Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Teresa's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0004064
Fieldwork ID:	MON-0036012

About the designated centre

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

St Teresa's Services is registered children's respite service which can provide respite services for up to six children aged between six and eighteen years. The children have a diagnosis of intellectual disability and some of the children also have complex physical, medical and/or mental health issues. St Teresa’s Service is located in Co. Galway. The centre comprises of a six bedroom bungalow. All of the bedrooms are spacious, two of the bedrooms have been designed for wheelchair users and provided with overhead ceiling hoists. There is a shared accessible bathroom with overhead ceiling hoist and a separate accessible shower room. The centre has two sitting rooms, a dining room, kitchen, multi-sensory room and children have access to secure well maintained gardens. Children attending St. Teresa's Service generally access education by attending local schools during the week. The centre is staffed by two to three staff during the day and a waking staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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
Wednesday 13 April 2022	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. The inspector met and spoke with two staff members but did not meet with children who availed of respite in the centre.

On arrival at the centre, the staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. The staff member confirmed that there were no persons with signs or symptoms of any infections including COVID-19 in the centre. The staff member advised that two children had availed of respite service on the previous night. They advised that children would normally attend school during the weekdays but as the schools were closed due to the Easter holidays, the children had been collected by their parents earlier in the morning. There were no children scheduled to avail of respite support on the day or night of the inspection due to a planned power outage.

St. Theresa's Services is located close to a large rural town and has good access to a range of facilities and amenities. The centre consists of a single storey six bedroom bungalow. The service operates on a part-time basis and is currently open for 22 nights per month. It provides a respite service for for up to six residents, however, the maximum number of children attending is five on any one night. The house was found to be spacious and bright. It was designed and laid out to meet the assessed needs of children using the service some of whom had mobility issues and were wheelchair users. The house was accessible with suitable ramps provided at entrance areas. The doors and corridors were wide to accommodate children using wheelchairs easily move about. There was suitably adapted bathroom facilities and equipment including overhead ceiling hoists to safely assist and support children with mobility issues. Children had their own individual hoist slings. There was a variety of communal areas, including two sitting rooms, a dining room and sensory room. Children had access to large well maintained and secure outdoor areas. The outdoor areas consisted of both paved and grass lawn areas with suitable outdoor picnic style table and benches provided. The garden and outdoor areas had been designed to create a stimulating environment for children. The walls were painted in bright colours, the children's hand prints had been painted on walls, garden ornaments including a variety of brightly coloured flowers and butterflies, fairy lights and other solar lights had been provided. Staff spoken with stated that many of the children enjoyed spending time outside, using the swing, playing ball, running about and dining outside during warm weather.

In contrast, the inspector noted that the interior communal areas were sparely furnished with little decor or furnishings to provide a homely and stimulating environment for children. Some areas of the house required painting, repair and maintenance. The team leader outlined that a list of works requiring attention had been forwarded to the maintenance department in November 2021, some of the

works had been addressed while others were still due to be completed. She told the inspector that walls were also due to be repainted. There were framed photographs of residents displayed in the hallway, however, most of the residents no longer availed of the respite service and therefore, were of no significance to current users. The inspector noted that personal storage spaces such as wardrobes in bedrooms were maintained in an untidy and unorganised manner. The wardrobes were used to store incontinence products, the personal items and toiletries of a number of respite users, however, there was no system in place to ensure that each child's personal possessions were stored appropriately in an orderly manner.

The inspector noted that while the house was generally found to be visibly clean, some areas required more thorough and routine cleaning. A build up of dirt was noted at the rear of the laundry equipment and the external store used for storage of cleaning equipment was found to be dirty, unorganised, cluttered and covered with cobwebs. The wash hand basin located in the cleaning store was inaccessible to staff and maintained in a unclean condition indicating lack of use and cleaning. The bathroom areas were found to be cluttered with cardboard boxes stored on the floor which impacted upon effective cleaning of these areas. There were no dedicated housekeeping staff employed and cleaning was the responsibility of all staff on duty. While there was cleaning checklists in place and staff outlined the daily cleaning routines taking place, there was no comprehensive cleaning schedule in place and insufficient guidance in place to direct thorough cleaning of the environment.

