



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group O
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0004738
Fieldwork ID:	MON-0040352

About the designated centre

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

The centre provides full-time residential services to adults with a moderate to severe intellectual disability from the age range of eighteen years upwards. The centre accommodates four females in a community setting. The house is managed by staff nurses and care staff who in turn are supported by the nurse management team. St. Vincent's Residential Services Group O is a five bed two-storey house, which is wheelchair accessible and can cater for residents with mobility challenges. The provider aims to provide a high quality, person centred service to residents which meets their social, health, physical and psychological needs. The service aim is to improve the service user's quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible, in their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 July 2023	10:10hrs to 15:20hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place for the management of infection prevention and control. The inspector found that the provider had management systems and structures to ensure that procedures were in line with the National Standards for Infection Prevention and Control in Community Settings (HIQA, 2018). However, some improvements were required to come into full compliance.

The designated centre provides a full-time residential service to four people in one house in a suburb in Limerick city. The house was a large two-story detached house. To the rear is a large garden, with a greenhouse that some of the residents enjoy using for gardening. The inspector had the opportunity to meet all four residents living in the centre.

On arrival the inspector was greeted by a member of the staff team and was invited into the centre. The inspector informed staff and residents of the focus of the inspection. The kitchen and dining area was busy as two residents were being supported by staff to get ready for the day ahead. The staff informed the inspector that two other residents were relaxing in bed on this morning as they had requested. Once the residents were ready the staff introduced the inspector to two of the residents. One resident observed relaxing in the sitting room. The resident appeared to like their own space however, staff were observed to be attentive to the resident and checked in with them regularly over the course of the day. The other resident showed the inspector their bedroom. This was seen to be very clean and tidy. The resident told the inspector that they like to dress their own bed. On leaving this bedroom the inspector was greeted by the other residents who appeared very happy, they told the inspector they loved their home and were getting ready to head out into the community. During the course of the inspection the inspector seen all residents' bedrooms, which were seen to be well maintained, personalised to their tastes and they had ample space to store their personal belongings. Shortly after the inspection begun a clinical nurse manager (CNM3) arrived at the centre for a period of time as the person in charge was on planned leave.

The inspector spent the initial period of the inspection reviewing the premises primarily from an infection prevention and control perspective. While parts of the centre were seen to be kept clean, it was identified that the standard of cleanliness throughout the centre required some improvement.

The ground floor of the building included a hallway, two resident's bedrooms, a bathroom, a sitting room, a kitchen/ dining room and utility room. The inspector spent time in the kitchen which was bright and homely. It had activities of interest for the residents on display, along with the resident's involvement in the local community. The kitchen was well-equipped and organised, and staff were seen to prepare meals with the residents throughout the day. Cooking equipment and

appliances were seen to be clean and well-maintained. However, some aspects required improved cleaning, such as an area of the counter where chopping boards were stored was seen to have dust and debris. Part of the kitchen counter had a damaged surface, and the inspector observed the inside of kitchen drawer had not been cleaned. Some kitchen presses required a deep clean as dried spillages were present. The refrigerator and freezer were in the kitchen and these were seen to be kept very clean. The first aid kit was stored in the kitchen, the contents of this was reviewed by the inspector, it was seen that one item was out of date, the inspector notified a staff member.

The utility room had in place a storage system for colour coded clothes and mop head, however some of the mop heads were seen to be stored on top of the storage unit provided. Laundry baskets were also in place identifying clean and unclean laundry, however the basket for clean laundry was seen to be used on the day of the inspection as storage for miscellaneous items, such as empty jars, cushions etc. The sink and tap in this area also required to be cleaned. Laundry equipment including a washing machine and tumble drier were stored here. The cleaning of the washing machine required review as a build-up of from detergent and black areas indicated that mould may be present in the detergent drawer. The radiator cover in this room also required maintenance as it was marked in places and paint from the wall around it was visibly chipped. There was a storage unit on the wall to store brushes and mop handles, however some of these were stored on the ground around another storage unit. This led to the floor here not being cleaned effectively. Cleaning products were seen to be stored well in a separate press with safety data sheets also present.

The bathroom downstairs was clean, however a handrail in the walk in shower area required attention as it had some rust present. The residents had a large sitting room, which had a suite of furniture and side tables displaying residents' photos. This room was seen to be very clean, with all furnishings well maintained. There were hand sanitizer units mounted on several walls, including in the hallways and outside the front door. These were seen to be clean and filled with hand sanitizer on the day.

Upstairs the centre had an office, linen room, two bathrooms and 2 residents bedrooms. One of the bathrooms here was seen to be clean and well-maintained, while the other bathroom, which was seen to be used on several occasions throughout the day needed further attention. The door handle on this bathroom had visible corrosion, making it difficult to clean, while the shower drain, parts of the shower tray and grout required a deep clean. The radiator cover was also damaged in this bathroom. The office had a shredder in place which was seen to be overflowing onto the floor and also items were stored on the ground here, making effective cleaning difficult. The hot press floor required cleaning as dust and debris was present with some item stored on the floor here also.

As well as looking at the premises, the inspector reviewed the car used by staff and residents. This required cleaning to the inside, which was completed by a staff member on the day of the inspection. Gloves were stored in this vehicle which were

out of date, these were removed on the day.

