



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

## Issued by the Chief Inspector

Name of designated centre:	Grange Apartments - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 July 2022
Centre ID:	OSV-0003745
Fieldwork ID:	MON-0036028

## About the designated centre

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

Care and support is provided in Grange Apartments for up to six residents with an intellectual disability, both male and female, from the age 18. It is located within a campus based service in North Dublin. The aim of Grange Apartments is to provide a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs. Each resident has their own apartment with a bedroom, bathroom and kitchen/living/dining area. The long term objective of the centre is to support the individual to develop the tools and skills required for their discharge to live in/or engage in their community at a level that best suits them. Residents usually transition to the centre from within the service. The primary focus in grange apartments is to support each resident to engage in meaningful activities of their choice, with a strong emphasis on community integration. The centre is situated near many local and public amenities including good public transport links and there are a number of vehicles in the centre to support residents to engage community activities. Internally, there are a variety of activities the residents can avail of including a gym, a number of garden areas, and a number of multifunctional rooms. Staffing support is provided 24 hours a day, seven days a week by a person in charge, clinical nurse manager, staff nurses and care staff.

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

Number of residents on the date of inspection:

6

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
Friday 1 July 2022	10:00hrs to 15:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for Infection Prevention and Control in Community Services (Health Information & Quality Authority, 2018). As the inspection was completed during the COVID-19 pandemic, the Inspector of Social Services adhered to national best practice and guidance with respect to infection prevention and control (IPC), throughout the inspection.

During the inspection, the inspector had an opportunity to meet and briefly engage with four residents, the person in charge and the staff members on duty. Two residents chose not to meet or engage with the inspector. In addition, the inspector had an opportunity to meet the residents' dog. For the most part, the inspector found that the provider was implementing a number of systems to protect residents, staff and visitors from risks associated with infection; however, some improvements were required and these will be discussed later in the report.

On arrival to the centre, the inspector was directed to a hall table in the foyer which had hand sanitiser, a thermometer and a log to record visitor and staff temperatures, and to record declarations that they were not showing signs or symptoms of infection. There were also facilities for donning and doffing personal protective equipment (PPE), and handwashing facilities available prior to entering the main living spaces in the centre.

Each resident who the inspector had an opportunity to meet with, appeared comfortable and content in their apartments. They also appeared comfortable in the presence of staff supporting them. Staff were observed to be very familiar with residents' communication preferences, and to take the time to listen to their requests and to respond appropriately. Staff spoke with the inspector about residents' wishes and preferences, and about their valued roles and their talents.

Overall, the centre and apartments appeared clean and comfortable. The premises was purpose-built and designed and laid out to meet the number and needs of residents living in the centre. The building was divided into a number of areas which consisted of six self-contained apartments and a number of communal areas. Residents' apartments were found to be clean and decorated in line with their preferences. In addition to each resident having their own one-bedroom apartment with an enclosed garden, they had access to a number of areas within the building where they could spend their time, should they so wish. These included a central kitchen, an activity room, and a number of multi-purpose courtyard gardens. In these garden areas there were bicycles, a trampoline, and gym and other equipment. There were flowers and plants in some, and one had a fruit and vegetable garden.

For the most part, the premises was well maintained both internally and externally;

however, there were a number of areas where improvements were required and these will be discussed later in the report. A number of areas in the centre had just been painted, and plans were in place to paint the remaining areas. Plans were also in place to refurbish one residents' apartment including changing the floor coverings and refurbishing the bathroom.

Throughout the pandemic, it was evident that efforts were being made to ensure that residents continued to engage in activities they enjoyed while adhering to public health advice, and to stay in touch with their family and friends. Residents were continuing to enjoy visits to, and from, their families.

One resident spoke with the person in charge and the inspector about COVID-19, and about how to keep themselves and others safe by following public health guidance. For example, they spoke about wearing a mask when out in the community.

From speaking with residents and staff and from reviewing documentation, it was evident that residents had roles and responsibilities in their home. For example, some residents were choosing to tidy their apartments, make their bed, tidy their garden, and to feed the dog. Meals were delivered from a central kitchen on the campus and there were cooking facilities in the centre should residents like something different to eat than what was on the menu.

Residents were supported by a dedicated day service staff for the centre who supported them to enjoy activities such as arts and crafts, cooking and baking and flower arranging. The day service staff and staff from the centre were also supporting residents to engage in activities both on the campus and in their local community. For example, residents were going shopping, bowling, swimming, to the cinema, and to local parks. During the inspection one resident went for a walk on the campus, one resident went for a bus drive with staff, and one resident went to visit their family.

Residents' input and that of their representatives were captured as part of the provider's six monthly and annual review of care and support in the centre. Feedback in these reviews was positive with residents and their representative. Residents' meetings were occurring regularly and discussions were being held in relation to infection prevention and control.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall the inspector found that the registered provider was implementing systems and controls to protect residents and staff from the risks associated with infections. There were guidelines in place for staff and systems for the oversight of infection prevention and control practices in the centre. However, some improvements were required to ensure that residents and staff were fully protected from the risk of exposure to infection. For example, the inspector found that some areas were in need of maintenance and repairs, a number of staff required infection prevention and control related training and refresher trainings, and the organisation's infection control policy was not found to be sufficiently detailed or fully guiding staff in relation to some procedures.

The person in charge was responsible for the day-to-day management of this and another designated centre. As an interim arrangement, they were also identified as a person participating in management (PPIM) for a number of centres. The inspector found that they were very familiar with residents' care and support needs and that they had systems to ensure the oversight of the effectiveness and quality of infection prevention and control practices in this centre.

