



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

## Issued by the Chief Inspector

Name of designated centre:	Walk C
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Unannounced
Date of inspection:	14 April 2022
Centre ID:	OSV-0003406
Fieldwork ID:	MON-0035761

## About the designated centre

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

Walk C comprises three residential services and aims to support residents to live socially inclusive lives. Two of the houses in the centre aim to deliver a service for those with dementia. The needs of each person are individual and are captured in detail in their care plan. Staff are trained to support each person living in the house and ensure the identified goals in the care plan are being worked on. The houses are equipped with individual bedrooms, shared kitchen, living and dining spaces, bathrooms and gardens. There is access to the local community and leisure facilities such as pubs, cafés, fitness centres and churches.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 14 April 2022	10:15hrs to 18:10hrs	Amy McGrath	Lead
Thursday 14 April 2022	10:15hrs to 18:10hrs	Ciara McShane	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27 and the Health Information and Quality Authority's (HIQA) National standards for infection prevention and control in community services. As part of this inspection, the inspectors met the person in charge, staff on duty, and residents who lived in the centre. The inspectors also observed the care and support interactions between residents and staff at intervals throughout the day. While it was found that residents were informed regarding infection control issues and there were some established infection prevention and control (IPC) measures in place, the governance and management arrangements were not ensuring IPC matters were consistently monitored and evaluated.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by inspectors and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE) and regular hand hygiene.

The centre comprised of three premises. Both inspectors arrived to one premises, which comprised of a two-storey home in a busy suburb. This home accommodated three residents at the time of inspection. It was noted there were some measures in place to reduce the risk of COVID-19 infection for residents. There was hand sanitiser and face masks available in the hallway, although masks were stored loosely on hooks on the wall which would not ensure they were clean when required for use. There were cleaners present on arrival carrying out a planned deep-clean of the premises. However, it was found that some areas of the premises remained visibly dirty, including bathrooms and residents' bedrooms.

Each of the other two premises were visited by an inspector. One premises was a small two-bedroom apartment which accommodated one resident. It was found to be clean and tidy with established cleaning schedules in place. The other premises was a five bedroom apartment, which at the time of inspection accommodated one resident. This premises was observed to be finished to a high standard and was clean and tidy throughout.

The inspectors met with the five residents who lived in the centre. All residents had access to the local community and were also involved in activities that they enjoyed in the centre. Some residents had an individualised service provided by a dedicated support team and took a lead role in determining how they spend their days. A number of residents, due to their age and the nature of their disability, enjoyed a relaxed lifestyle and took part in social events and activities in the community. Other residents led more active lifestyles both in their home and in the community. For example, one resident enjoyed gardening and helping to maintain the garden at their home. Residents enjoyed meals in local restaurants and cafes and purchased groceries in local supermarkets.

Residents were each facilitated to receive visitors to their home in line with prevailing national guidance. It was noted that the visitor arrangements had been continuously reviewed based on updated guidance to ensure residents maintained personal friendships and relationships.

It was evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been made available to residents in a format that suited their needs. This included information regarding the use of face masks, hand hygiene, personal protective equipment (PPE), and the vaccination process.

The inspector met with all residents who lived in the centre during the inspection and they were each complementary of the service. One resident shared that they liked living alone and told the inspector that staff had supported them to build skills to manage their home and keep it clean and tidy. Another resident spoke about enjoying their own space in their home, which included a private bedroom, living area and bathroom. It was observed that residents were comfortable in their homes and engaged in a friendly manner with staff. Staff were noted to be familiar with residents communication styles.

Overall, inspectors found that while there were some measures in place to protect residents from the risk of an outbreak of infection, there were deficits in the governance and management arrangements pertaining to IPC matters. Additionally, while some parts of the centre were generally clean, inspectors noted some areas which required attention by the provider to ensure that the environment and facilities were maintained in a clean and hygienic condition. This is discussed later in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the achievement of a service that was in compliance with the national standards.

## Capacity and capability

The governance and management arrangements were found to be ineffective in assessing, monitoring and responding to all infection control risks. The provider did not demonstrate that there were adequate structures or arrangements in place to measure and oversee performance in the area of IPC.

There were a range of policies in place at an organisational level, including a policy on infection prevention and control that was updated at regular intervals. The inspectors found that while the policy contained information about best practice, including standard and transmission based precautions, the implementation of the policy was varied across areas of the centre. Policies and procedures did not provide

sufficiently clear guidance with regard to training requirements for staff so as to ensure they had the specific skills and abilities required to carry out their roles.

