



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0005726
Fieldwork ID:	MON-0035939

About the designated centre

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

Teach Saoire provides a respite service to adults with an intellectual disability, autism or individuals who display behaviours of concern relating to their diagnosis. The centre can support up to seven residents at any one time. The centre is a large detached two-storey house with 10 bedrooms and a number of communal living rooms which are bright and comfortable. It is located in a rural setting but in close proximity to a large town. Each of the residents availing of respite has an individual bedroom with en-suite facilities. There is a good sized enclosed garden to the rear of the centre for use by residents. This includes a seating area, built in trampoline, tennis court and nest swing. There are two vehicles available for residents to use. The centre does not provide a service to residents who require wheelchair access or full time nursing support.

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 24 May 2022	09:40hrs to 17:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC) under the National Standards for Infection prevention and control in community services (2018) (the standards) and to monitor compliance with the associated regulation.

Overall, while there were some good IPC practices and arrangements in place, significant improvement was required with regard to water flushing arrangements for unused systems in which an urgent action was issued to the provider day the after the inspection. Further improvements were required with regard to the cleaning of the centre, hand hygiene arrangements, IPC risk assessments and care plans, additional training for the IPC lead and officer for the centre, practical assessment competencies, and the IPC policy required review along with a minor revision required to one supporting IPC guidance. These identified issues will be discussed further in the report.

The centre was made up of one large house. The inspector was greeted by a staff member at the door of the house, requested to complete the visitor's sign in and symptom check form, and complete a temperature check. There was antibacterial gel and facemasks at the entry of the house.

Throughout the inspection, the inspector observed the person in charge and staff wearing personal protective equipment (PPE) such as masks or gloves where appropriate. However, at the time of this inspection the centre was not adhering to current public health guidelines which recommended the use of FFP2 masks during resident care.

The inspector completed a walk-through of the house. Each resident had their own bedroom, each of which was en-suite and had adequate storage for their belongings. While the centre was observed to be visibly clean and well-maintained, the inspector did identify some areas for improvement that required more thorough cleaning. These issues will be discussed in the next sections of this report.

A risk was identified in three unused en-suites whereby there was an absence of a water treatment system with regard to Legionnaires' disease and there was no procedure in place for flushing the water systems. The water for the three showers, that were never used other than when they were cleaned, had not been tested for legionella bacteria. As a result, an urgent action was issued the day after the inspection seeking written assurances to outline how the provider would address this risk.

The inspector found that for the most part, arrangements were in place for hand hygiene to be carried out effectively. There were a number of hand-sanitising points located throughout the premises and they were all in good working order. However,

some of the centre's stock of antibacterial gel were expired, including some bottles for use in some resident's en-suites. In addition, some of the hand sanitising bottles were found to have residue on them.

The inspector met two of the four residents that were attending the centre for respite. On the day of inspection one resident went on a family visit to a lake. The other resident checked into the respite centre that evening after finishing school.

Residents' rights were promoted through a range of easy-to-read documents, posters and information, supplied to residents in a suitable format. For example, easy-to-read versions of techniques for hand washing were available. IPC discussions had taken place with residents on an individual basis through key-working sessions. There were residents' meetings occurring in the centre and they included discussion regarding COVID-19, IPC and mental health during the COVID-19 pandemic.

Of the staff spoken with, they were knowledgeable regarding the procedures to be followed in the event of a suspected or confirmed case of COVID-19. One staff member detailed the steps to be taken in the event of an outbreak of COVID-19 within the centre. These included, PPE stations, PPE bins being set up outside of isolation rooms, and entry and exit points. The staff member was able to describe the protocol in place if a resident could go home if suspected or confirmed of COVID-19 and in addition if a resident was unable to go home.

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 inspector found that the provider had a number of effective IPC arrangements in place to protect the safety and welfare of staff and residents. However, improvements were required to ensure all infection control risks were assessed, monitored and responded to. In addition, some improvement was required with regard to staff training, the organisational IPC policy and a supporting IPC guidance on isolation areas.

A risk was identified on the inspection which was not known to the provider and had not been identified in the centre's audits, whereby there was no procedure in place for flushing or testing of the water for Legionnaires disease in three unused en-suite bathrooms. An urgent action was issued on the day of inspection in respect of this risk. The response from the provider did provide assurances to mitigate the identified risk.

