Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bealach Beag
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0007889
Fieldwork ID:	MON-0036072

About the designated centre

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

Bealach Beag provides full time residential care for up to four adults with an intellectual disability. It is a two-storey house with five bedrooms situated in a suburb of Co. Dublin. It is close to a number of local amenities such as shops, hairdressers, coffee shops and restaurants. Residents have access to a bus to and the house is close to good public transport links including a railway station and bus routes. Residents are supported by social care workers and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Wednesday 21 September 2022	09:30hrs to 14:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place concerning infection prevention and control measures and to monitor compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The inspector found that there were good infection prevention and control measures in the centre and that residents were content and comfortable in their home.

The designated centre is a semi-detached four bedroomed house in a suburb in west Dublin. Downstairs comprises a sitting room leading to a dining room, a bedroom with an en suite bathroom, a toilet and an office. There is a separate laundry in the garden in addition to a quiet room with an en suite bathroom. The quiet room can be used for families to visit or for residents to do activities on their own where they wished to do so. Upstairs comprises four bedrooms, a bathroom and a wet room.

There were three residents living in the centre on the day of the inspection. Residents in the centre had moved to the house in 2021 from a large institutional setting where they had resided for 22 years. The inspector had the opportunity to meet with two of the residents on the day of the inspection. Residents in the house were retired and engaged in local community such as going to a park run, going to mass, and going out for coffee and meals.

The atmosphere in the house was relaxed and friendly. Staff were heard joking and laughing with residents and singing together. It was evident that residents were comfortable in their surroundings. Staff were found to be familiar with residents care and support needs and were observed listening to residents and picking up on their communication cues. Residents meetings took place on a weekly basis and infection prevention and control (IPC) was on the agenda. There was easy -to-read information available to residents in addition to digital material. Care plans addressed residents' awareness of safety and how to manage mask wearing, safety and vaccinations.

The next two sections of the report present the findings of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had suitable governance and management arrangements in place to

monitor and oversee the quality of care which included protecting residents against infection. There was a service-wide infection prevention and control (IPC) committee in addition to a local IPC committee. Minutes of the local IPC committee meetings were viewed by the inspector. These were attended by a variety of professionals and members of the management team including a pharmacist, maintenance and nursing staff. Minutes were detailed and indicated clear examples of using data from audits to drive quality improvement (for example, the need for spill kits and learning from inspections). There was evidence throughout the inspection of learning from other IPC inspections which had taken place in the local service area. Improvement was also evident in documentation relating to contingency plans and guidance for staff. The six monthly provider visits and identified areas for improvement relating to IPC. Action plans were in place and documented when actions were completed. The annual review for 2021 was not available to view, however, the annual review for 2020 was viewed and did not include consideration of IPC. The provider had a clinical nurse specialist in infection prevention and control and public health employed and they were available to management and staff for advice and guidance on IPC related issues. The clinical nurse specialist carried out an annual IPC audit of the centre in addition to regularly reviewing laboratory reports. There was a clear contingency plan in place for the centre which included staffing, PPE, maintenance, clinical waste, environmental cleaning and zones for donning and doffing of PPE.

To ensure monitoring and oversight was maintained at centre level, a number of quality assurance audits were taking place at various intervals to ensure that IPC measures and practices were consistent with the standards. These included cleaning, health and safety and checking equipment in the centre. A system for antimicrobial stewardship was in place, with logs kept of antibiotics used in the centre and these were audited twice a year. There was a designated IPC lead in the centre and up-to-date guidance on a number of IPC related areas was available for staff.

The infection prevention and control policy was previously found to be inadequate to guide staff practices. However, the provider had since developed specific local guidance as an adjunct to the policy which had more specific information on staff roles and responsibilities and an outline of IPC training for staff operating at different levels in the organisation in addition to signposting staff to relevant guidance and training materials. There were a number of standard operating procedures and guidance documents in place to guide staff practice such as household hygiene standards, cleaning and disinfection, water quality, use and wearing of face masks and guidance on suspected or confirmed cases of infection.

The provider had resourced the centre with an adequate number of staff to meet residents' assessed needs including needs relating to infection prevention and control. Planned and actual rosters were well maintained and indicated who was responsible for IPC on each shift. There was one vacancy in the centre on the day of the inspection, but rosters indicated the use of a core group of agency and regular staff which enabled residents to receive continuity of care.

Staff training requirements for IPC had been documented by the provider for staff at different levels, for example, care staff, administration staff, members of the clinical

staff team and nursing staff. These included hand hygiene, respiratory hygiene and etiquette, standard and transmission-based precautions, the management of blood and body fluid spills and cleaning and disinfecting the healthcare environment and patient equipment. The staff training matrix was viewed by the inspector and gaps were evident in some areas such as the management of blood and body fluid spills, cleaning and disinfection, a practical in hand hygiene and the basics of infection prevention and control.

