



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

Issued by the Chief Inspector

Name of designated centre:	Farmhill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	14 April 2022
Centre ID:	OSV-0005533
Fieldwork ID:	MON-0036729

About the designated centre

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

Farmhill service supports four female adults with a diagnosis of intellectual disability, who require a range of supports. Farmhill service is open seven days a week and provides full-time residential care. This service comprises of two apartments in an urban residential area. The apartments are centrally located and are close to amenities, such as restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The apartments are comfortably furnished and have communal areas to the front and rear of the buildings. Residents are supported by a staff team which includes the person in charge, nurses and care assistants. Staff are based in the centre as directed and whenever residents are present.

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 14 April 2022	10:00hrs to 15:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. The inspector met and spoke with residents and staff throughout the inspection. In addition, the inspector observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre consisted of two ground floor apartments in an apartment complex. The centre was located near a large town. Each apartment had two bedrooms. One bedroom in each apartment was en-suite. There was also a shared bathroom with wetroom shower. The apartments had open-plan kitchen-living rooms. Laundry facilities were located in the apartments. The centre was nicely decorated and had a homely feel. Where doors into resident bedrooms were open, it was noted that the rooms were decorated in individual styles. There was a pleasant atmosphere in the centre. Outside, residents had access to a shared courtyard.

On arrival at the centre, it was noted that hand sanitiser and face masks were available. Staff completed temperature checks and COVID-19 symptom checks with visitors to the centre. In the second apartment, no hand gel was available at the front door but a hand gel dispenser was mounted before the end of the inspection. Bottles of hand sanitiser were available on tables in the living areas of the house throughout the inspection. There was a noticeboard in each apartment that displayed information in relation to the prevention of the spread of COVID-19 and how to wear personal protective equipment (PPE) such as, face masks. Contact details for the local infection prevention and control team were also on display.

The inspector completed a walk-around of the centre. It was noted that the centre was very clean, tidy and free from clutter. Large surfaces, such as walls, floors and countertops, were clean and free from dust. Harder to reach areas of the centre were also clean. Tiling in the kitchens and bathrooms were clean and free from any discoloration. Minor damage to two couches was noted. This had been identified by the person in charge and there were plans to replace the furniture in the coming weeks.

Due to the size and layout of the centre, storage was limited. However, PPE and cleaning supplies was appropriately and safely stored in the centre. One apartment had a container outside to store mop buckets and to allow mop heads to dry between uses. However, this was not available in the second apartment and, as a result, mops were stored outside. The person in charge reported that a flat-mop system was due to be trialled in the centre but this had not yet been implemented.

The inspector met with four residents on the day of inspection. They said that they were happy living in their home and enjoyed getting out more often with the easing of COVID-19 restrictions. They talked about recent social events that they had

attended. Residents said that they wore masks when outside the centre to protect themselves. They knew about the importance of good hand hygiene and cough etiquette to help stop the spread of infection. Residents were knowledgeable on why staff were wearing masks and that it helped protect them from the risk of COVID-19.

Staff were observed interacting with residents in a friendly and caring manner. Residents were routinely offered choice throughout the inspection and staff respected these choices. Staff responded promptly when residents asked for assistance. They were knowledgeable on the needs and preferences of residents. Staff wore appropriate PPE throughout the inspection, including respirator masks. They were observed completing enhanced cleaning tasks throughout the inspection, for example, cleaning of door handles. They performed routine hand hygiene. However, it was noted that not all staff adhered to the guidelines in relation to hand hygiene as some staff wore rings and watches.

Overall, it was noted that the provider had taken steps to implement infection prevention and control measures for residents, staff and visitors. The centre was clean and in good structural repair. The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

Capacity and capability

The provider had developed policies and procedures for the management, control and prevention of infection. Risk assessments were developed to assess and evaluate the risks associated with infection prevention and control. There were good systems in place to provide an oversight of the service delivered.

The provider had clear governance structures and reporting relationships regarding infection prevention and control. Issues could be escalated to more senior management, as required. Contact information for 24 hour on-call senior management cover was available to staff. Contact information for the local infection prevention and control team was available. The person in charge reported that members of the team could be easily contacted to offer guidance on issues relating to the prevention of infection. A review of the minutes of local management meetings between persons in charge showed that issues relating to infection prevention and control were routinely discussed. There was evidence that information and learning in relation to infection control was shared among staff.

A review of rosters noted that staff numbers in the centre were adequate to support residents and complete the cleaning and infection prevention tasks required by the service. A review of the training matrix in the centre found that staff training in relation to hand hygiene and standard precautions was in date.

The provider had a range of policies and guidance documents in relation to infection prevention and control in the centre. The policies provided guidance to staff on standard precautions and transmission based precautions. This included guidance on hand hygiene and the appropriate use of PPE. In addition, infection prevention and control measures were included in general policy documents. For example, the centre's policy on the provision of personal and intimate care included information on good hand hygiene and breaking the chain of infection. National guidance documents on issues relating to infection prevention and control were available for staff, including sharps management and guidance for the prevention of multi-drug resistant organisms. Recent publications from public health in relation to COVID-19 were printed and available to guide staff. Local guidelines were also made available to staff. For example, guidelines on who to contact locally to collect clinical waste and how to report maintenance issues. A risk register was maintained in the centre that outlined risks to residents and staff in relation to infection. The risk assessments were routinely updated and provided guidance to staff on how to manage risks to prevent the spread of infection. Risks to individual residents were also identified and control measures were in place to reduce the risks.