Staff who spoke with the inspector were found to be aware of their roles and responsibilities in relation to infection prevention and control. There was an infection prevention and control champion identified and staff told the inspector who they would escalate any infection prevention and control related concerns to. There was an infection prevention and control specialist nurse available to support residents and staff in the organisation. Staff had access to revised guidelines, safety alerts and national updates. They had completed a number of infection prevention and control related training programmes; however, as previously mentioned a small number of staff required infection prevention and control related training and refresher trainings.

A risk-based approach had been adopted to the management of infection prevention and control in the centre. Risk assessments detailed the control measures in place to mitigate any infection prevention and control related risks. The staff team had completed a number of courses in infection prevention and control and food hygiene . There was an area specific contingency plan in place which included staff deputising arrangements and emergency contact details. This document did not contain all of the relevant information in relation to IPC, but this information was available in other documents in the centre.

The provider's latest six-monthly review included a focus on infection prevention and the impact of the COVID-19 pandemic for residents. The provider had not completed an annual review of care and support in the centre for 2021 at the time of this inspection. Infection prevention and control audits and reviews were being completed in the centre. However, these were not picking up on some of the areas for improvement identified during this inspection. Staff and management meetings included discussions on infection prevention and control, as did the daily safety pause in the centre.

The provider was planning and organising the staff team to meet the service's infection prevention and control needs. From a review of a sample of staff rotas in

the centre, for the most part staffing numbers were in line with the centre's statement of purpose. There were a small number of shifts where the staffing quota was not in place due to unplanned leave. An assessment had been completed in the centre to identify the minimum safe levels of staff.

## Quality and safety

Overall, the inspector found that efforts were being made to ensure that residents were being kept up-to-date in relation to infection prevention and control measures in the centre, and the impact of these measure on their day-to-day lives. As previously mentioned, however, the inspector found that improvements were required in relation to the maintenance of some areas.

There were a number of posters on display in the centre in relation to standard precautions and COVID-19. These included posters on hand washing, the use of face masks, and COVID-19. Infection prevention and control was a standing agenda item at residents' meetings. Residents had folders which contained information in an easy-to-read format relating to their areas of interests. In addition, there were folders with infection prevention and control related information. The inspector reviewed one of these which contained information in an easy-to-read format on handwashing, social distancing, the use of PPE, and visiting.

Residents had risk assessments and care plans developed relating to infection prevention and control. There were systems to ensure residents were informed of any risks of infection in the centre and the measures they needed to take to protect themselves and others. They had access to a general practitioner (GP), and one resident was visited by their GP during the inspection. They also had access to other health and social care professional in line with their assessed needs.

Staff were observed to adhere to standard precautions throughout the inspection. There was a system in place to check and record residents, staff and visitor's temperatures and to check if they have any signs or symptoms of infection. Staff who spoke with the inspectors were aware of what additional precautions they may need to use in the event of the presence of an infection. There were outbreak preparedness and management plans in place.

Overall, the inspector found that the centre was clean. There was evidence that daily cleaning was being completed, including regular touch point cleaning. Environmental and hygiene audits were being completed regularly; however, they were not always picking up on areas where improvements were required.

There were systems to ensure equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. Staff described to the inspector how they would clean and disinfect equipment. There were adequate arrangements in place for laundry and waste management in the centre.



In summary, improvements were required in relation to the premises which were affecting the ability to clean and disinfect them, to staff access to infection prevention and control related trainings and refresher trainings, and to the organisation's infection prevention and control policy to ensure it was fully guiding staff practice.

## Regulation 27: Protection against infection

Through discussions with residents and staff and what the inspector observed and read, the provider was generally meeting the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018), but some actions were required in order for them to be fully compliant.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- Audits and reviews were not picking up on some of the areas for improvement identified during this inspection
- The centre specific contingency plan required more detail in relation to staffing and catering
- The registered provider's infection prevention and control policy did not contain sufficient detail in relation to procedures relating to the organisation. Guidance was found to be generic in nature, and not fully guiding staff in relation to the procedures such as waste disposal and laundry management
- A small number of staff required infection prevention and control related training and refresher trainings in areas such as hand hygiene, breaking the chain of infection, donning and doffing PPE
- There were a number of areas where maintenance or repairs were required and the impact these were having on the ability to clean and disinfect these areas.
- For example:
  - There was damage to a number of kitchen press doors,
  - There was water damage to a press in one bathroom,
  - There was damage to a number of floor surfaces, and
  - There was damage to surfaces and tiles in one residents' bathroom.

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 Grange Apartments - Sonas Residential Service OSV-0003745

Inspection ID: MON-0036028

Date of inspection: 01/07/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Infection Control guideline has been developed by Director of Nursing and CNS in Infection Prevention and Control and will be in operation by 05/08/22.</p> <p>PIC to review and update site specific contingency plan to include details in relation to staffing and catering provisions by 05/08/22.</p> <p>Following this inspection, PIC escalated damage to presses/wall to maintenance department for repair/replacement and deep-clean of bathroom area by contractor company.</p> <p>PIC to ensure that local audits and reviews are more detailed and highlight any IPC issues which will be subsequently actioned. IPC and audits to be a standing agenda on local staff meetings on a monthly basis and safety pause sessions weekly.</p> <p>Plan in place by service manager, PIC and maintenance department for resurfacing of floor covering where required within the centre.</p> <p>PIC to ensure that all staff has completed relevant IPC related training. Staff outstanding this training completed by 06/07/22.</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	31/10/2022