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 quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The provider had identified structures in place to share information and to escalate concerns regarding infection prevention and control (IPC). There were policies and guidance available to staff, these were seen to be in date and consistent with current public health guidance. Improvement was required in the monitoring and oversight systems in place to provide assurance that the IPC practices in the centre were reflective of the documentation being used in the centre. For example, IPC daily checklists used by staff identified service users temperatures were to be recorded daily, this was being ticked daily by staff, however staff confirmed that this was a previous practice and this was not being completed daily as per current guidance in place. The centre also had an IPC hygiene audit in place which was completed annually, the last audit was completed in March 2023. This identified the centre as compliant in all areas of IPC outlined in the audit, however this was not found on the day of the inspection. Although a number of areas for improvement were identified during this inspection, these had not been identified by the provider's own monitoring systems.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. An annual review regarding 2022 was completed by the quality and risk officer and unannounced visits completed by representatives of the provider had taken place in May 2023. These reports were available in the centre. Each referenced the premises, risk assessments, COVID-19, and the IPC measures in place. It is a requirement of the regulations that a written report is prepared following these visits and that a plan is put in place to address any concerns identified. Outstanding actions from a previous action plan was identified, this included review of staff training records and archiving old records. This was not seen to be completed on the day of the inspection as three staff training matrix were viewed on the day by the inspector. The provider had identified the damage to the kitchen counter in 2021, however it was unclear if this had been completed during this time as the kitchen counter was seen to have damage on the day of the inspection similar to what had previously been identified by the provider. The provider had in place a weekly audit checklist, which included an IPC checklist. This was seen not to be fully completed with one week in June 2023 completed and no checklist in place for July.

The person in charge was responsible for the implementation of the provider's

guidance documents and procedures regarding IPC. However, to support the person in charge, the provider had put in place a clinical nurse specialist in health promotion. This was to support the person in charge and staff team with the management and oversight of IPC related practices for the centre. Additionally, the person in charge could link in with other clinical nurse managers on the providers management team to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straight forward to follow. It contained information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19, Influenza or other respiratory illness or notifiable diseases in the centre. The inspector was informed each resident had an individualised document in their personal care plans on how to support each residents with the care and supports needs required should an outbreak occur. However on review of this document, it was not specific. Each resident had the same document in place, which contained generic information on isolation procedures if required. On display in the dining area, the inspector observed a document which contained specific details for each resident on where they would isolate and the bathroom they would use. The inspector spoke to the staff present on the day and they were very aware and familiar of the procedures in place should an outbreak of an infectious disease occur, along with each residents isolation procedures, laundry management, meal preparation and PPE required. However, these details were not reflected in the residents individual plans in place.

From reviewing a sample of the training records reviewed, the inspector observed that three staff were overdue refresher training in IPC, the use of personal protective equipment (PPE) and hand hygiene. There were posters on display in the centre regarding hand hygiene, waste and laundry management, and the use of a colour-coded cleaning system, whereby different coloured equipment was used to clean specific areas to reduce cross-contamination. Information was also shared in staff meetings.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plans and, the provider had developed a hospital passport for each resident so as to alert staff and other health care professionals to the residents assessed needs, how best to communicate with them and support them.

Good practices were observed in relation to the delivery of person centred care. For example, the residents bedrooms were found to be very clean and overall the living area of the house were clean which helped to minimise the risk of acquiring a

healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in different locations around the centre. Staff were also observed to use these hand gels over the course of the inspection. The provider had sufficient stock of PPE available in the house and staff were also observed to use it in line with policy and national guidelines. A box of masks were in place in the kitchen, these were seen to be out of date.

The provider had a number of cleaning schedules in place which identified rooms and high touch items of the house to be cleaned. These were found to be all kept well maintained and staff were recording regularly the cleaning completed. However, as identified early some areas were being ticked as complete but were seen on the day of the inspection not to be completed, for example sinks and taps were not cleaned in the utility room.

The inspector reviewed the risk assessments in place for the centre in relation to IPC. Each resident had a risk assessment in place, however the information contained in the risk assessment was not in line with the providers own guidance and current public health guidance. For example, controls measures for each resident included, health questionnaires to be completed with family members before residents home visits, temperatures to be recorded, and when a residents visits home/family no more than two/three households will be present. These risk assessments were seen to have been recently reviewed in June 2023. Staff on duty confirmed that these controls measure are no longer in place, and as per current guidance home visits for residents have no additional controls in place. Staff informed the inspector that resident were supported to have ongoing access to home, family, peers, friends as well as receive visitors to their home if they wished.

Regulation 27: Protection against infection

While the provider had developed some systems to support staff to deliver and maintain a good level of infection prevention and control (IPC) practice, this inspection identified a number of areas where significant improvement was required.

These included:

- Ensuring all areas of the designated centre are clean and well-maintained.
- Revising the contingency and residents individual plans to reflect the individual needs and centre specific details on how an outbreak of an infectious disease would be managed.
- Ensuring all staff have completed required IPC training, and that these skills are assessed in practice.
- Ensuring effective completion of IPC audits to ensure areas for improvement are identified and escalated as per the procedures in place.
- Improving the oversight systems in place to ensure the provider's systems are implemented, and that issues relating to IPC practices in the centre are

identified and addressed.

- Ensuring cleaning checklists in place are reflective of the cleaning taking place in the centre.
- Revising the risk assessment completed regarding COVID-19 to reflect current circumstances and controls.
- Reviewing storage arrangements in the centre ie. Office, linen press, storage of brush and mop handles utility room.
- Reviewing first aid kits and PPE in transport to ensure all items remain within their use-by date.

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. Vincent's Residential Services Group O OSV-0004738

Inspection ID: MON-0040352

Date of inspection: 20/07/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Necessary documentation updated regarding relevant risk assessments and cleaning checklists. Required deep cleaning completed and all items now correctly stored, all expired items removed. Hygiene audit repeated and required actions completed. Required painting works has been requested for internal walls and new kitchen counter also requested.	

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	24/11/2023