The rights of residents were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing and as well as signage that was used as reminders for residents to wash their hands. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication with residents and their representatives. Minutes of meetings reviewed indicated that infection prevention and control, COVID-19 and the importance of keeping ones hands clean were discussed. All children had individual bedrooms when availing of respite support in the centre and each had an individualised intimate care and support plan in place to ensure that each child's privacy and dignity was respected.

There were measures in place to reduce the risk of COVID-19 infection for residents. The entrance hall was supplied with hand sanitiser and arrangements were in place for temperature checking of all staff and visitors. Residents' temperatures were also being checked on each admission to the centre.

Staff spoken with told the inspector that the children who availed of respite continued to be supported to engage in meaningful activities in the centre and in the local community. All children generally attended school during the weekdays and were involved in making decisions about their preferred activities in the evening time and at weekends. Staff advised that some children preferred to relax and listen to music or watch their preferred DVD in their bedroom in the evening time, others enjoyed going for walks or spins in the bus, and some liked playing football with

staff. The inspector saw photographs of some residents partaking in baking activities, playing outside and enjoying the sensory room. The centre had two large smart televisions, staff reported that some children liked to watch You tube videos, music concerts and play games on the televisions. The centre had access to its own transport and staffing levels facilitated residents to partake in activities of their choice.

Children were facilitated to remain in contact with family members and receive visitors while availing of respite services. Staff spoken with confirmed that most children had their own Ipad and some used applications such as Facetime to remain in contact with family members. Family members visited the centre regularly as they dropped off and collected the children from the centre.

While staff saw infection prevention and control as central to their roles and an integral part of providing safe, effective care and support for children on a daily basis, further improvements were required to ensuring that there was sufficient guidance in place to direct thorough cleaning of the environment, to ensuring that staff had access to and were knowledgeable regarding up-to-date guidance in relation to infection prevention and control, to housekeeping, cleaning, storage of cleaning equipment and PPE to ensure adherence to best practice in infection prevention and control.

The next two sections of the report outline 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 quality and safety of the residents lives.

Capacity and capability

Improvements were required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

There was a clear organisational structure to manage the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in his role by the director of client services and team leader. The person in charge was suitably qualified, experienced and was frequently present in the centre. The inspector did not meet with the person in charge as they were on leave on the day of inspection.

There was on-call management arrangements in place for out of hours at weekends, however, there were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that there was a regular staff pattern. Staff spoken with told the inspector that staffing levels in the centre were flexible in order to meet the assessed support needs of the respite residents. The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. All staff had availed of COVID-19 vaccination.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including hand hygiene and donning and doffing as well as attendance at HIQA's infection prevention and control information webinar. Staff spoken with confirmed that they had attended a combination of on-line and in house training. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks.

Improvements were required to ensuring that policies and guidance in relation to infection prevention and control were available, up-to-date, readily accessible and discussed with staff in the centre. There were no hard copies of the policies and guidelines readily accessible to staff in the centre. The latest and most up-to-date guidance from the HPSC (Health Protection and Surveillance Centre) was also not readily accessible in the centre. Staff spoken with were not familiar with the policies but advised that they were available on the computerised system should they need to reference them. There was a power outage on the day of inspection and staff were unable to access any information on the computerised system. The director of client services forwarded the infection, prevention and control policy to the inspector via email. The policy stated that the centre had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. The policy included links to the HSE website and national standards for infection prevention and control in community services. However, staff spoken with were unfamiliar with the policy.

There was insufficient guidance in place to direct thorough cleaning of the environment. There was no documented comprehensive cleaning schedule in place to guide practice and as outlined in the HSE's guidelines on infection prevention and control in community and disability services. For example, there was no guidance in relation to the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. Staff spoken with lacked clarity in relation to the colour coded cleaning systems in place and the type of cleaning materials and chemicals in use.

