



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

Issued by the Chief Inspector

Name of designated centre:	Tall Timbers
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0005298
Fieldwork ID:	MON-0038641

About the designated centre

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

The centre provides residential care and support to six residents aged 16 years and older with disabilities. The centre comprises of a large six-bedroom two-storey detached house in Co. Westmeath and in close proximity to a number of towns and villages. Each resident has their own large bedroom (one en-suite) which is decorated to their individual style and preference. Communal facilities include two large fully furnished sitting rooms, a large well-equipped kitchen/dining room, a utility facility, an entrance lobby, communal bathrooms, a staff office and a staff sleepover room. There is also an outhouse provided to the residents where they can have family over for visits, engage in hobbies of interest such as exercise activities and playing drums. The centre has a large private parking area to the front of the property and a two acre back garden which is fully equipped with garden furniture, swings and a trampoline for the residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. Systems are in place so as to ensure the assessed needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a full-time person in charge who is supported in their role by a team of social care and healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 26 January 2023	10:20hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with *the National Standards for Infection Prevention and Control in Community Services (2018)* (the national standards) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, the inspector found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place.

The inspector met and spoke with the person in charge and several staff members who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with all residents that lived in the centre. On the day of the inspection, two residents attended school, one attended a day programme, another went for some scenic walks and the fifth resident attended the cinema.

On arrival at the centre, the inspector observed that IPC practices were in place. For example, hand hygiene, sanitiser and personal protective equipment (PPE) in the form of a face mask were immediately available. In addition, visitors were required to complete a symptom check questionnaire to confirm if they had any signs of an infectious illness.

The inspector observed the person in charge and staff members on duty using PPE appropriately, in line with national guidance throughout the course of the inspection. In addition, the inspector found that there were adequate arrangements in place to support hand hygiene, such as disposable hand towels.

The inspector completed a walk around of the premises. Each resident had their own bedroom, which had adequate storage facilities for their belongings. Most residents shared bathroom facilities and one resident had their own en-suite facility. The centre was clean and tidy in most areas, although some areas required a deeper clean. Additionally, some areas required repair to ensure they could be cleaned effectively. These areas were completed by the provider on the day of the inspection and evidence shown to the inspector.

At the time of this inspection, there had been one recent admission to the centre and one discharge from the centre. The centre was facilitating visiting as per current public health guidance. For example, the provider supported residents to have an unlimited number of visitors throughout the day with no more than two visitors at any one time. Residents were supported to have access to allied healthcare professionals as required.

Residents were supported during the COVID-19 pandemic, to undertake safe leisure and recreational activities of interest to them, such as drives and walks. The centre had a very large back garden that contained swings, a basketball net and a

trampoline. It also had a large area that residents could use to cycle around. In addition, residents were supported to have family visits outside. Since government restrictions were lifted, residents had been supported to re-engage in other activities of interest to them. For example, going bowling, horse riding and participating in music therapy.

Residents' rights were seen to be promoted with a range of easy-to-read posters and information supplied to them in a suitable format regarding COVID-19 and IPC information. For example, there was information on cough etiquette and hand hygiene. Staff members completed weekly meetings with residents in order to keep them up to date around different areas including IPC. Staff also completed one-to-one key-working sessions with residents on different topics, including some on IPC. For example, the inspector saw evidence of sessions on infectious illnesses, the flu vaccine and hand hygiene.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The governance and management arrangements were ensuring that, IPC measures were consistently and effectively monitored. There were auditing systems in place and a clear organisational structure to ensure that measures were in place to provide care and support which were consistent with the national standards.

There was an IPC policy and associated procedures in place at an organisational level, to guide staff on best practice in relation to IPC.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to monitor compliance levels of the centre. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector. The most recent had occurred in January 2023. In addition, the IPC link practitioner had completed an IPC-only audit of the centre in January 2023 and that audit was due for completion every quarter.

