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:	Sugarloaf Lodge
Name of provider:	The Rehab Group
Address of centre:	Dublin 18
Type of inspection:	Unannounced
Date of inspection:	12 August 2022
Centre ID:	OSV-0005045
Fieldwork ID:	MON-0035921

About the designated centre

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

Sugarloaf Lodge provides community residential services to three residents, over the age of 18. It is located in a suburban area in Dublin city and is operated by Rehabcare. The designated centre is a bungalow and consists of a sitting room, kitchen/dining area, a sensory room, a staff sleep over room, an office, a bathroom and three individual bedrooms. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge, social care workers and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Friday 12 August 2022	09:15hrs to 15:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection was undertaken to assess the provider's compliance with Regulation 27 (Protection against Infection) and the associated National Standards for Infection Prevention and Control in Community Settings (Health Information and Quality Authority, 2018). The inspector found that overall, the provider had good governance and management arrangements in place to ensure safe and effective infection prevention and control in the service. The inspector found good practice in relation to supporting residents to receive information and make decisions about their care. However, some improvements were required in arrangements for oversight of antimicrobial stewardship and in ensuring that general infection prevention and control (IPC) measures were governed in addition to those relating to COVID-19.

The house is a large detached bungalow located in a quiet estate in South County Dublin. The house comprises of a sitting room, two offices, a staff sleepover room, three resident bedrooms, two of which are en-suite, two large accessible bathrooms and a kitchen/ dining area.There was a well equipped sensory room in the house for the residents to use. The house is wheelchair accessible throughout and the kitchen counter top was height adjustable. Some residents in the house required low profiling beds and shower chairs. Laundry facilities are in a shed in the back garden. The premises was found to be in a good state of repair and adapted to suit residents' needs and interests.

On arrival to the centre, the inspector was greeted by a member of staff who was cleaning and re-arranging the house following a week of painting and renovations. The exterior of the house was being painted throughout the day of the inspection. All of the residents were on holiday to facilitate this work and were due to return to the centre later that evening. Two other staff members and the person in charge arrived as the morning progressed. In order to gain insight into the daily lives of the residents, the inspector visited all parts of the centre, reviewed residents' files and spoke with staff members on duty. Ordinarily, residents living in the centre accessed a day service Monday to Friday and attended clubs in the local area. One resident enjoyed hip hop classes and drama. In-house activities were also provided to residents which included music therapy sessions.

From reviewing documentation and speaking with staff, it was evident that residents were supported to receive information in a way they could understand and to make informed decisions about their own care. Where residents were anxious or required support to become desensitised to vaccines or testing, this was documented and achieved. The provider had developed a number of easy-to-read resources to support residents to learn about infection prevention and control. This included developing a curriculum in infection prevention and control which residents availed of when they wished to do so. There was signage in the centre to remind residents of IPC measures and the staff had worked to try different ways of delivering information to residents in relation to infection prevention and control. This included

the use of a personalised information recorded on dictaphones for two residents.

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

Capacity and capability

Overall, the inspector found that the provider had implemented strong governance and management systems and arrangements to ensure that procedures were in line with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). At provider level, there was a COVID-19 committee in place , comprising senior leaders in the organisation to oversee and monitor all aspects of service delivery related to and affected by COVID-19. The provider had carried out an annual review of the service in line with the regulations. However, this did not include a review of infection prevention and control and antimicrobial stewardship. However, the most recent six monthly unannounced visit had reviewed various aspects of infection prevention and control such as the weekly checks, monthly checks and residents' isolation plans.There were emergency governance arrangements in place and clear contingency plans to ensure that the centre was appropriately resourced in the event of an outbreak. The provider had a documented escalation procedure within the service for high level IPC risks which escalated to regional and national level where it was required. There an identified specialist within the organisation in infection prevention and control. While there was a system within the centre for monitoring the use of antibiotics, it was unclear what governance arrangements the provider had in place to monitor and oversee antimicrobial stewardship within the organisation.

The provider had an infection prevention and control policy and a large number of standard operating procedures in place to guide staff practice in areas such as the management of laundry, the safe handling of waste, cleaning equipment and medical devices and on environmental hygiene. In addition to these documents, there were a number of guidance documents in place for supporting residents living with COVID-19, the testing process and transfer to hospital. Within these documents, consideration was given to residents' specific communication support needs and their decision-making capacity in areas such as testing and vaccination. A memorandum of understanding had been developed to ensure that clear communication occurred between day services and the designated centre to ensure all known IPC risks were swiftly identified, communicated and responded to.

A review of the planned and actual rosters for the designated centre indicated that the centre was well resourced with an appropriate number of staff to meet the

residents' assessed needs including the infection prevention and control needs of the service. Staff had completed training in a number of areas relating to IPC such as hand hygiene, standard and transmission based precautions, respiratory and cough etiquette and the basics of infection prevention and control. Staff had access to regular supervision sessions which included infection prevention and control as a standard agenda item.

The person in charge had overall responsibility for the implementation of IPC practices within the centre in order to protect residents from healthcare-acquired infections. Within the centre, the person in charge had identified staff members with specific responsibilities in relation to COVID-19 compliance, food safety, cleaning assessors and health and safety representatives. The person in charge had oversight of a number of audits and checks relating to IPC in the centre such as a local environment, equipment and hygiene audit, an annual health and safety audit and a weekly COVID-19 audit. While there were action plans in place following audits, it was unclear from the documentation viewed what the status of these actions was on the day of the inspection. The inspector viewed the centre's risk register and found it to contain a number of COVID-19 and IPC related risks which were regularly reviewed.

