



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

Issued by the Chief Inspector

Name of designated centre:	Teach Tearmainn
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	28 February 2023
Centre ID:	OSV-0008274
Fieldwork ID:	MON-0038718

About the designated centre

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

Teach Tearmainn is a 7 day residential centre that provides care for up to four mixed gender adults. Residents are supported by a support staff under the supervision of the person in charge. Residents are supported in a person centred manner to live in an environment that maximises their progress towards independent community living. Each resident has their own bedroom with one being en-suite. Residents have access to an adequately sized front and back garden

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 28 February 2023	12:10hrs to 18:20hrs	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.

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

The inspector met and spoke with the person in charge and one staff member who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with the two residents that lived in the centre. They both participated in an external day service program and returned to the centre when it was over. Both residents planned to relax for the evening and one resident went out for a walk with the staff member.

The residents had lived together for a number of years and the provider had ensured that they received an individualised service, in accordance with their assessed needs. They were consistently cared for by familiar staff.

On arrival to the centre, the inspector was asked to complete the visitor sign in book. Hand sanitiser and clean face masks were available for use in the office beside the hallway.

The inspector observed the person in charge and the staff member for the most part to appropriately use PPE, in line with national guidance throughout the course of the inspection.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities. The two residents shared a bathroom facility. The centre appeared to be visibly clean, very tidy and well-maintained in most areas. From what the inspector observed, the residents maintained their home to a high standard when staff members were not present. Some minor issues with premises were identified during the walk-around and these areas will be discussed further in the course of this report.

Staff members employed in the house and the residents themselves 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 due to the COVID-19 pandemic.

The inspector found that for the most part there were arrangements in place for hand hygiene to be carried out effectively, such as disposable hand towels for hand drying and there was hand sanitising gel available in some locations in the centre. The inspector spoke with the residents and they talked the inspector through how to complete hand hygiene.

At the time of this inspection, there had been no recent admissions to the centre after its initial opening and the two residents moving in. 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, if required.

The residents had lived together in another house for many years before moving into this house. They were supported during the COVID-19 pandemic, to undertake safe leisure and recreational activities of interest to them, such as jigsaws, online cookery and bingo. Since government restrictions were lifted, residents had been supported to re-engage in other activities of interest to them. For example, going to the pub, out for dinner and another had a part time job.

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. For example, with regard to antigen testing, hand washing techniques and vaccinations. IPC and the COVID-19 pandemic were part of the set agenda for resident meetings. Although the meetings were not always happening as frequently as planned as confirmed by the person in charge. Residents were supported to receive the COVID-19 vaccines.

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

This centre was opened at the end of July 2022 and the purpose of this inspection was to assess how the service was operating in compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) and the national standards in relation to IPC, since their registration.

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. However, some deficits were noted with regard to oversight of cleaning schedules, staff training and some improvement was

required to the overall monitoring, guidance and documentation systems in place with regard to IPC.

There was an IPC policy and a range of guidance documents available for staff regarding IPC. While the policy contained many of the changes the provider had committed to incorporate into the policy as per their compliance plan for another designated centre, the review was not completed by the agreed date of 31/01/2023. The policy was still under review at the time of this inspection. The policy did not describe the roles and responsibilities of the IPC clinical lead or covid lead worker for the organisation and there was no organisational structure in the policy to guide staff on how to escalate risks. In addition, while the policy did guide staff on how to deal with soiled laundry, it did not guide staff to not shake contaminated laundry in order to minimise the risk of cross contamination to other areas.

The person in charge was the IPC lead for the centre. They had completed a self-assessment tool against the centre's current IPC practices and it was last reviewed in December 2022.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and the most recent provider-led visit report were reviewed by the inspector. They included some review of IPC within the centre. The provider had arrangements for annual IPC only audits to be undertaken by the clinical lead, however, at the time of this inspection this centre was yet to have this audit completed.

The inspector observed many gaps in the centre's cleaning checklist and there did not appear to be any documented evidence of management oversight of the checklist.

There were adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents. Additionally, the person in charge ensured there was a staffing contingency plan available if required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained.

The centre had a response plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, 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. In addition, guidance provided to staff required review to ensure all information was up to date and applicable. For example, it stated that if staff were symptomatic of an infectious illness that they required a polymerase chain reaction test (PCR), however, the person in charge stated that this was no longer the case and that an antigen test was acceptable.

Furthermore, the frequency of cleaning described was not applicable for this centre as staff only worked certain hours per shift. For example, it described that certain areas were to be checked four times daily.

There were IPC risk assessments in place to help identify and control the risk of getting a healthcare associated infection within the centre. However, they required review to ensure all control measures listed were in place. For example, the risk

assessment regarding hand hygiene completed on 21/06/2022 stated that staff would have a hand hygiene competency completed with them at their next supervision. However, supervision was not occurring in line with the provider's own policy and at the time of the inspection staff were yet to receive their competency assessment.

There were some team meetings occurring (four in the seven months the centre was opened) and of those conducted COVID-19 and IPC were discussed. 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, how to clean a bodily fluid spillage and how to manage soiled laundry. While the staff member was knowledgeable in many areas and aware of many of the correct steps to follow in such cases, there were gaps in some of their knowledge in order to ensure all tasks were carried out in line with best practice. For the most part this could be directly attributed to the fact that the staff member had not received training in some of the areas.

Staff members and the person in charge had received some training to support them in their role, such as donning and doffing PPE and hand hygiene. However, staff had yet to receive 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, three staff required hand hygiene competency assessments. Furthermore, two staff were due refresher training in donning and doffing PPE and hand hygiene.

