection.

## Quality and safety

As stated earlier, it was evident to the inspector that residents living in this centre were communicated with and consulted with about their care. Residents had health communication books and Health Service Executive (HSE) Health Passports to share key health information including vaccination status and colonisation status in the event a resident was transferring to another healthcare setting. IPC measures were regularly discussed with residents in their meetings. Easy-to-read information was

available to residents and they had been supported throughout the COVID-19 pandemic with learning about the pandemic, reasons why their day service was closed and consent was sought and documented for both vaccination and any testing which was required. Visual supports had been developed to support residents during the government restrictions for COVID-19. Residents reported to be happy with being able to go back out to their preferred places and to be attending their day services again.

Staff were observed to use standard-based precautions during the day and were knowledgeable about IPC practices in relation to waste and laundry management. However, as stated above, training in standard and transmission-based precautions and donning and doffing of PPE was found to be out of date. The provider had a system in place for ensuring that information in relation to residents' health status, colonisation status and vaccination history was shared with other relevant health-care providers as appropriate.

As stated earlier in the report, the inspector found that the premises was clean and in a reasonable state of repair. There were a number of repairs planned in the weeks following inspection such as replacement of the shed, which was used as a laundry and utility space, replacement of broken tiles in the bathroom, and painting areas of the house that were required. Many of these items had been identified by the provider in IPC audits and in a walkabout which had been carried out by the provider's property, environment and technical department. The inspector found that the staff sleepover room was extremely crowded with shelving at the bottom of a single bed storing a large number of boxes. There were archive boxes on the ground and underneath a small desk which staff used for completing paperwork. The ceiling over the bed was cracked. On a walk around the centre, the inspector noted a laundry basket with dirty cloths stored beside a vegetable stand with food on it. This was removed immediately and re-located. However, it was moved back by a resident during the day.

The provider had good arrangements in place for the management of linen and waste. Where staff were handling and washing contaminated laundry, they had access to alginate bags as they required them. Staff also had access to spill kits in the centre. The inspector viewed the cleaning schedules in place in the centre and spoke with staff members on duty. Colour coded cloths were used for different areas of the house and there were separate mops used for different areas. The cleaning schedules were completed twice daily and increased where required. The schedules had included cleaning equipment once a week but items which required less frequent cleaning such as curtains and higher surfaces were not on the schedule. Information available in the IPC folder in relation to decontamination was found to be significantly out-of-date. No medical devices were in use in the centre.

Where a case of COVID-19 had occurred in the centre, there was a communication pathway documented for staff to escalate information to management immediately. Staff were aware of who to contact in the event that they needed advice on IPC. Suspected and confirmed cases had been managed appropriately and reported in line with regulatory and public health requirements. A review had been completed by the person in charge with the clinical nurse specialist in IPC and learning was



shared with other persons in charge and the staff working in the centre.

## Regulation 27: Protection against infection

In summary, the provider had put a number of measures in place to ensure that residents were protected against healthcare-associated infections. Residents were living in a clean and comfortable home. They were supported to make decisions about their care and to learn about IPC measures to develop their skills. However, there were a number of areas which required improvements in order to come into compliance with the *National Standards for Infection Prevention and Control in Community Settings (HIQA, 2018)*.

Improvement was required in the following areas:

- The provider had an infection prevention and control policy which had a terms of reference of the IPC Committee and a number of standard operating procedures. However, the policy was not sufficiently detailed to guide staff practices and to outline their specific roles and responsibilities
- Monitoring systems required improvement to ensure they brought about identified changes in the centre
- The HIQA self-assessment tool had not been specifically adapted for the centre and it was not in date
- Contingency plans in the centre were not sufficiently detailed, nor were they adapted in line with the provider's guidance document
- Staff had completed training in hand hygiene and food safety. However, training had not been completed since March 2020 on IPC, antimicrobial stewardship and standard and transmission based precautions. Donning and doffing of personal protective equipment (PPE) was out of date
- Due to a significant number of relief and agency staff who were often lone working, it was unclear how key IPC information in the centre (such as cleaning schedules, specific IPC risks relating to residents) were communicated prior to them beginning a shift
- As outlined, the premises had a number of actions required which were in progress on the day of the inspection. The inspector also noted a laundry basket for dirty cloths being stored beside a vegetable stand with food stored on it. While this was moved immediately, the inspector noted that it was placed back to its original position during the day. This posed a specific IPC risk. Areas of the premises remained difficult to clean and disinfect thoroughly due to wear and tear on surfaces until the works were completed.

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 Limelawn Green - Community Residential Service OSV-0003065

Inspection ID: MON-0036319

Date of inspection: 18/08/2022

## 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>The provider and PPIM are committed to addressing and resolving the issues            The provider has ensured that the Infection prevention and control policy is now sufficiently detailed to guide staff practices and outline their specific roles and responsibilities. Completed.</p> <p>The nominee provider has a detailed priority maintenance list that the PPIM/PIC is aware of. Maintenance work highlighted within Limelawn will be completed by March 2023            The PIC and PPIM have ensured the HIQA self assessment tool is edited to be site specific and is up to date. Completed 22/9/22.</p> <p>The PIC shall ensure the contingency plans in the centre are adapted so they are in line with the provider guidance document. Two to be completed by 24/9/22. Remainder to be completed by 8/10/22.</p> <p>The PIC and PPIM shall ensure all staff have completed all AMRIC training by 5/10/22.            PIC to complete train the trainer hand hygiene on 5/10/22.</p> <p>PIC has introduced daily cleaning schedule and IPC specific cleaning to daily shift plan to ensure IPC information is communicated clearly.</p> <p>PIC met with staff team following this inspection and a walk through is carried out daily to ensure all IPC measures are adhered to</p> <p>The Nominee Provider is currently recruiting for staff</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.	Not Compliant	Orange	31/03/2023