There was a clear IPC organisational chart to demonstrate reporting structure and accountability. The provider had recently employed two IPC practitioners in the wider organisation, one to work in each of the two geographical areas of the organisation and they were currently under going training. In addition, the organisation had compliance officers who had additional IPC training and until the introduction of the IPC practitioners, they were responsible for undertaking IPC audits for each designated centre within the organisation.

The person in charge had overall responsibility for IPC in the centre and they were the designated COVID-19 lead. However, the training needs required review to ensure that the centre's IPC lead had the resources and knowledge to guide the staff team and to mitigate against the risk of residents acquiring a healthcare associated infection. The centre also had a staff member delegated to an IPC officer role. While they appeared extremely knowledgeable in the organisation's procedures in relation to IPC, their training needs also required review to ensure they had additional training in order to have the necessary resources and knowledge to fulfil the role.

The provider had recently reviewed the policy and guidance documents available for staff regarding IPC. The revised policy did provide a lot of additional guidance to staff in a number of areas of IPC. The policy referenced standard based precautions and transmission based precautions however, it did not provide examples of what was meant by transmission based precautions. In addition, while there were examples of standard based precautions provided in the policy, it was not explicit that those examples related to standard based precautions. The guidance in relation to colour coded systems in place required review with regard to guidance of sterilisation of basins used in isolation scenarios or areas of IPC risks.

A suite of IPC audits or spot checks were occurring in the centre. The compliance officer completed monthly audits. The person in charge or deputy centre manager completed weekly IPC audits and spot checks and on different occasions the on-call manager completed IPC spot checks. The person in charge also completed IPC competency questionnaires with all staff in January 2022 and the inspector was informed these are completed every six months.

The provider had ensured that there was adequate staffing in place at all times in the centre to meet the assessed needs of the residents and that the number of staff was suitable to ensure the centre could be cleaned and maintained on a daily basis. There were staffing contingency plans available in the event they were required. Monthly staff meetings occurred in this centre and there was evidence that IPC was discussed at all meetings.

The person in charge had ensured all staff had necessary training in relation to COVID-19 and IPC. Staff training included, the management of blood and bodily fluids, hand hygiene, donning and doffing PPE and antimicrobial resistance. Staff had completed hand hygiene competencies and the organisation had trained staff to complete these competencies. While these had been completed, the training records had not reflected those competency assessments.

Quality and safety

The centre provided services that were person-centred in nature. Residents were kept well informed, involved and supported in the prevention and control of health-care associated infections. However, as previously mentioned some improvement was required with regard to all surfaces being conducive for cleaning, IPC risk assessments, and care plans.

There were arrangements in place to promote and facilitate hand hygiene, such as antibacterial gel was available in several locations in the centre and there were disposable towels. However, some of the antibacterial gel provided was past its expiration date and some of the bottles needed to be cleaned.

The provider had a sufficient stock of PPE and there was a live stock count that occurred each time staff removed PPE from the stock room. Staff spoken with were able to talk the inspector through when additional PPE would be required and how to safely doff the PPE when finished with it. Staff were observed to wear and doff PPE in line with the providers guidance. However, as previously mentioned the type of facemask in use at the time of inspection was not in line with national guidance.

The inspector reviewed the quality of cleaning of the overall centre and supporting documentation. Staff in the centre were responsible for the day-to-day cleaning of the centre. There was daily cleaning and frequently touched cleaning checklists in place. On the day that residents were discharged from the respite service, the centre was fully cleaned. Equipment used to support residents was included on cleaning checklists. There was evidence that demonstrated that cleaning was being completed by staff as records were maintained and equipment was visibly cleaned. An external cleaner was also employed to clean the centre twice per week on days where residents were discharged from the service. The inspector observed staff carry out some of the deep cleaning duties along with the frequently touched surface cleaning.

Staff were observed cleaning the mattresses from the rooms of residents that had been discharged from the centre that day. However, staff were seen to clean the mattresses in a manner not in line with the providers guidance on cleaning. The guidance advised that items were to be cleaned first using a cleaning detergent before a sterilisation solution was used. Staff were observed to not adhere to that practice on the day of inspection using only the sterilisation solution to clean which may result in the mattress being sterile but not clean.

During a walk around of the centre, the inspector found that overall the centre was generally clean with some exceptions in specific areas such as the microwave was found to be dirty, some mirrors and shower doors were found to have residue on

them. In addition, one windowsill and one laundry basket were found have some dead insects on them.

Some mildew was observed around one resident bedroom window and on the silicone around the staff en-suite shower. The person in charge arranged for the mildew around the window to be cleaned prior to the end of the inspection and at the end of the inspection the maintenance person was in the process of assessing the mildew around the silicone in the shower.