The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and reviewed every quarter. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. There was a comprehensive local COVID-19 response plan in place which gave staff guidance on possible scenarios, floor plans, zones, staffing arrangements and signposted staff to critical information. The inspector reviewed the minutes from a number of staff meetings and found them to contain discussions on various aspects of IPC such as staff knowledge about cleaning, IPC protocols, isolation plans, spot checks and PPE. Staff had access to the most up-to-date guidance on IPC.

Quality and safety

The inspector found that the service provided in the centre was person-centred and that residents' communication support needs, decision-making capacity and consent were considered when planning their care interventions related to COVID-19 such as vaccination and testing. There was a comprehensive range of guidance documents to support staff in taking a rights-based approach to supporting residents and this included minimising possible distress caused by vaccination or testing.

Residents had access to a GP where they required it and management liaised with public health where it was required. Residents' care records had IPC related risk assessments and these included the impact of COVID-19 on residents. All of the residents had a health passport which would be used in the event of a resident

transferring to hospital. This included residents' vaccination history and colonisation status. Isolation plans were developed based on the individual needs of each resident.

Residents in the centre had a range of communication support needs. In order to support two of the residents, staff had developed information with residents on dictaphones which included the voices of the residents. This was used to give consistent information to residents relating to COVID-19 on a regular basis. For other residents, there was easy-to-read signage in appropriate places. The provider had developed a curriculum for residents who wished to complete it. This included hand-hygiene, wearing masks and social distancing. COVID-19 measures were discussed in residents' meetings.

As previously mentioned, the house had been painted and decorated and was found to be in a good state of repair. Cleaning was the responsibility of all staff. The provider had issued guidance on enhanced cleaning and ventilation to ensure consistent practice among staff. These included guidelines on isolation areas, what cleaning processes to use and terminal cleaning. The cleaning schedule for the house outlined the responsibilities of staff cleaning, the frequency of activity and what cleaning materials were used for various tasks. These schedules included regular cleaning and decontamination of the cleaning equipment and how to carry out cleaning of the vehicle. The person in charge carried out spot checks on cleanliness at regular intervals. Colour coded mops and cloths were used to clean various areas of the house and staff were able to describe which colour they used for different rooms. Staff were observed cleaning the house to a high standard to ensure it was ready for the residents when they returned from their holiday. However, regular flushing and checks on the water supply in the centre was not carried out.

Staff were aware of standard and transmission-based precautions and when to use these measures in delivering care. There were adequate hand hygiene facilities in the centre. There were appropriate arrangements in place for the management of laundry and waste. Each resident had their laundry done separately and staff had access to water-soluble bags where required. The centre had a system in place for identifying and reporting maintenance issues to ensure the centre remained in a good state of repair.

While there had not been an outbreak of COVID-19 or other infections, there were plans in place to ensure that all staff were aware of what actions were required in the event of an outbreak. Outbreak 'drills' were practiced at staff meetings. The person in charge attended management meetings with other persons in charge and learning from any cases of infection were shared at these forums.

Regulation 27: Protection against infection

It was evident to the inspector that the provider had good governance and management arrangements in place and that residents were well protected from

healthcare-acquired infections. The service was person-centred and had adapted information to ensure residents were supported in line with their communication needs. Staff roles and responsibilities were clearly outlined and there was a comprehensive suite of standard operating procedures and guidance documents for staff. Staffing levels were adequate to meet residents' assessed needs and staff had completed a number of training courses related to infection prevention and control.

However, improvement was required in the following areas:

- The annual report did not include infection prevention and control
- Many of the audits did not document the status of actions and therefore it was unclear if required improvements had been made
- While there was a committee in place at senior management level, this was related to COVID-19 rather general infection prevention and control and antimicrobial stewardship
- Water quality was not routinely checked in the centre.

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 Sugarloaf Lodge OSV-0005045

Inspection ID: MON-0035921

Date of inspection: 12/08/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 27: Protection against infection	Substantially Compliant

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

1. The provider reviewed the Annual Report process in November 2021 and it now includes a review of IPC measures. The new process will be used in the next annual review for this service. This will be completed by 30/10/2022.

2. The weekly Audit Template will be updated to include status of the actions and this will be used to track actions moving forward. This will be completed by 30/09/2022.

3. IPC is managed through the operational management structures of the organisation with support from the Quality and Governance Directorate. The Provider's Policy and associated procedures on IPC provides clear guidance for staff and managers on how IPC measures should be implemented and managed within the organisation. In exceptional circumstances the Provider will convene a specific IPC committee for a period of time such as during the Covid19 pandemic.

• As per policy all Resident's medication are reviewed at minimum every 6 months by the prescriber usually the pharmacist, GP, hospital consultant or psychiatrist. The PIC is responsible to ensure this is completed. All elements and processes of Medication Management are reviewed as part of the provider's 6 monthly unannounced visits. In addition, a comprehensive medication audit is completed by the PIC on annual basis, actions from this are reviewed as part of the 6 monthly unannounced visit. The Medication Practice Development lead, uses this data, along with data from reported incidents to conduct targeted reviews and support visits, where required.

4. Carbon Block Filters are installed for drinkable water in the kitchen area. They are serviced annually in the service and evidence of same is available in the service.

5. The PIC has updated the weekly cleaning schedule to include additional measures relating to flushing of water in the service.

6. Water testing by an external company will be completed by 31/10/2022.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022