



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

Issued by the Chief Inspector

Name of designated centre:	Teach Gairdeach
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0005721
Fieldwork ID:	MON-0035912

About the designated centre

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

Teach Gairdeach designated centre, operated by St. Hilda's, is equipped to provide residential services for six residents. Services are provided for adults of a mixed gender whose primary diagnosis is an intellectual disability with additional healthcare needs and behaviours that may challenge. Teach Gairdeach is a full-time residential service, and residents may go home when they wish for visits. The residents are supported by care assistant staff with regular nursing oversight. Teach Gairdeach is an extended bungalow building which consists of six double bedrooms all with en suite bathrooms and showers. There is a separate living room area, kitchen and dining area with a dedicated area for activities. Residents avail of organised transport and the centre is located in a quiet area near to all local amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 6 December 2022	10:15hrs to 17:00hrs	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 National Standards for Infection Prevention and Control in Community Services (2018) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, the inspector observed there were some good IPC practices and arrangements in place at an organisational and local centre level. However, some improvements were required in relation to the organisational policy, cleaning, risk assessments, the centre's response plan and a resident's personal plan, monitoring for symptoms of illness, personal protective equipment (PPE), staff training, and the storage of items in the centre. These identified issues will be discussed further in the report.

The inspector met and spoke with the person in charge and two staff members who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with all six of the residents that lived in the centre. Four residents participated in an in-house day service program and two had attended day services external to their home on the day of the inspection.

On arrival to the centre, the inspector observed the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in the hallway. The process included completing a visitor sign in book, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge to appropriately use PPE, in line with national guidance throughout the course of the inspection. However, staff members that worked in the centre during the day were observed not to be wearing masks for the majority of the inspection. This will be discussed further in the report.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities. Each bedroom had an ensuite facility. While the centre appeared to be visibly clean and well-maintained in most areas, some minor issues with premises were identified during the walk-around and some areas required a more thorough clean. These areas will be discussed further in the course of this report.

Staff members employed in each house were responsible for the cleaning and upkeep of the premises. This included, cleaning on a day-to-day basis and with regard to the enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as disposable hand towels in shared bathrooms. The

inspector observed staff members encouraging and supporting residents to complete hand hygiene.

At the time of this inspection, there had been one recent admission to the centre. The person in charge confirmed that there were no restrictions in place on visiting the centre. Residents were supported to have timely 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 online choir and arts and crafts. In addition, day services were facilitated in their home for all the residents that lived in the centre. Since government restrictions were lifted, residents had been supported to re-engage in other activities of interest to them. For example, going to concerts and swimming.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format, such as videos regarding COVID-19 and IPC information. For example, with regard to hand washing techniques and vaccinations. Residents were supported to receive the COVID-19 vaccines. There were regular resident meetings with discussions that included IPC and the COVID-19 pandemic.

The inspector had the opportunity to speak to two family members of a resident on the day of the inspection. Family members were complimentary of how the centre had operated during the pandemic and stated that they felt there had been good communication with them. During government lock down restrictions the family stated they were supported to visit their family member by window or garden visits.

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

In general, the inspector found that the provider was demonstrating that they had the capacity and capability to provide care and support in a manner that reduced the risk of healthcare associated infections. Some improvement was required to the organisational policy to ensure staff were adequately guided and to staff training.

There was an IPC policy and a range of guidance documents available for staff regarding IPC. However, the policy required review as it was not demonstrated as to what staff training that was deemed mandatory by the provider, the frequency of the training, the frequency of IPC audits to be conducted and who was responsible for completing the audits. While the provider did guide staff as to transmission based precautions, the policy did not guide staff as to the appropriate use of PPE for each situation with regard to droplet and airborne transmissions. In addition, the

policy did not adequately guide staff on how to deal with healthcare risk waste. Furthermore, the policy did not give the roles and responsibilities of the IPC clinical lead for the organisation or IPC leads for designated centres and there was no organisational structure in the policy to guide staff how to escalate risks.

The person in charge was the IPC lead for the centre. They had completed a self-assessment tool against the centre's current infection prevention and control practices.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector. They included some review of infection prevention and control within the centre. In addition, the provider had arrangements for annual IPC only audits undertaken by the clinical lead. The last audit for this centre took place in December 2021.