Quality and safety

It was evident that residents in the centre were consulted with and supported to be involved in decisions about their care. Consent was sought for care interventions, including vaccinations for COVID-19 and for PCR testing. IPC was a standing agenda item for residents' meetings. Easy to read information was available for residents in addition to digital materials. Where residents had communication access needs, staff endeavoured to support residents to remain safe against infection and ensure that hand hygiene and mask wearing was explained and demonstrated where appropriate. Residents had a health and social care assessment in place which included information on the residents' assessed ability to self-isolate where it was required. Care plans had immunisation passports and hospital passports and where appropriate, information about residents' colonisation status was shared with other care providers, such as an acute hospital. There was evidence of staff seeking support from the IPC lead in the organisation where a resident had returned from hospital with a healthcare-acquired infection (HCAI) to ensure necessary precautions were in place. The provider had systems in place for specimen collection and monitoring of laboratory results.

Staff were observed wearing appropriate levels of personal protective equipment (PPE) and could describe that precautions they were required to take when supporting residents with personal care, cleaning and disinfection of equipment and when working with a resident with a suspected or confirmed case of an infection. There were adequate facilities for hand washing and sanitising in addition to pedal operated bins and sharps bins throughout the centre.

Arrangements were in place for the cleaning and disinfection of the centre in line with legislation and best practice guidance. This included a documented cleaning schedule which outlined staff responsibilities, the frequency of activities, the types of activity to be undertaken which included products to be used. There were a number of guidance documents for staff to use on environmental cleaning, terminal cleaning and household hygiene standards. There was a clear process for staff to follow for cleaning and disinfection which included products to use in addition to the frequency of cleaning required in the event of an active case of infection. Colour coded cloths and mops were used and appropriately cleaned after each use. Some of the residents required single use masks for their nebulisers. Staff were able to show the inspector how they replaced the mask after each use and cleaning and disinfecting

equipment. A record of this was kept each day. Wheelchairs and hoists were also included on the cleaning schedule. However, the safety data sheets were not present in the centre. The provider had identified this on their six monthly audit but this had not been actioned.

Suitable arrangements were in place for waste management. Waste in the centre was collected by an external provider. Where clinical waste was present, there was guidance for staff on how to manage this. Sharps were appropriately disposed of and brought to the provider's offices when full.

The arrangements for managing laundry required improvement. Each day, all of the residents clothes were laundered together, which increased the risk of cross infection. Staff had access to alginate bags where they were required and were knowledgeable about when to use them.

As previously stated, the inspector carried out a walk around the centre with the person in charge. The person in charge had oversight and knowledge of maintenance issues in the centre such as painting, replacing carpets and there was a refurbishment plan in place, with evidence of responsibilities for tasks and progress on each item. Water flushing was regularly taking place , including in parts of the centre which were not frequently used.

Systems in place for the oversight of risk at centre level required improvement. For example, the risk assessments on residents' care plans did not match the assessment on the overall risk register. The risk register contained some individual risks relating to infection prevention and control. However, these were mostly related to COVID-19 and not specifically adapted for different residents. Additionally, where a resident required wound care, the control measures did not include what IPC measures staff needed to take to minimise the risk of infection.

While the centre had not had any outbreaks of infection, the provider had clear systems in place for the escalation and communication of any cases of infection to management. There was an outbreak log in addition to a template for an outbreak report to identify learning from any outbreaks.

Regulation 27: Protection against infection

The provider had suitable governance and management arrangements in place to ensure that the service was providing safe, quality care in line with residents' assessed needs and ensuring residents and staff were protected from infection. Improvements were required in the following areas:

- The laundry arrangements in place posed a risk of cross-infection, with residents clothes being laundered in a single wash.
- There were gaps identified in staff training and training was not in line with the provider's recommendations.
- The risk assessments in residents' care plans were not in line with the

centre's risk register.

- Safety data sheets for chemicals used in the centre were not available.
- The annual review for 2020 did not review IPC within the centre.

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 Bealach Beag OSV-0007889

Inspection ID: MON-0036072

Date of inspection: 21/09/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
All residents' clothes are being washed individually. Completed

Safety data for chemicals printed and placed in safety folder, all staff made aware of data. Completed

Training needs within the Centre identified, all training requirements forwarded to the training manager. All training to be rostered going forward. All training to be completed in line with providers recommendations by Dec 2022.

Annual review 2021 reviewed IPC in Centre. Draft 2021 annual review sent to CNM3 sept 2022, Completed annual review to be completed and sent to PIC by Dec 2022.

All individual risk assessments to be reviewed and updated in line with Risk Register. To be To be completed by PIC by Dec 2022.

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	31/12/2022