There was a COVID-19 contingency plan in the centre that guided staff on steps that should be taken in the event of an outbreak of COVID-19. This plan gave contact details for senior managers and the infection prevention and control team. There was information on how staff should isolate in the centre if they became symptomatic and plans for staff redeployment to the centre in the event of staff shortages. The plan also gave some guidance on how residents should self-isolate in their rooms in cases of suspected or confirmed COVID-19. However, the plan did not contain sufficient detail to guide staff on the placement of PPE stations when residents were isolating, the storage of clinical waste in the centre or the protocol for cleaning the bathrooms.

The provider maintained oversight of infection prevention and control within the service through a number of audits. The person in charge had completed the Health Information and Quality Authority (HIQA) self-assessment tool in relation to infection prevention and control. Issues in relation to infection prevention and control were included in the centre's unannounced six-monthly audits and annual report into the quality and safety of care and support. The need to provide information to residents regarding COVID-19 was noted as an action in these audits and there was evidence that this had been completed. Environmental audits were completed in different areas of the centre on a monthly basis. Findings from these audits were included in a quality improvement plan that set target completion dates and was updated monthly.

Checklists were kept to record the cleaning tasks completed in the centre. These checklists recorded routine cleaning in the centre, in addition to enhanced cleaning tasks in light of COVID-19. These checklists outlined the frequency that the tasks should be completed and whether they were the responsibility of the day or night staff. The checklists were initialled in line with the provider's guidance. A review of the checklist showed that the tasks were completed in line with the specified task frequency.

Quality and safety

Residents in this centre received a good service that protected them from the risk of infection. Information was provided to residents in relation to the prevention of infection. Staff were knowledgeable on good practice in relation to infection prevention and control.

Residents were knowledgeable on the steps that should be taken to protect them from the risk of infection. Easy-to-read information was available for residents in relation to the symptoms of COVID-19, testing for COVID-19, cough etiquette and general infection prevention and control measures.

A review of residents' files showed that infection prevention and control was included as part of routine care and support. A detailed medical history, that included information in relation to vaccinations and infection risks, was recorded. Residents received an annual health check with their general practitioner. They also had access to other healthcare professionals as required. Care plans in the residents' files were routinely updated and gave guidance to staff on how to support residents. This included care plans that had an increased risk of infection, for example, intimate care and skin breakdown. Residents were routinely monitored for signs of infection and had twice daily temperature checks.

Staff were knowledgeable on the standard steps that should be taken to reduce the risk of infection to residents. They were clear on the routine cleaning tasks that had to be completed in the centre and demonstrated good knowledge of particular protocols that should be followed if there was an increased infection risk in the centre. There was good communication between staff that included information relevant to infection prevention. There was a handover discussion checklist that was completed at the start of each shift. This gave a general update on the residents' wellbeing and welfare and clearly outlined the cleaning tasks that were to be completed.

There was good communication and response from the provider in relation to a recent confirmed case of COVID-19. There was evidence of correspondence with the local infection prevention and control team who provided guidance during the outbreak. There was clear information from the team regarding the cleaning that was required in the centre following the outbreak and documentation from the person in charge to show that this had been completed.

The centre largely met the needs of residents in relation to infection prevention and control. Where challenges existed in relation to storage, particularly outdoor storage, the person in charge had identified potential solutions. For example, the use of an outdoor storage box and the planned introduction of a flat-mop system. The centre was in good decorative and structural repair. Where refurbishment was required, this had been identified by the person in charge and reported to the

maintenance department. The centre was clean and free from clutter.

Overall, the practice in this centre meant that the risk to residents in relation to infection was well managed.

Regulation 27: Protection against infection

Overall, there was a good service in this centre that protected residents from the risk of infection. The centre was clean and in good structural repair. The governance arrangements in the centre ensured that there was good practice in relation to infection prevention and control. The provider maintained oversight of the service through routine audits and addressed issues that were identified on these audits. Policies, guidance documents and risk assessments were available to guide staff on how best to protect residents from infection. Staffing arrangements in the centre were adequate to maintain the residents' safety in relation to infection prevention and control. Staff were trained and knowledgeable on infection prevention guidelines. Residents were provided with information and supported to maintain their safety in relation to the risk of infection. However, improvements were required in relation to staff practice in relation to hand hygiene guidelines. Also, further information and clarity was needed in the centre's COVID-19 contingency plan.

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 Farmhill OSV-0005533

Inspection ID: MON-0036729

Date of inspection: 14/04/2022

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
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured all residents at risk of Healthcare associated infection are protected in line with guidelines, which are consistent with the standards for the Infection, prevention and control. • The Person in Charge has ensured that all staff in the Designated Centre has completed the mandatory Hand Hygiene training on HSE Land. • The Person In Charge has updated the Designated Centre Contingency Plan to reflect PPE stations and Clinical Waste Prodecures and has educated staff on same. 	

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	24/05/2022