



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

Issued by the Chief Inspector

Name of designated centre:	SVC - AG
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	16 February 2023
Centre ID:	OSV-0004021
Fieldwork ID:	MON-0036320

About the designated centre

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

SVC-AG provides full-time residential care and support to adults with intellectual disabilities who are of an aging profile and who have complex medical presentations with multiple comorbidities. SVC-AG is located within a campus setting in a residential area of a city and is close to local shops and other amenities such as cafes, public houses and a swimming pool. The centre comprises of three bungalows. The communal facilities in each bungalow are of a similar layout with residents having access to an open plan communal area which incorporates lounge, kitchen and dining room facilities. The open plan area in two of the bungalows also provides direct access to rear gardens with covered seating areas. The third bungalow does not have a rear garden, although a front garden is provided again with a covered seating area for residents to use. The bungalows have two toilets as well as a communal bathroom with an additional toilet facility as well as an accessible walk-in shower and adapted bath. A further smaller sitting room is provided in each bungalow to enable residents to meet their friends and family in private. Residents are supported in each bungalow by a staff team which comprises of nursing, care and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 16 February 2023	10:30hrs to 15:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of residents who may be at risk of healthcare-associated infections. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed.

The centre comprised of a three separate bungalows located adjacent to each other on a residential campus based setting. It is located in a residential area of a city and is in close proximity to a range of local amenities such as cafes, shops, public houses, restaurant, public parks, a swimming pool and transport links. The centre was registered accommodate 18 adult residents. At the time of inspection, there were six residents living in each of the three bungalows and consequently there were no vacancies.

There were long term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". It was proposed that each of the residents would transition to more suitable accommodation within the community. A defined time-line for the de-congregation of the centre had not yet been determined. It was reported that a discovery process had been commenced with a number of the residents and their families. The purpose of this was to determine their needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lead' coordinator. A number of the management team had completed enhanced quality training for de-congregation.

The inspector met briefly with each of the 18 residents on the day of inspection. These residents were unable to tell the inspector their views of the service but each of the residents appeared in good form and comfortable in the company of their peers and staff members caring for them. Each of the residents attended, on a sessional basis, one of the two day service programmes operated by the provider on the campus. Examples of activities that residents engaged in within the centre and in the community included, walks within the campus and to local scenic areas and beaches, church visits, family home visits, cooking and baking, gardening, arts and crafts, meals out, plane watching and shopping. There was a horticulturist working on the campus who supported some of the residents with gardening tasks.

The residents in each of the bungalows had been living together for a significant number of years and were considered to get along well together and enjoy each

others company. There were no safeguarding concerns in the preceding period.

The centre was found to be comfortable and homely. However, some maintenance was required in each of the bungalows. The following was observed: chipped and worn paint on walls and wood work in a number of areas, uneven surfaces on wardrobes in a number of residents bedrooms, chipped surfaces on woodwork surrounding sinks in residents bedrooms, utility and laundry rooms, damaged radiator covers in a number of areas, worn and stained tile grouting in some areas, work top worn around sink in two of the kitchens and stained and worn flooring in small areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective. All areas in the centre appeared clean and tidy. Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team and records were maintained of areas cleaned. There were some gaps in the cleaning records for individual pieces of equipment but overall records were well completed. The inspectors found that there were adequate resources in place to clean the centre. There were dedicated household staff responsible for cleaning who were supported and assisted by other staff members.

Each of the residents had their own bedroom. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. The bedrooms had been personalised to the individual resident's tastes and were a suitable size and layout for the resident's individual needs. Pictures of the residents and important people in their lives and other memorabilia were on display in each of the bungalows.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with residents and relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

There was one staff vacancy at the time of inspection. This vacancy was being covered by a regular agency staff member. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. The provider's infection prevention and control specialist was based on the same campus and provided support to staff.

The centre was managed by a suitably-qualified and experienced person who had been in the position for almost four years. He was in a full time position and was not responsible for any other centre. The person in charge held a degree in intellectual disability nursing, a certificate in leadership and management and a certificate in training and assessment. He presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard. The person in charge had regular formal and informal contact with his manager.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager (CNM1). The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM 3 held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. There were arrangements in place to complete a review post any outbreak and to consider what had worked well and areas for improvement. Overall, the risk of acquiring or transmitting the infection had been well controlled in the centre. An assessment would be conducted at the onset of an outbreak to consider possible causes. There was a COVID-19 contingency and outbreak plan in place which had been recently been reviewed. Staff complete regular 'safety pauses' to remind staff of infection prevention and control measures and controls.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed. Scenario model and potential action plans were in place in the event of an outbreak.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature and there was clear evidence available to demonstrate that they had brought about positive changes in the centre. An annual review of the centre was being completed and six monthly unannounced visits ad been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right

skills and expertise to meet the centre's infection prevention and control needs. There was one staff vacancy at the time of inspection. This was being covered by regular agency staff.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents and their families were well informed, involved and supported in the prevention and control of health-care associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals with individual residents and at residents meetings.

There were arrangements in place for the laundry of resident's clothing and linen. There were suitable domestic, clinical and recycling waste collection arrangements in place. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were arrangements in place for the management of maintenance issues and staff members reported that generally maintenance issues were promptly resolved in the centre.

There was a COVID-19 contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation. Risk assessments had been completed for each of the residents regarding their ability to complete hand hygiene, social distance, etc.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Environmental and hand hygiene audits were undertaken at regular intervals. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Posters promoting hand washing were on display.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. However, some maintenance was required in each of the bungalows. The following was observed: chipped and worn paint on walls and wood work in a number of areas, uneven surfaces on wardrobes in a number of residents bedrooms, chipped surfaces on woodwork surrounding sinks in residents bedrooms, utility and laundry rooms, damaged radiator covers in a number of areas, worn and stained tile grouting in some areas, work top worn around sink in two of the kitchens and stained and worn flooring in small areas. . This meant that these areas could be more difficult to effectively clean from an infection control perspective. There were some gaps in the cleaning records for individual pieces of equipment but overall well completed.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for SVC - AG OSV-0004021

Inspection ID: MON-0036320

Date of inspection: 16/02/2023

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> <ol style="list-style-type: none"> 1. Audit of premises to be carried out by provider representative to identify what need to be repaired or upgraded and findings to be discussed with PIC/PPIM and an action plan completed. 2. Costing for all necessary work to be submitted to Finance department by Service Manager. 3. A maintenance schedule for work to be agreed with PIC taking into account available resources and priority of need. 4. Painting schedule available for SVC. Bungalows within SVC-AG to be painted mid to late 2023. 5. All staff team to be reminded at next staff meeting of the importance of completing cleaning schedules. Email sent by PIC regarding same on 14.03.2023 	

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	31/10/2023