There was a comprehensive centre specific COVID-19 contingency plan in place and the provider had set up a critical incidence response team to oversee organisational responses in terms of COVID-19. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks should residents require to isolate in their bedrooms. Staff advised the inspector that due to the respite nature of the service, residents who had been confirmed with COVID-19 in the past had isolated at home with their families. The

assistant director of client services was the nominated COVID-19 lead person. Staff confirmed that they had access to support and advice in relation to infection, prevention and control as needed from their line manager and senior management team. The contingency plan had been kept under regular review. The person in charge had completed the HIQA self assessment review in November 2021 which indicated compliance with the guidance. Residents were kept informed and updated regarding COVID-19, guidance and information updates were communicated and discussed at the weekly house meetings.

The provider had some systems in place to monitor and review infection prevention and control in the centre, however, further oversight was required as some issues noted on the day of inspection had not been identified as part of these reviews. Unannounced audits were being carried out twice each year on behalf of the provider. While the most recent audit completed in November 2021 had not reflected upon infection prevention and control, it had identified a number of maintenance issues and areas for refurbishment. The person in charge had compiled a list of works that needed to be addressed and had submitted it to the maintenance department. The previous provider led audit completed in May 2021 had reflected on infection prevention and control and had identified that further review of contingency planning was required. However, the annual review completed for 2020 had not reflected on compliance in relation to infection prevention and control.

Quality and safety

Overall, there was evidence that a good quality and safe service was being provided to residents. However, some improvements were required to the repair and upgrading of parts of the premises to ensure they were conducive to effective cleaning, to general housekeeping and more thorough cleaning of parts of the centre, to the provision of comprehensive guidance to direct thorough cleaning and disinfection of the centre and ensure that care plans were comprehensive and up to date.

It was clear that residents had been supported to understand why infection prevention and control precautions were in place and had been facilitated with opportunities to discuss and keep up-to-date with this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector found that posters promoting hand washing, correct hand washing techniques, cough etiquette, and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and residents. There was pictorial information made available to residents to support them should they need to go for a COVID -19 test. The inspector reviewed the minutes of weekly meetings held with residents. They included infection prevention and control items such as reminders on the importance of keeping ones hands clean and updates on the COVID-19 were discussed.

From discussions with staff and observations in the centre, it was evident that staff understood the importance of infection prevention and control, had an clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff reported that they continued to monitor residents for sign and symptoms of COVID-19 on a regular basis. Staff spoken with advised that they continued to support and remind residents of the importance of regular hand hygiene.

Improvements were required to the repair and maintenance of the physical environment to ensure surfaces were conducive to effective cleaning and to enhance infection control. The inspector noted that many of the walls throughout the house required repainting, damaged ceiling plaster required repair, chairs with worn and defective upholstery needed to be replaced or repaired and some raw wooden finishes to wall mounted display boards required sealing or painting.

While the house was generally found to be visibly clean, some areas required more thorough and routine cleaning. There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. Staff informed the inspector that there was no dedicated housekeeping staff and that cleaning was the responsibility of all staff on duty. There were cleaning checklists in place, however, they did not include all areas and all equipment to be cleaned and or disinfected. For example, there was a terminal cleaning checklist completed for bedrooms following respite stays but there was no checklist in place for terminal cleaning of shared bathrooms. There was no comprehensive cleaning schedule in place to guide staff in the frequency of cleaning required, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. This posed a risk as staff spoken with were unclear and inconsistent in describing the cleaning procedures and colour coded cleaning systems in use. There was a build up of dirt noted at the rear of the laundry equipment and the external store used for storage of cleaning equipment was found to be dirty, unorganised, cluttered and covered with cobwebs. The wash hand basin located in the cleaning store was inaccessible to staff and maintained in a unclean condition indicating lack of use and regular cleaning. Cleaning equipment including mop buckets and mop heads were inappropriately stored. While there was rails provided to hang mop heads, they were not in use and wet mop heads were being stored in mop buckets contrary to good practice in infection prevention and control.