While there were clear lines of authority in the centre, this did not extend to infection prevention and control. It was not demonstrated that staff were clear with regard to their roles and responsibilities in relation to infection prevention and control. At the time of inspection, there was a nominated person in the centre who was responsible for infection prevention and control. This inspectors were not satisfied that the training or supervision arrangements equipped nominated persons with the skills to effectively monitor and respond to IPC risks in the centre. Roles and responsibilities of staff, including specific purpose contractors, required review to ensure that all staff were clear with regard to their role in relation to IPC matters, such as environmental hygiene.

The provider had made a range of resources available to staff, including the support of a person with expertise in relation to infection prevention and control who was available at an organisation level. A review of training records found that staff had received training in IPC and in associated areas such as hand hygiene, standard precautions and PPE. There was a programme of refresher training in place. Inspectors found that most staff were knowledgeable with regard to IPC as it pertained to COVID-19. Some staff members demonstrated knowledge of IPC across other areas associated with their role, such as residents healthcare needs, laundry and waste management, and food hygiene.

There were a number of systems in place to monitor quality and safety of the service provided to residents. An IPC audit had been carried out by a staff member in September 2021. This included the completion of a check list with indicators of compliance, although it was found that it did not facilitate a thorough review of IPC practices in the centre. Staff responsible for IPC audits had not received additional training and audits were not overseen by a competent person. It was found that local audits and checklists did not inform an assessment of the quality or suitability of IPC measures in the centre.

The inspectors were not satisfied that the reporting structures in place were effective in identifying or escalating risks in this area. This resulted, at times, in inadequate control measures that were not effectively monitored. A review of records such as team meeting notes, other meeting records and supervision records found that infection prevention control was not discussed in any detail at these forums.

Inspectors requested to view the provider's COVID-19 outbreak contingency plan. Staff spoken with were not aware of a specific outbreak plan for the centre, although the provider confirmed there was one in place. This was made available to the inspectors following the inspection, although it was of concern that it was not known to members of staff with responsibilities within the outbreak plan.

Overall it was found that the governance and management arrangements had failed to ensure that infection prevention and control risks were identified and managed in a prompt manner. Deficits in relation to environmental hygiene also required

address in order to comply with the standards.

## Quality and safety

The governance and management arrangements in the centre did not support the ongoing and consistent provision of safe and quality care, in relation to infection control. While there were some good practices observed in relation to the delivery of health care and person centred care, the effectiveness of infection prevention and control measures was impacted by the under-utilisation of infection control quality assurance systems.

The inspectors found that residents had access to a comprehensive range of healthcare services to promote good health. There were health care plans in place that were found to provide clear guidance as to how residents' needs were supported. There was evidence that residents and their representatives were informed about IPC matters and measures taken in the centre, and residents were supported to make informed decisions in areas such as vaccinations.

The inspectors completed a walk-through of all three premises that comprised the centre. In one home, which accommodated three residents, some areas of the premises, such as the living room and a spare bedroom, were observed to be cluttered. There were numerous items for disposal, such as broken furniture, stored in some areas. The inspectors observed an unused wheelchair in the corner of the living room which was found to be dirty with significant mould present.

The condition of some surfaces in the premises were seen to be damaged and therefore compromised the effective cleaning of surfaces. For example, some fixtures in the bathroom had rust or limescale build up and the paint on dining room furniture was chipped. Generally, staff had responsibility for the cleaning of this premises, although contract cleaners carried out a deep clean at planned intervals. Despite having been subject to a deep clean on the morning of inspection, some areas of the premises remained visibly dirty. A number of bathrooms had staining on the walls around the sink, hand soap dispensers had a heavy build up of grime and dirt, and one toilet had excrement on the exterior.

While residents took some responsibility to clean their own rooms, it was evident that residents required more support to keep them clean and tidy. Heavy dust was noted in some residents bedrooms, despite having been recorded on the cleaning checklist as being cleaned in recent days. In one bedroom the inspectors noted the bed sheets were soiled and needed to be changed. Staff were unclear with regard to the process of management of soiled linen, and it was noted that the linen needed to be carried by hand through the kitchen to enter the utility room.

The second premises viewed was a small two-bedroom bungalow which accommodated one resident. This home was found to be clean and tidy. The resident enjoyed having numerous ornaments and personal items in their home. For



example, there were multiple photo frames and trinkets on the mantle of the fire place and the dining table had been set with decorative crockery. However, the cleaning arrangements in the house had ensured that all areas of the home were extremely clean, while upholding the resident's preferences. The resident told inspector how they had been supported to declutter in recent years and showed the inspector their neatly organised bedroom.

