



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

Issued by the Chief Inspector

Name of designated centre:	The Chalet
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	13 September 2022
Centre ID:	OSV-0008194
Fieldwork ID:	MON-0037797

About the designated centre

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

The is a short term residential service located on an institutionalised/campus style setting in County Westmeath. However, it is only ever used on a temporary, short-term basis when residents (from the Health Services Executive midlands region only) need to move out of their existing homes for emergency situations such as refurbishment works or for self-isolation purposes due to Covid-19. The maximum occupancy at any given time is 6 residents. In line with the conditions of registration for this centre and in line with the Statement of Purpose, residents can only reside in this centre for a maximum of four weeks. Regular and familiar staff accompany residents to this service so as to ensure consistency and continuity of care. Whilst residing in this service residents regular routine and activities are maintained unless in the case of self-isolation purposes. Continued family contact and relationship building are supported and residents are also facilitated to attend their regular GP and all other allied healthcare-related appointments as required. A directory of residents is maintained for residents when using this service. The house comprises of a detached six single bedroomed bungalow and other facilities include a fully fitted kitchen, a TV/sitting room, a dining room, a communal bathroom and two communal rest rooms. There is a large garden/patio area to the front of the house with ample room for private parking.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 13 September 2022	10:30hrs to 01:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control (IPC).

The inspection was completed over one day and was facilitated by the person in charge who was supported by the assistant director of nursing. On arrival to the centre, the person in charge (who was observed to be wearing appropriate personal protective equipment) met with the inspector and explained that at this time, there were no residents using the service.

The inspector noted that there was adequate COVID-19 related signage displayed in the centre and hand sanitising gels were readily available in the hallway, kitchen and bathrooms. The house also appeared clean, tidy and free from clutter.

The person in charge explained to the inspector that when residents were availing of short-term breaks in this facility, familiar staff were deployed to the centre to support them and a number of social and recreational activities were provided. For example, one resident who used the service for isolation purposes earlier in the year, was supported to go for walks on the private grounds around the property, use their computer, engage in table-top activities such as arts and crafts, watch TV programmes of their choosing and keep in regular phone contact with family members.

While the house was found to be generally clean on the day of this inspection and systems were in place for the oversight and management of IPC, some issues were found with the premises.

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

Capacity and capability

The provider had in place a range of documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective IPC practices in this centre. Notwithstanding, some IPC related issues regarding the upkeep and maintenance of the premises were identified.

The person in charge was responsible for the implementation of the providers

guidance documents and procedures regarding IPC. However, to support the person in charge, the provider had put in place supports for the overall governance and oversight of the service and for IPC related practices. For example, the person in charge had support (when or if required) from a nurse specialist in IPC and the latest Public Health related guidelines were available in the centre. Additionally, the person in charge could link in with the Assistant Director of Nursing at any time to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. These were found to be informative on how to manage a confirmed and/or suspected outbreak of COVID-19 in the centre.

From viewing a small sample of files, the inspector found that the last staff team providing care and support to residents while using this centre had, training in infection prevention control, hand hygiene and donning and doffing of personal protective equipment (PPE). From a sample of rosters viewed, the inspector also found that on the last two occasions this service was used, there were sufficient staff on duty to support the residents in line with their assessed needs. Where required, nursing support and input was also provided for.

A number of audits to include a six monthly unannounced visit and IPC related cleaning schedules were being conducted in the centre. These audits were identifying areas of good practice and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found.

The last six monthly audit identified that some maintenance works were required in the bathrooms (including repairing of some tiles), the windows required cleaning, small holes in walls required addressing and the house required painting throughout. While a plan of action was in place to address these issues, some of them remained ongoing at the time of this inspection and could pose a possible IPC related risk.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed a hospital-related document for each resident so as to alert staff and other healthcare-related professionals to the residents assessed needs and how best to communicate with them and support them.

Good practices were observed in relation to the implementation of IPC procedures. The physical environment was found to be clean on the day of this inspection which helped to minimise the risk of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate hand hygiene and

antibacterial gel was available in several locations in the centre. The person in charge and assistant director of nursing were also observed to be wearing appropriate PPE throughout the inspection process. It was also observed that there were sufficient supplies of PPE available in the house.

When the centre was in use, the person in charge informed the inspector that staff routinely monitored and recorded for symptoms with residents, which could help to identify early symptoms of COVID-19. Staff were also cleaning the house on a regular basis (to include any equipment used, such as a hoist). There was also a colour-coded system regarding the use of mops for cleaning the centre so as to minimise the possibility of cross contamination.

The inspector completed a walk-through of the centre. The premises while institutional in style, were found to be generally clean and tidy. Cleaning schedules were also maintained each time the centre was used and high touch areas were regularly cleaned such as light switches and remote controls. However, some parts of the premises (as detailed in the previous section of this report) required painting and redecorating.

It was also observed that a flushing system was in place for water outlets that were infrequently used however, the records determining how often this was conducted required review so as to ensure consistency regarding this practice.

There were COVID-19 related contingency management plans in the centre and residents had individual COVID-19 risk assessment/plans in place. These plans transferred with the residents when they used this facility.

The inspector was also able to see how staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, they were cleaning the centre in line with cleaning schedules, IPC related notices were on display in the centre and hand sanitising gels were easily available for use.

Regulation 27: Protection against infection

The last six monthly audit identified that some maintenance works were required in the centre. While a plan of action was in place to address these issues in a specific time frame, some of them remained ongoing at the time of this inspection and could pose a possible IPC related risk. For example:

- minor repairs were required in some bathrooms including tiles
- small holes in some of the walls required addressing/repairing
- the house required painting throughout to include doors, door frames, skirting boards and walls
- the records determining how often the flushing of infrequently used water outlets was conducted required review so as to ensure consistency regarding

this practice.

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 The Chalet OSV-0008194

Inspection ID: MON-0037797

Date of inspection: 14/09/2022

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
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Full Internal painting including doors, door frames, skirting boards and walls will be completed by 31.01.2023</p> <p>Repairs to tiles in bathroom and small holes will be complete by 31.01.23</p> <p>PIC has reviewed the record of flushing infrequently used water outlets to include a regular timeframe.</p>	

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	31/01/2023