The provider had ensured that there were adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents. Additionally, there was a staffing contingency plan available in case required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

The centre had a response plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, the response plans and protocols were in several different documents. This could mean that staff may miss applicable information. In addition, the plans did not include all information in order to guide staff, for example, with regard to entry and exit points or if clean or dirty rooms were to be used.

There were monthly team meetings occurring and the majority of meetings included discussion regarding COVID-19 and IPC. A staff member on duty communicated to the inspector the procedures to follow in the event of an outbreak of an infectious illness in the centre and how to clean a bodily fluid spillage.

Staff had received training to support them in their role, such as donning and doffing PPE and hand hygiene. However, staff had not received training in respiratory hygiene and cough etiquette or transmission based precautions (contact, droplet and airborne), including the appropriate use of PPE for each situation, as per public health guidance. In addition, the majority of staff had not received any refresher training in standard based precautions other than hand hygiene since early 2020. Furthermore, some staff were due refresher training in donning and doffing PPE and hand hygiene.

Quality and safety

The inspector found that residents in this centre were in receipt of quality care

which supported them in the prevention and control of healthcare associated infections. However, some improvements were required with regard to cleaning, PPE usage, monitoring for signs of illness and risk assessments within the centre.

There were personal plans in place for residents as required and each resident had a hospital passport in order to support them if they were required to attend hospital. The hospital passports included information in relation to IPC supports the resident may require or that would benefit the hospital staff to be aware of. For example, if residents could perform hand hygiene independently and without reminders.

One resident's isolation plan required more consideration should the resident refuse to isolate in their room to ensure staff were fully guided in how to support the individual and ensure they were not provided with potentially conflicting information, if required. For example, in place there was an isolation plan and the protocol of an outbreak of an infectious illness also discussed if a resident refused to isolate. The plan did not provide enough information on how to support the resident should they refuse to isolate and did not mention the resident moving and the protocol described that a resident would be required to move to a separate isolation unit.

There were systems in place to promote and facilitate hand hygiene, such as there was warm water for hand washing, disposable towels available for use and sanitising gel available in several locations throughout the centre.

The provider had sufficient stocks of PPE and there was a weekly PPE stock control count completed. However, two day support staff were observed to not wear a mask for the majority of their shifts. The person in charge confirmed that there had been confusion in the interpretation of public health guidance and that day support staff had ceased usage of masks a couple of weeks prior to the inspection. Staff recommenced mask wearing prior to the end of the inspection.

There was no system in place that staff were routinely self-monitoring and recording for symptoms for themselves and residents which may help to identify early symptoms of infectious illnesses. For example, there were no procedures in place for staff to confirm to their line manager at the start of their shifts that they did not have any symptoms of respiratory illness as per public health guidance.

Laundry was completed on-site using a domestic washing machine and the machine was observed to be clean. Staff spoken with were aware of how to complete the laundering of soiled clothing, if required. However, the laundry baskets were not on the centre's cleaning checklists.

The inspector completed a walk-through of the centre. It was found to be generally very clean and tidy with clear recording of cleaning conducted. However, some areas required further cleaning, such slight mildew was observed on a resident's window and the oven and microwave required cleaning. In addition, some items were observed to not to be on the centre's cleaning checklist, for example, curtains, pillow or mattress protectors, a blood pressure monitor, a foot spa, a shower chair.

The inspector observed that some areas of the centres were not fully conducive to cleaning. The majority of the maintenance issues identified on this inspection were

already self-identified by the person in charge and the maintenance team had been notified, however, at the time of this inspection there was no arranged date for repairs. Areas included, chipped laundry presses, some minor holes to be filled in walls and a chipped windowsill.

There were arrangements in place to manage general waste and the person in charge and a staff member spoke of the arrangements in place with regard to waste management and removal of clinical waste, if required.

More consideration was required to storage of items in the centre. Some PPE was being stored in one staff water closet and one resident's art items and some Christmas decorations were being stored in the staff en-suite. This could promote cross contamination onto those stored items.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. Improvements were required to the storage of mops used to clean the centre as they were observed to be sitting in the buckets. This would not allow for adequate drying of the mop heads.