The centre had a full-time person in charge who was the appointed IPC lead in the centre. There was a nominated IPC officer for the centre and they had received additional training to support their performance of this role. The IPC link practitioner had completed a self-assessment tool against the centre's current IPC practices and an action plan was devised based on that assessment. The person in charge had completed IPC competencies with each individual staff member and they completed weekly IPC checks within the centre.

The centre had a comprehensive contingency plan which outlined the steps to be taken in the event of a suspected or confirmed outbreak of a notifiable illness. In

addition, there were a number of risk assessments conducted with regard to IPC and control measures listed.

The centre had an appropriate number of staff in place to meet the needs of the residents and to safely provide care and support. Residents were supported on a one-to-one basis each day until the evening time to ensure they had choice in their daily lives and that their assessed needs were met. Additionally, the provider had ensured there was a staffing contingency plan available if required. Staff in the centre had additional responsibility regarding housekeeping and environmental hygiene and there were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis. In addition, a cleaner was employed for one half day per week.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. The inspector saw evidence that up-to-date public health guidance was discussed at team meetings and that staff members were made aware of any changes. A staff member spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre and two staff members explained how to clean a bodily fluid spillage.

The provider had ensured that the staff team had received a suite of training to support them in their role of preventing a healthcare related infectious illness with the centre. For example, staff had completed training on antimicrobial resistance, donning and doffing PPE, hand hygiene, and standard and transmission based precautions.

Quality and safety

The provider had measures in place to ensure the wellbeing of residents was promoted and that residents were kept safe from infection. It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared comfortable in their home and appeared to enjoy an individualised service with staff who were familiar with their needs and preferences.

Each resident had a hospital passport document in the case they needed to attend the hospital. It provided guidance as to how best to support them and included a section on IPC. Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs.

There were systems in place to facilitate good hand hygiene, for example, disposable towels, warm water and soap for hand washing were available in the centre. Additionally, hand sanitising gel was available in several locations throughout the centre.

The provider had sufficient stocks of PPE and staff members were observed to wear it in line with current public health guidance. In addition, there were weekly PPE stock control checks completed.

The inspector reviewed evidence of a system in place where staff were routinely self-monitoring and recording symptoms for themselves and residents which may help to identify early symptoms of infectious illnesses.

The person in charge and staff members spoken with were knowledgeable of the waste management practices in place in the centre. For example, to use clinical waste bags and tie when two thirds full in the case of a confirmed infectious illness. The centre had a designated utility room and this was the area that staff completed laundry using a domestic washing machine. Each resident had their own wipeable laundry basket and their washing was completed separately. Staff were knowledgeable regarding temperatures for washing laundry and were aware of how to launder soiled clothing. For example, to use water-soluble laundry bags for the laundering of contaminated garments if required.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with recording of cleaning conducted. Some additional cleaning had been due to be completed and the inspector observed it was completed as per the cleaning schedule throughout the day. In addition, the house was found to be generally in a good state of repair. Some areas had required repair to ensure they were fully conducive for cleaning, for example, there were some gaps in the flooring of a resident's bedroom. The provider ensured that repair works were completed prior to the end of the inspector with evidence shown to the inspector.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. For example, colour-coded cloths and mop heads were used to clean specific areas.

Learning from outbreaks from other centres and information on IPC was shared at the person in charge monthly management meetings. The person in charge had completed an analysis of learning after the last positive cases of COVID-19 in the centre and this learning was shared and discussed with the staff team.

Regulation 27: Protection against infection

Overall, the provider had put in place systems and processes that were consistent with national guidance and standards. In addition, the provider and person in charge demonstrated a commitment to operating in compliance with Regulation 27: Protection against infection and *the National Standards for Infection Prevention and Control in Community Services (2018)*.

Practices to prevent an outbreak of an infectious illness were evident and strategies were in place for the management of an outbreak should it occur. Residents had been supported to continue to have a meaningful day throughout the global COVID-

19 pandemic with the support of staff members who were familiar with their support needs and preferences.

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