



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

Issued by the Chief Inspector

Name of designated centre:	Group K - St Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 November 2022
Centre ID:	OSV-0005157
Fieldwork ID:	MON-0035889

About the designated centre

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

Group K - St Anne's Residential Services consists of a detached two-storey house, located in a small town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre can offer support for those with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, two sitting rooms, bathroom facilities and staff rooms. Staff support is provided by a clinical nurse manager, a home manager and care staff.

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
Tuesday 22 November 2022	10:00hrs to 15:00hrs	Sarah Mockler	Lead
Tuesday 22 November 2022	10:00hrs to 15:00hrs	Miranda Tully	Support

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was ongoing on the day of inspection and measures were taken by staff and the inspectors to reduce risk of infection. This included wearing face masks and regular hand hygiene. On arrival at the centre, there was an area set up with masks, hand gels and a pedal bin so that appropriate infection prevention and control (IPC) measures could be taken by anyone entering the building.

There were four residents living in the centre on the day of inspection and the inspectors met all four residents across the day of inspection. Residents appeared happy and comfortable in their home. On arrival at the centre, two residents warmly welcomed the inspectors. They introduced themselves and they were both eager to show the inspectors around their home. Their bedrooms had recently been painted and both residents expressed how they liked the colour in their bedroom. Personalised items were in place in both residents' bedrooms. One resident enjoyed making puzzles and lego, and had these items proudly on display. A resident showed the inspectors some family pictures and with support from staff spoke about family connections and all the family events that they had recently attended. Later in the day they showed the inspectors pictures on their mobile phone of this event. The inspectors had the opportunity to sit with a resident and have tea with them. The resident was familiar with aspects of their care plan around eating and drinking and explained this to the inspectors. In addition to this they spoke about going for their COVID-19 booster and explained in their own way the reason for getting this. From discussions with this resident it was evident that staff were discussing their healthcare needs in a way that was meaningful for this resident. Staff interactions with the residents at this time were familiar, warm and caring.

The other two residents only briefly interacted with the inspectors. However, again they appeared comfortable and well cared for. Inspectors noted how staff immediately responded to their care needs and were very familiar with their specific communication abilities.

Residents had access to meaningful activities including regular contact with families and friends. A sample of resident meeting notes were reviewed. The notes indicated that residents were given the choice of activities in their week in line with their specific needs. Each resident day differed and changing needs were being considered on a continuous basis. It was documented that residents enjoyed family visits, holidays, day trips, home visits, meals and drinks out, office work and attending their relevant day services if appropriate.

The inspection was facilitated by the person in charge and the home manager. The person in charge was the inspection control lead of the centre. In addition to this,

the shift leader was appointed a specific role in ensuring relevant systems and policies regarding infection control were implemented in the centre during the shift. The inspectors spoke with members of staff that were on duty on the day of inspection. Staff spoken with were knowledgeable around residents' specific needs, likes and dislikes. Staff spoke in detail around residents' changing needs and what was in place to address any new concerns such as on going referrals on health and social care professionals. Staff were aware of the organisations policies around IPC measures and were observed to adhere to standard precautions across the day of inspection.

The inspectors commenced the inspection with a walk around of the premises. The designated centre comprises a detached two-storey house located in close proximity to the local town and all relevant amenities. Staff spoke about how residents were integrated into their local community and attended many local events that occurred. On the day of inspection, the premises had been prepared for painting. Some rooms had been completed, such as residents bedrooms, and the rest of the home was due to be completed in the coming weeks. All residents had individual bedrooms which were well kept. They also had access to a large kitchen area, sitting room, small lounge area, and three bathrooms. The laundry area was in an outdoor shed. Upstairs there was an office area and two staff sleep over rooms with en-suite facilities. All aspects of the home, including storage areas and rooms that were used on a less frequent basis were clean and well kept. The house was homely, warm and even though their was ongoing works it still remained well kept and tidy.

Overall it was found that the residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. It was evident that measures implemented were consistent with the National Standards and in line with the providers own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. Good levels of compliance were noted in the centre on the day of inspection.

Capacity and capability

Overall, the inspectors found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre.