General housekeeping throughout the house required review. The bathroom areas were found to be cluttered with cardboard boxes, incontinence products and plastic bags stored on the floor which impacted upon effective cleaning of these areas. In addition, several items of personal protective equipment (PPE) including face masks, gloves and aprons were openly and haphazardly stored in the bathroom and shower areas. These items were openly stored in close proximity to toilets and at risk of contamination.

The arrangements in place for the management of laundry was described by staff.

Staff were knowledgeable regarding infection prevention protocols in place, including the correct temperature requirements for infected laundry. There were supplies of soluble alginate bags available for soiled or infected clothing.

Residents' health, personal and social care needs were assessed. Care plans were generally found to be in place for all identified issues, however, the support care plan in relation to feeding, eating and drinking difficulties (FEDS) for a resident required updating to reflect their current support needs. While there was guidance and information available in a number of folders and in a number of locations, there was no comprehensive care plan in place to guide the care of a resident with PEG (percutaneous endoscopic gastrostomy) feeding tube. Children had access to general practitioner (GP) services while availing of respite services. Staff advised the inspector that the families arranged and supported residents attend all medical and healthcare appointments.

Regulation 27: Protection against infection

Further oversight and review of infection prevention and control was required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018). For example, improvements were required to ensuring that policies and guidance in relation to infection prevention and control were available, up-to-date, readily accessible and discussed with staff in the centre. There was insufficient guidance in place to direct thorough cleaning of the environment. General housekeeping, cleaning, storage of cleaning equipment and PPE required review to ensure adherence to best practice in infection prevention and control. Guidance in relation to the specific healthcare needs of some residents required updating to ensure that risks including infection prevention and control risks associated with their care were up to date and available as a comprehensive plan of care to guide staff.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for St. Teresa's Services OSV-0004064

Inspection ID: MON-0036012

Date of inspection: 13/04/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person in Charge has the most up-to-date guidance from the HPSC available for staff in a hard copy format in the service and has informed the staff team of any updates to the guidance. This was completed on 04/05/2022.The most up to date copy of Ability west's policy on IPC is also available in hard copy format for staff in the service.

A comprehensive cleaning schedule has been completed which provides guidance for staff on all areas of cleaning methodology within the centre. This schedule also includes the use of cleaning materials as per the HSE infection control guidelines.

This cleaning schedule also outlines specific cleaning guidance for areas including fridges, laundry and door handles and will provide structure on method, frequency and cleaning materials to be used.

This cleaning checklist also provides guidance on terminal cleaning methods for shared bathrooms and provides guidance for staff on cleaning bodily fluids as the need arises within the service.

This schedule was completed on 10/05/2022.

The area to the rear of the dryer and washing machine was deep cleaned, this was completed on 06/05/2022.

The shed will be decluttered, and appropriate hangers provided on the wall for hanging the mops. These hangers have been ordered and will be in place by 20/05/2022. Mops are currently being stored separately in the interim and washed at 90 degrees.

The cleaning of the shed will be completed by 31/05/2022, and a skip has been ordered

to remove all remaining clutter. The small sink is no longer in use and has been decommissioned. A sign to confirm has been put in place. Staff use the hand washing facilities in the utility room which they access for cleaning materials and chemicals.

Storage in the centre is currently being addressed by maintenance who have provided additional storage shelves in the utility room and added more shelving in the bedroom wardrobes. This was completed on 21/04/2022. This now provides more efficient storage for service users' personal effects such as incontinence wear and hygiene products.

Additional shelving has been put in place in the utility room and this has provided additional storage for aprons and other PPE items. This was completed by 10/05/2022.

The care plan identified for a service user with a PEG feeding tube has been reviewed, personalised and collated into one comprehensive plan for staff. This plan now includes all IPC elements relating to the cleaning of the PEG site. This was completed on 19/04/2022 and discussed and signed off by staff on 25/04/2022.

A review of all care plans is being undertaken to ensure they are personalised to service users and collated into one comprehensive care plan. This is being overseen by the Person in Charge and will be completed by the 31/05/2022.

An additional request has been submitted to the facilities department to get the centre repainted. This request was completed on 06/05/2022.

All above actions are being managed by the Person in Charge with support from the Person Participating in Management as required.

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	31/05/2022