Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0004889
Fieldwork ID:	MON-0038338

About the designated centre

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

This centre is operated by the Brothers of Charity Services Ireland and, is located in a residential area on the outskirts of the busy town. The house is a purpose built bungalow designed to promote accessibility and is suited residents with declining mobility. Each resident has their own en-suite bedroom and share the dining and kitchen area, sitting room and, a further bathroom. A full-time residential service for a maximum of four residents, over the age of 18 years is provided. While the service provides support for residents with a broad range of needs the model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a lead social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 2 November 2022	10:15hrs to 16:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to monitor the provider's compliance with Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's *National Standards for infection prevention and control in community services (2018).* The inspector found the provider had implemented such procedures and infection prevention and control was part of the daily management, oversight and routines of this centre. Infection prevention and control was the subject of ongoing review and update. Therefore, any matters arising on this inspection had already been identified by the person in charge and there was a plan in progress to address them.

Four residents live in this designated centre which was purpose built and designed to support residents with higher needs if necessary. The inspector met with three residents as one resident attends an off-site day service operated by the provider. This resident had very recently transitioned to this service. While the inspector did not meet the resident and the transition was very recent, the feedback from residents and staff members was that the transition was going well. For example, the first resident the inspector met with smiled broadly when talking of their new housemate and told the inspector that the resident was meeting her other friends and would be back later. All three residents were in great form, relaxed and confident in their home and responded positively to the presence of the inspector in their home and to the process of inspection.

For example, staff had compiled a visual folder for one resident to better support communication and expression of choices and preferences. The resident readily brought their folder from their room to show it to the inspector and smiled as they pointed to photographs of their favourite people, places, activities and foods. When the inspector asked residents if it would be okay to see their bedrooms this resident got the key for their room and gestured for the inspector to follow them while another resident said "work away". Each resident had their own bedroom with en-suite shower room. Each room was personalised to reflect the taste and interests of each resident. All of the shower rooms were visibly clean and each wash-hand basin was equipped with a soap dispenser and disposable hand towels. Infection prevention and control arrangements considered the preferences and abilities of residents. For example, two bins in these rooms were not pedal operated and the person in charge explained that this was because the residents in these rooms could not manage the pedal operation.

All areas of the house were visibly clean. The cleaning procedures in place were not in line with the recently implemented infection prevention and control policy. The person in charge explained that this was still in progress based on feedback from staff on the suitably and effectiveness of equipment that had been supplied. The person in charge confirmed that additional equipment had been ordered and the final agreed cleaning procedures would be in line with the policy. Likewise, where

there were maintenance matters that could impact the effectiveness of cleaning such as defective paintwork these had been identified by infection prevention and control quality assurance systems and a list of maintenance issues to be attended to had been submitted.

Because each resident had their own ensuite bedroom the provider could implement its plans for responding to any occurrence of infection. Based on the information available to the inspector and discussed with the person in charge while there had been isolated incidents of infection there had been no spread of infection to other residents or staff members. The contingency plans had been reviewed and updated to reflect the learning from these events in particular the ability, resilience and coping skills that residents had demonstrated when they had to isolate in their bedrooms.

There were good arrangements in place for monitoring and meeting residents' healthcare needs including in times of illness as a result of infection. Staff described how they supported residents to understand the risk posed by infection, to avail of vaccination and to undergo screening for infection when indicated.

Residents were well and had reengaged with life in general and were enjoying a good quality of life in this centre. The routines observed were individualised such as the time that residents got up at and the meals that were provided. Each resident's laundry was completed on an individualised basis each day by staff. One resident attended a community based day service two days each week and residents were supported to have contact and access to family and friends. There were no restrictions on visits but the wellbeing of visitors including the inspector was established on arrival so as to reduce the risk of inadvertently introducing infection to the centre.