Quality and safety

The inspector found that the service provided in this centre was person-centred and the residents were kept informed, involved and supported in the prevention and control of health-care associated infections. However, improvements were required with regard to personal plans, cleaning, PPE storage and usage, and monitoring for signs of illness.

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. However, the hospital passports did not include information in relation to IPC supports the resident may require or that would benefit the hospital staff to be aware of.

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 some locations throughout the centre. However, there was no sanitising gel available in the entrance hallway.

From an observational sample, it appeared that the provider had adequate stocks of PPE and the person in charge communicated that they completed a regular visual

PPE stock control review. However, there was no documented evidence of any formal stock control counts in the centre. In addition, while staff were observed to wear a personal face mask throughout the majority of the inspection, they were observed to not be wearing one when returning with a resident after collecting them. The person in charge communicated to the inspector that staff members were expected to wear a face mask while on duty in this centre.

The provider had plans to put in place protocols, monitoring and recording for symptoms. However, at the time of this inspection there was no system in place that staff members 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. However, the machine was observed to have a lot of mildew along and in between the rubber seals. While the washing machine was on the centre's cleaning checklist there was no guidance for staff on the steps for how they were expected to clean it.

The inspector completed a walk-through of the centre. It was found to be generally very clean and tidy. However, some items were observed to not to be on the centre's cleaning checklist, for example, curtains, pillow protectors, laundry baskets and mop heads.

The inspector observed that some areas of the centre were not fully conducive to cleaning. Areas included, minor holes in the utility room counter top, some fixtures on the kitchen sink and the inside of the microwave surface was damaged.

There were arrangements in place to manage general waste and the person in charge 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 PPE in the centre. Some was being stored under the stairs on the ground and another box was being stored on the concrete ground of the garage.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was provided for staff. Staff were observed to use the correct colour mop and bucket during some of their cleaning tasks.

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. There had been no outbreaks of COVID-19 in this centre to date.

Regulation 27: Protection against infection

While there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of key areas where adherence to national guidance and standards required improvement.

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

- the organisational policy did not include guidance on the roles and responsibilities of the IPC clinical lead or the COVID-19 lead worker representative, how to escalate risks or not shake contaminated laundry
- staff required additional training, for example:
 - respiratory hygiene and cough etiquette
 - transmission based precautions (contact, droplet and airborne), including the appropriate use of PPE for each situation, as per public health guidance
 - in addition, three staff required hand hygiene competency assessments and two staff were due refresher training in donning and doffing PPE and hand hygiene
- review was required in the centre's adherence in relation to staff members wearing face masks at all times while caring for residents
- more consideration was required to storage of PPE in the centre
- improvements were required to ensure all surfaces were clean and adequate guidance provided on how to clean certain areas, for example, the washing machine
- improvements were required to ensure all surfaces were conducive to cleaning, such as minor holes in the utility room counter top, some fixtures on the kitchen sink and the inside of the microwave surface was damaged
- some areas, such as laundry baskets, curtains, pillow protectors, and laundering of mop heads 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 illness did not guide staff in all areas, for example, cutlery and crockery to be used, if particular entry and exit points and clean and dirty rooms would be in operation
- some guidance to staff was not relevant for this centre or no longer applicable, including:
 - another centre was named instead of this centre
 - that a person confirmed of COVID-19 required antigen testing on day five and seven
 - that staff with symptoms required a PCR test
 - the frequency of cleaning described was not applicable for this centre.
- risk assessments required review to ensure all control measures listed were in place, for example, with regard hand hygiene competencies and to ensure there were alginate bags available for use if required.
- hospital passports did not include information in relation to IPC supports the resident may require or that would benefit the hospital staff to be aware of
- 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 Tearmainn OSV-0008274

Inspection ID: MON-0038718

Date of inspection: 28/02/2023

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 service provider is currently in the process of completing a review of the IPC policy, this review is scheduled to be completed by the 3/4/23. • The PIC has completed a review of the outstanding training needs of all staff that work in the designated center. All staff will have completed the outstanding IPC training by the 17/4/23. • The PIC has scheduled a supervision meeting with staff which is scheduled to take place in early April. Staff will receive competency assessments on hand hygiene and on the correct donning and doffing of PPE. In addition to this the PIC will review current guidance in managing spills, the management of laundry and the correct procedure for cleaning certain items on site. • It is the organization policy to wear face masks while working with residents, staff will be reminded of this guidance at the next team meeting, scheduled for April 2023. • In relation to the correct storage of PPE, the PIC has contacted the maintenance manager who is going to install shelving in the shed to ensure PPE can be stored safely, completed by 21/4/23 • The PIC will draw up guidance on the correct procedures for cleaning certain items such as washing machines, mop heads and mop buckets, curtains and laundry baskets, to be completed by 21/4/23 • Defects highlighted in the report, in relation to some surfaces and fixtures will be repaired by maintenance by 21/4/23. • The PIC will carry out a review of the cleaning check-list to ensure all items are included on it that require periodical cleaning. In addition to this the PIC will create a site-specific IPC oversight tool to ensure there is adequate oversight of IPC occurring within the designated center, completed 10/3/23 • The PIC will carry out a review of the existing Covid-19 response plan to ensure there is adequate information and guidance available to staff in the event of an outbreak of an infectious disease. Also, any out of date or non-applicable information will be removed 	

from the plan, completed 10/4/23.

- The PIC will carry out a review of all IPC risk assessments to ensure that all existing control measures are in place, completed 21/4/23.
- The PIC has reviewed resident's health communication passports, following this review new information has been included in the passports to outline the level of supports residents require in relation to IPC, completed 8/3/23.
- The service provider will review current public health guidelines in relation to the daily monitoring of staff and residents symptom checks.

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	21/04/2023