Most surfaces in the house were conducive to cleaning however, there was some limescale build-up around some taps and the kitchen kettle. In addition, the buttons on some soap dispensers in en-suite showers were broken and there were gaps in one resident's room flooring which would make effective cleaning difficult.

There were arrangements in place to manage general waste and bins available were all pedal operated. In the event that the centre had clinical waste, there was guidance in place. Both the person in charge and a staff member spoke of the arrangements in place to manage clinical waste.

There was a recent addition of a spills kit to the centre for cleaning spillages including bodily fluids and staff were recently trained in this area. Some of the contents of the spills kit did not contain an expiration date.

Laundry was completed on-site using a domestic washing machine. There were water-soluble laundry bags on-site for the laundering of contaminated garments if required. Staff members spoken with were clear on procedures to follow when managing residents' clothes and linens, including managing items which may carry an infection risk. There was written guidance in place to clean the washing machine and tumble dryer regularly. Documentary evidence demonstrated that the cleaning of those machines were taking place.

There was a color-coded system in place for cleaning the centre, to minimise cross contamination. Mops and buckets used in the centre's cleaning were stored correctly. In addition, there was guidance for the laundering and storage of all colour coded items used to prevent cross contamination in the centre.

While there were IPC risk assessments and care plans in place some required review to ensure that all control measures were still accurate and to ensure all information recorded in care plans was applicable to the individual resident. These improvements were discussed with the provider at the feedback meeting.

The provider had developed response and contingency plans in order to respond to an outbreak of infection should it occur in the centre. An outbreak meeting had taken place after the last outbreak of COVID-19 in the centre with analysis of learning and recommendations compiled. Learning from the analysis had been reflected into revised outbreak management plans. This learning was also discussed at team meetings and monthly IPC meetings.

Regulation 27: Protection against infection

While there were some good arrangements and practices in place to manage infection control risks, improvement was required in a number of areas to ensure that the IPC procedures were in line with the standards.

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

- an urgent action was issued in relation to the procedures to test, flush and treat water in three unused en-suite showers with regard to Legionnaires disease
- some items in the spills kit required an expiration date
- the organisation's IPC policy would benefit from a review to include explanations and examples of standard and transmission based precautions
- to ensure adherence to current public health guidelines with regard to PPE usage
- to ensure staff members' adherence to the organisation's cleaning guidance
- an IPC guidance regarding equipment used during infection risks required review to ensure accurate guidance to staff
- some antibacterial gel was expired and some of the antibacterial gel bottles required cleaning
- while the house was generally clean and tidy some areas required a more thorough clean
- some areas required repair or replacement in order to ensure they were conducive for cleaning such as, some limescale build-up in areas, the buttons on some shower gel dispensers and there were gaps in the flooring of one resident's bedroom
- training needs required review to ensure that the IPC lead and IPC officer for the centre had additional training to ensure they had the resources and knowledge to guide the staff team
- some risk assessments and care plans required review to ensure all information was still accurate and applicable, and that control measures were still accurate.

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 Saoire OSV-0005726

Inspection ID: MON-0035939

Date of inspection: 24/05/2022

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> <p>We commissioned an environmental water provider to test and flush the water system in the designated centre. The result found there was no presence of Legionnaires.</p> <p>We have introduced systems to regularly flush/run the water points in any unused ensembles or bathrooms to ensure there is no stagnant water in the system.</p> <p>We will ensure there is an expiration date listed on all items in the spills kit</p> <p>We have updated our IPC policy to include further examples and explanations of both transmission and standard based precautions</p> <p>We will ensure all staff wear the correct face mask whilst on duty in the centre- in line with current public health advice</p> <p>We will ensure all staff are trained and adhere to the organisation’s guidance on cleaning materials in the centre</p> <p>We have updated the organisations IPC guidance regarding equipment used during infection risks</p> <p>We have removed and replaced all antibacterial gels that are expired and introduced a system as part of the centers cleaning schedule ensuring antibacterial gel bottles are cleaned</p> <p>We have thoroughly cleaned all areas in the centre which required further cleaning- Microwave/windowsills and seals</p> <p>We will repair/replace any areas in the centre which were identified as not conducive to</p>	

cleaning

We will ensure the IPC lead and IPC officer for the centre complete additional training

We will review all risk assessments and care plans in the centre to ensure all the information is still accurate and applicable

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	Red	30/06/2022