An inspector viewed the third premises, which was a large five-bedroom ground-floor apartment. This home could provide support to residents with ageing-care needs. There was one resident living there at the time of inspection. The premises was observed to be clean and tidy throughout. The premises was equipped with assistive aids and devices in accordance with the resident's assessed needs.

There were arrangements in place to manage waste, including general waste and recycling. There were no clinical or healthcare waste needs at the time of inspection, although there were resources available in the event that they were required. For example, in the event of a COVID-19 outbreak. In one home, arrangements were required to address a build up of large waste items.

The provider had carried out a risk assessment related to water systems managements and there was a programme in place to minimise the risk of Legionnaire's disease, associated with unused water outlets.

Inspectors found that in some cases laundry was not managed in a manner that minimised the risk of contamination. There were no spill-kits present in any of the premises, however staff spoken with were knowledgeable as to how a spill, such as blood or vomit, would be cleaned in accordance with standard precautions. Staff confidently described the cleaning and decontamination process that would occur and were knowledgeable with regard to PPE and suitable waste arrangements.

While residents in Walk C were supported to manage their health, there were minimal healthcare interventions carried out in the centre. As such, there was very little equipment or medical devices present. Inspectors noted mixed findings in relation the cleaning and decontamination of equipment, with some large equipment, such as walking frames and wheelchairs, observed to be very clean in some homes and not in others.

Overall, a number of improvements were required in the centre to promote and achieve compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

## Regulation 27: Protection against infection

Systems and resources in place for the oversight and review of infection prevention and control practices were not effective. Inspectors observed practices that were not consistent with the National Standards for infection prevention and control in

community services (HIQA, 2018).

Throughout the inspection, inspectors found a number of areas where adherence to national guidance and standards required improvement. These include the following:

- Inspection findings indicated that the centre's auditing systems were not appropriately self-identifying all issues, and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).
- Laundry procedures required review to ensure all staff were familiar with the appropriate management of soiled laundry
- The arrangements for environmental cleaning required review to ensure that all areas of the premises were maintained in a clean and hygienic manner
- Some areas of the premises required maintenance to promote full deep cleaning of these areas
- Action was required to ensure that staff were familiar with the provider's outbreak contingency plan
- Some large items of waste required disposal
- The training and supervision arrangements required review to ensure all staff had sufficient training and support available commensurate to their role and responsibilities

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 Walk C OSV-0003406

Inspection ID: MON-0035761

Date of inspection: 14/04/2022

## 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> <ol style="list-style-type: none"> <li>1. A revision of the organizational Infection Prevention and Control Policy will be undertaken to ensure the inclusion of guidance on training which identifies and addresses skills needed for IPC role. This will be completed by July 30th 2022 and will involve the Person In Charge, the Policy Co-Ordinator, the Director of Clinical Services and the Learning and Development Co-Ordinator.</li> <li>2. The Director of Clinical Services and Director of Residential Services undertake a review of the governance and management of Infection Prevention and Control to ensure clarity of understanding in the systems, roles and responsibilities. A subsequent governance and management flow chart with role descriptors will be created and disseminated to all teams in the designated centre by August 12th</li> <li>3. The Director of Clinical Services ensures there is a revision of the local IPC audit template which amongst other areas will include a requirement for IPC practice observation by auditors and local team leads. This will be completed by May 31st 2022.</li> <li>4. A piloting of the new template will be lead by the nursing team in one of the houses in the designated centre as part of the bi monthly local audit schedule and be completed by June 30th</li> <li>5. The findings from the local audit will inform the review of the IPC Quarterly Self Assessment and associated Quality Improvement Plan which the Director of Clinical Services will ensure is completed by July 31st 2022</li> <li>6. The local cleaning schedules will be randomly and regularly reviewed by PIC and Local Team Leads to ensure assurances on IPC practice implementation. This will be ongoing.</li> <li>7. The protocol on cleaning by contractors will be revised by the PIC to ensure that work is completed based on an agreed written schedule and there is on site review, confirmation and sign off before contractors leave. This will be implemented by June 17TH 2022.</li> <li>8. By June 30th the Team Lead and PIC have implement an identified program of cleaning, declutter and refurbishment based on findings from a post inspection property inspection.</li> </ol>	

9. The PIC ensures that staff teams are made aware of the Infection Outbreak Management and Contingency Plan by review of the Plans at staff meetings in June 2022
10. The protocol for laundry is reviewed by the PIC and Team Lead by June 17th 2022.
11. By June 30th 2022 the PIC ensures that Staff Team Agenda items include IPC as a standing order
12. A health equipment and appliances inventory and associated cleaning protocol will be developed by the PIC in collaboration with the Health Care Coordinator by July 31st 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	31/07/2022