There were centre specific and individual IPC risk assessments in place to help identify and control the risk of getting a healthcare associated infection within the centre and they were regularly reviewed. However, they required review to ensure all information was still applicable and accurate as a number of control measures in risk assessments were found to be no longer accurate. For example, the length of time a resident had to isolate if confirmed positive for COVID-19 was described as ten days, however, public health guidance had since reduced that to seven days.

The inspector found evidence that learning from infection control risks and outbreaks were discussed at team meetings, person in charge meetings and the health and safety committee. The person in charge had completed an analysis of learning after the last outbreak of COVID-19 in the centre. This learning was shared and discussed with the staff team.

Regulation 27: Protection against infection

It was evident that the provider was endeavouring to provide a safe, quality service to residents and some good practices were observed. However, improvement was required in a number of areas where adherence to national guidance and standards required improvement.

Areas requiring improvement in order to comply with the standards included:

- the organisational policy did not include guidance of PPE for droplet and airborne transmission, healthcare risk waste, roles and responsibilities of the IPC clinical lead or the centre IPC lead, frequency the IPC audits to be completed and by whom, what staff training was deemed mandatory in line

with public health guidance and the frequency of the training

- review was required in the centre's adherence to public health guidance in relation to staff members wearing face masks
- more consideration was required to storage of items in the centre with regard to items stored in bathrooms and mops used for cleaning
- improvements were required to ensure all surfaces were clean and conducive to cleaning, such as the windowsill in the laundry area and some presses were chipped
- some areas, such as laundry baskets, extractor fans and some residents' equipment used to support them, for example, a blood pressure monitor were required to be included on the cleaning checklist to ensure they were periodically cleaned
- the centre's response plan in the case of an infectious did not guide staff in all areas applicable, for example, if particular entry and exit points would be used
- more consideration was required to one resident's isolation plan should they refuse to isolate in their room to ensure staff were adequately guided
- risk assessments required review to ensure accuracy of information, for example, with regard to information on visiting
- there was no system in place to monitor staff and residents for signs and symptoms of respiratory illness or changes in their baseline condition as advised by public health guidance.

Judgment: Not 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	Not compliant

Compliance Plan for Teach Gairdeach OSV-0005721

Inspection ID: MON-0035912

Date of inspection: 06/12/2022

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	Not 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 Organisational Policy will be reviewed to reflect and include guidance of the appropriate use of PPE for droplet, contact and airborne transmissions – 31/01/2023 • The Healthcare risk waste policy will be reviewed and guidance specific to the waste management within the service will be included – 31/01/2023 • The roles and responsibilities of the IPC and the IPC lead for the center will be reviewed and added to the IPC policy 31/01/2023 • The frequency of IPC audits and who completes same will be included to the IPC policy – 31/01/2023. IPC audit was completed for 2021 and was completed for 2022 on the 13/12/2022 and an action plan was put in place. • Staff training and frequency of training of staff training will be updated to reflect public health guidance this will be added to Appendix 8 of the policy 31/01/2023 • Discrepancy arose in relation to the wearing of face masks for day service staff clarification was sought and is now amended. All staff working in Teach Gairdeach are required to wear face masks – 06/12/2022 • Storage of items in the bathrooms within the center are now stored in the shed at the rear of the house – 07/12/2022 • Maintenance raised the hanging of the mop handles so they can now be stored correctly. Windowsill in laundry room has been replaced with a more cleaning conductive surface – 07/12/2022 • Coverings on the chipped presses have been removed – 08/12/2022 • Cleaning checklists have been reviewed and items and equipment such as laundry baskets, foot spas and blood pressure machine have now been added – 07/12/2022 • The centers response plan will be updated to include all areas applicable to them and also which entry and exit points will be used – 31/01/2023 • One resident’s isolation plan will be reviewed and updated to ensure staff are guided adequately – 23/12/2022 • House risk assessments were reviewed to ensure information was accurate in particular 	

information on visiting – 18/12/2022

- Residents risk assessment will be reviewed to reflect how staff monitor for signs and symptoms of respiratory illness or changes in their baseline conditions – 31/01/2023
- Staff currently do not come to work if presenting with any symptoms of Covid 19, Respiratory infections or Influenza. If staff present with symptoms on shift they isolate in the office call the PIC and then leave the center. A protocol will be put in place for staff to monitor symptoms and to state that they are well enough to be on duty – 31/01/2023

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.	Not Compliant	Orange	31/01/2023