On the afternoon of inspection two residents supported by a staff member left to engage in a bowling session. One resident explained to the inspector how a peer from another service would normally join them for this but they had a conflicting appointment that they needed to attend. The resident who remained at home was content to listen to music, watch television and engage in story telling with staff. Staff included the resident in the participation of the evening meal.

Residents presented as genuinely happy with life. Their feedback had been sought by the provider so as to inform the 2021 annual review of the service. One resident completed their own questionnaire and said that they felt loved and concerned for by all staff. Representatives had also provided feedback and rated the service provided as excellent.

In summary, infection prevention and control was part of the day-to day management and oversight of this service. Residents had been supported to cope with restrictions, with illness and to reengage with life. The person in charge was effectively using infection prevention and control quality assurance systems to monitor, assure and improve practice.

The next two sections of this report will describe the governance and management arrangements in place and, how these arrangements ensured and assured the

quality and safety of the service provided to residents by ensuring compliance with Regulation 27: Protection against infection.

Capacity and capability

Infection prevention and control was part of the day-to-day management of this service. Infection prevention and control quality assurance systems were effectively used to monitor and assure the effectiveness of and, to continuously improve the infection prevention and control arrangements in this service.

The person in charge was the nominated lead for infection prevention and control in the centre with support from the social care workers and the staff team. The person in charge aimed to work from the centre two days each week but the sign in book for visitors indicated that the person in charge was regularly in the house. The person in charge was evidently known to the residents and one resident named the person in charge by name as the person they would speak to if they were not happy.

The person in charge convened regular staff meetings sometimes in response to specific matters or issues arising. For example, a meeting was convened to discuss the implementation of the provider's local infection prevention and control guidance. There was good staff attendance at these meetings, good discussion and input from staff members. Infection prevention and control policies and guidance on file in this centre included this policy and the provider's most recent policy on the management of COVID 19, influenza and other respiratory illness. Staff had access to the plans for responding to any suspected or confirmed occurrence of infection amongst residents or the staff team. These plans were active, reviewed and updated as needed. For example, they had been updated to reflect learning from the implementation of the plans and to reflect the recent resident transition. The plans had been effectively implemented. Records seen indicated that staff knew who to contact and what immediate actions to take in the event of suspected COVID-19.

These plans included the staffing arrangements to be put in place and any additional controls needed to manage the risk of the spread of infection. For example, staff would not crossover between services and residents would have 1 to 1 staff support for much of the day. On a day-to-day basis the person in charge and a staff member spoken with were satisfied with the current staffing levels and arrangements. For example, additional staffing hours had transferred with the resident who had recently transitioned. A review of the staff rota indicted there were two staff members on duty each day from approximately 09:30hrs to 20:00hrs. This facilitated support and choice for residents as observed on the day of inspection.

All staff working in the centre had completed a range of infection prevention and control training that included hand hygiene, the correct use of PPE (Personal Protective Equipment), how to break the chain of infection and HIQA's module on the standards. Records seen and the practice observed reflected an understanding

of infection, its prevention and control.

The person in charge had attended a recent meeting for managers facilitated by an external person where infection prevention and control quality assurance was discussed and audit tools agreed. Infection prevention and control quality assurance systems included the use of the HIQA Regulation 27 assessment tool, an infection prevention and control audit tool issued with the providers infection prevention and control policy and, spot checks of PPE and standard precautions. These were effectively used both to assure good practice and to identify areas where improvement was needed. For example, premises works such as the resealing of some floors.

Quality and safety

Infection prevention and control was part of the daily routines and practice in this centre. There was confidence in implementing and monitoring infection prevention and control measures. Infection prevention was seen as a shared responsibility of management and staff. Management and staff were adhering to national guidance and provider policies on infection prevention and control to effectively reduce the risk of infection and cross contamination.

For example, all staff members on duty were observed to wear a surgical face mask and continued to monitor their own wellbeing and the wellbeing of residents each day. As stated in the opening section of this report the wellbeing of visitors to the centre was also monitored and there was signage in place advising visitors of this requirement. There was good provision of facilities for completing hand washing or hand hygiene. Each resident had their own wash-hand sink, there was an additional main bathroom, a staff office and a staff sleepover room both equipped with ensuite facilities and, a sink was provided in the utility room.