There were clear lines of authority and accountability within the centre. There was a

full-time person in charge in place. The person in charge also had responsibility for two other designated centres. The person in charge was supported by a house manager in the centre. The person in charge had regular oversight of the IPC needs within the centre. An on-call management system was in place for staff to contact outside of regular working hours. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose.

There was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. The inspector observed all staff members wearing Personal Protective Equipment (PPE) in line with the current national recommendations for residential care settings.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six monthly audits. Both these provider-led audits encompassed areas of IPC reviews. In addition, infection control, hand hygiene and medication audits were taking place regularly. These audits identified areas for improvement and developed actions plans in response.

The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy to guide the staff team. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a suspected or confirmed case of COVID-19. The inspectors reviewed a sample of recent staff meeting minutes and found that the arrangements in place for infection control and COVID-19 was regularly discussed.

There was a programme of training and refresher training in place for all staff. The inspectors reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Risk assessments were found to be in line with relevant national guidance and recently updated.

As stated previously the designated centre consists on one large detached two-storey building. The premises was a homely environment decorated to the residents' individual preferences and needs. The premises was visibly very clean during the walk around the centre. Due to the age of the premises there was some minor wear and tear, evident mainly in bathrooms. The provider had identified this as an area of improvement.

All aspects of the centre including storage areas, cupboards, bathrooms, cooking facilities, food preparation areas and laundry facilities were clean, tidy and organised. Cleaning schedules were in place and these were carefully implemented by all staff daily. High touch points such as handles, switches, keyboards, remote controls, phones and taps, were cleaned on a regular basis. There were also cleaning schedules for monthly and weekly cleans. Cleaning schedules were comprehensive in nature and staff were diligent in ensuring they were completed appropriately. Due to some bathrooms not being used on a frequent basis systems were in place to ensure regular flushing of water occurred. Records were maintained in respect to this aspect of IPC.

Laundry was carried out in a shed located at the back of the home. In terms of this facility it was overall well kept with clear systems in place for the separation of clean and dirty laundry. Residents all had two laundry baskets which were clearly labelled. Staff spoken with were clear regarding procedures to take when washing soiled linen. There was also systems in place for separating clean and dirty mop heads and cloths. There was a colour coded system in place for both mops and clothes and this was clearly displayed in relevant areas. The storage of mops and relevant equipment was appropriate. There were a number of hand washing facilities and alcohol gels noted around the centre.

The IPC systems in relation to medication management were also reviewed. It was found that the systems in place were adequate to prevent the spread of infection. A dedicated room was available to staff for storage and preparation of medicines. Hand gels were available within the room and facilities to wash hands were available next to the area. PPE appropriate to medication tasks was available to staff along with adequate waste disposal such as pedal bins and sharps box containers. Medications were appropriately stored and systems were in place for the safe return and disposal of unused medicines.

It was evident that infection control measures and COVID-19 measures were regularly communicated with residents in a way that was accessible to them. Easy read documentation in relation to a number of infection control measures and COVID-19 were used to effectively communicate with residents. Topics such as COVID-19, hand hygiene the use of PPE were discussed at the residents' monthly meetings and infection prevention and control measures were a standing agenda for

this meeting. A number of signs were noted around the centre which communicated infection prevention and control guidance and measures.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspector found high levels of compliance. Clear, safe and effective systems were in place for protecting residents against healthcare-associated infections. This was evident in the following areas reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing.
- Staff training included online training sessions and face-to-face competency assessments and reviews
- Clear management and oversight systems were in place and infection control measures were regularly audited and reviewed.
- The service had a clear and robust contingency plan in place for in the event of an outbreak of COVID-19.
- A post outbreak review had taken place following outbreaks of COVID-19 where clear leanings were identified. There was evidence of learnings being discussed at team meetings.
- The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.
- There was a system in place for identifying and mitigating potential and actual infection control risks in the centre.
- The premises and the environment was visibly clean and overall well maintained. Comprehensive schedules were in place to ensure that all aspects of the premises was regularly cleaned.
- All residents equipment was suitably cleaned and accounted for on relevant cleaning schedules.
- Policies and procedures were guiding safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.
- There was regular and consistent communication between staff, management and residents regarding infection prevention and control measures in the centre.

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