The utility room contained the laundry facilities. Residents were encouraged to participate in some aspect of caring for their personal laundry. Each resident had their own basket for items that required laundering, each resident’s laundry was completed by staff on an individualised basis and returned to their bedroom once washed and dried. Staff had water soluble bags if these were needed for managing potentially infectious items. There was a contracted waste management provider.

As stated in the opening section of this report all areas of the house presented as visibly clean. Staff were seen to attend to cleaning tasks and to discuss amongst themselves the colour coded system of cleaning. This was not yet fully implemented in line with the provider's own guidance. The person in charge explained that feedback from staff meant that different systems were trialled and, based on that feedback further additional equipment had been ordered. The person in charge confirmed that the final system would reflect the provider’s own guidance. When the person in charge completed infection prevention and control reviews they included fittings and equipment provided and, they reviewed the attention given to high

cleaning. Corrective actions were identified, for example rusted towel rails had been removed. Staff used a range of domestic type products for cleaning, disinfecting or combined detergent and disinfecting products. For example, the latter was used for items that were frequently touched each day.

There was one clinical piece of equipment in use. This was provided for single resident use with a device that reduced the risk of a needle stick injury for staff. The device was clean. The sharps box was securely stored and dated as to when opened. A protocol for the use of the device had been developed that included both the clinical and infection prevention and control requirements for its use. For example, the completion of hand-hygiene before and after use and, the level of PPE to be used.

As stated in the opening section of this report residents presented as well, content and happy. The person in charge explained and records seen confirmed how staff supported residents to stay well, protect themselves from infection and, to recover when they had been ill. For example, with effective communication, the use of role-play, reassurance and support from staff all residents had availed of vaccination to protect them against the risk of infection and more serious illness and, complied with testing when infection was suspected. The inspector saw how staff had supported and cared for residents in times of illness and how with this support residents had successfully isolated and restricted their movements so as to prevent the spread of infection. The strategies employed by staff reflected the individuality of each resident. For example, staff counted down each day of isolation with one resident so that they were orientated and knew exactly how many days were left. Staff were attuned to any symptoms that may have indicated infection and were much attuned to any change in symptoms or concerning symptoms when residents were unwell. Staff reported their concerns and sought prompt medical advice and care for the resident. The hospital passport, a record that accompanied the resident on hospitalisation included details as to the resident’s vaccination status, how they presented when ill and how they had responded to treatment.

On a routine basis records seen confirmed that staff supported residents to access services such as their general practitioner (GP), community based nursing services, speech and language therapy, hospital based services and national screening programmes so that they enjoyed good health. The care observed was as recommended such as specific dietary requirements and the monitoring of blood sugar levels.

Regulation 27: Protection against infection

Based on these inspection findings the provider had procedures in place that were consistent with HIQA's *National Standards for infection prevention and control in community services (2018).* Infection prevention and control was part of the daily management, oversight and routines of this centre. Infection prevention and control was the subject of ongoing review and update. Infection prevention and control

quality assurance systems were effectively used both to assure good practice and to identify areas where improvement was needed. Therefore, any matters arising on this inspection had already been identified by the person in charge and there was a plan in progress to address them. There was good ongoing discussion between management and staff of infection prevention and control and changes were made as necessary. For example, the plans for preventing and responding to any outbreak of infection were active, reviewed and updated as needed. For example, to reflect learning from the implementation of the plans and most recently to reflect a resident transition. With effective communication, the use of role-play, reassurance and support from staff all residents had availed of vaccination to protect them against the risk of infection and more serious illness and, complied with testing when infection was suspected. The inspector saw how staff had supported and cared for residents in times of illness and how with this support residents had successfully isolated so as to prevent the spread of infection and made a good recovery.
Judgment: 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	Compliant