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

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|---|---|
| Name of designated centre: | Crossroads |
| Name of provider: | St. Aidan's Day Care Centre Company Limited by Guarantee |
| Address of centre: | Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 12 April 2023 |
| Centre ID: | OSV-0008304 |
| Fieldwork ID: | MON-0039645 |

## About the designated centre

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

Crossroads provides long term residential care for up to five residents in a purpose built single storey house close to a town in County Wexford. The centre provides care for both male and female residents who have a primary diagnosis of mild to severe intellectual disability, and possible secondary diagnoses of mental health, autism, epilepsy and behaviours that challenge. The staff team consists of a social care leader, social care workers and support workers. The residents all have their own individual bedrooms. Rooms are decorated to reflect the personal choices and needs of the residents. The centre is homely and comfortable. The centre is located on the grounds of a busy garden centre and day services managed by the provider. The day-services offer varied levels of support, training and age appropriate activities for the residents. It is within easy access of all local facilities and services.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 5 |

## 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 12 April 2023 | 09:00hrs to 14:15hrs | Tanya Brady | Lead |

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had for the most part, effective systems for the oversight of infection prevention and control practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the premises, staff training and some documentation related to cleaning present in the centre. These areas will be discussed later in the report.

The designated centre comprises of a single-storey purpose built house which is close to a town in County Wexford. It is registered for a maximum of five residents and is currently home to five individuals. The inspector had an opportunity to meet three residents during the inspection with the other two having left to attend their day service prior to the inspector's arrival.

On arrival to the house the inspector entered directly into the living room and was directed by staff to an area where hand sanitiser, a visitors book and personal protective equipment (PPE) were available. Throughout the inspection, staff were observed not to be wearing face masks which was in line with latest public health guidance and the provider's revised up-to-date guidance. Directions for periods when PPE may be or was required was in place and clearly directed staff practice. There was a warm and welcoming atmosphere in the house.

There were three residents at home when the inspector arrived with all three relaxing and getting ready to start their day. The house appeared clean, warm and comfortable and in keeping with all of the residents' assessed needs. The provider had identified where adaptions or changes were possible to meet residents' future needs and these were being planned for.

All residents engaged briefly with the inspector and welcomed the inspector to their home. One resident indicated that they had finished their cup of tea by finding a staff member and handing them a cup. This resident was relaxing at the table and later went to a local coffee shop supported by a staff member from the day service who called to the house to accompany them. The resident collected their shoes and coat and indicated they were happy to use their wheelchair as it was a longer distance to the coffee shop. Another resident shook the inspectors hand as they arrived and then continued with their daily activities, they presented as relaxed with the inspector in the house. This resident was supported by staff to clean up after breakfast, complete personal care and to organise their room prior to leaving for their day service.

A third resident welcomed the inspector and requested that the inspector turn on the radio in the kitchen for them. The resident had brought a jigsaw puzzle and

items that were important to them into the kitchen. They requested specific items for breakfast and helped the staff to take things out of the fridge and gathered what was needed for their breakfast. The resident stated that they were 'very happy' and that they wanted to go and buy a new puzzle later that day. The staff member supported them in making plans for the day and later both the resident and staff member walked to the day service for their morning.

Throughout the inspection, while the residents were in their home they were observed relaxing and happy with staff. They were encouraged to be involved in activities in their home such as deciding on what to eat or drink and making a cup of tea, or bringing coats and shoes to the living room in preparation for their day. The inspector observed that the residents were afforded the chance to start their day at a pace they liked and there was no sense of rushing to leave their home. The provider had ensured that staff from the day service called to the house to support residents in individualised activities thus supporting a sense of calm.

Residents were supported to understand why it was important to keep their home clean and tidy and about the steps they take to keep themselves safe from infections. These included checking their temperature or wearing a face mask at times and washing their hands regularly. During the inspection residents were observed to help in the preparation or tidying up after of drinks and snacks independently, and to wash their hands before handling food.

Members of the provider's maintenance department were present in the house on the day of inspection to repair a window clasp. There was a clear system in place for the recording and logging of works that required completion and the maintenance staff spoke with the inspector to explain how they engaged in an overview of the premises works. A number of works had been recently completed and others such as touching up paint in bedrooms had been identified and were scheduled. This ongoing review contributed to the house appearing comfortable. Some minor areas were found on the day of inspection that had not been identified and required repair such as the water damaged base of a cupboard in the laundry and scratched and worn coffee and side table surfaces. These minor areas of surface damage resulted in cleaning that could not be completed in an effective manner.

At all times during the inspection residents appeared content and comfortable in their home, and in the presence of staff. They were observed to spend their time in their preferred spaces including communal areas and their bedrooms. The person in charge facilitated the inspection on the day of the visit. They were found to be familiar with residents' care and support needs and to be motivated to ensure that each resident was happy and safe living in the centre. The residents who lived in this centre had complex medical presentations however, these did not take from the goal of supporting residents to achieve personal goals. Risk assessments reflected the medical vulnerabilities of residents and ensured that control measures in place were detailed and focused on mitigating potential risk. Residents were supported to take part in vaccine programmes and prior to taking part they were provided with information about the vaccines.This information was available in an easy-to-read or symbol supported format should they require it.

A number of staff spoke with the inspector about some of the infection prevention and control practices and procedures in the house. This included the cleaning cloths and mops they used, the cleaning schedules and the products used for cleaning and disinfection. They also spoke in general about what they would do on a daily basis to keep themselves and residents safe from infection. For example they spoke about laundry and waste management, management of body fluid spills and cleaning procedures and protocols. During the inspection, the inspector observed that staff were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring interactions were observed between residents and staff.

Residents had access to plenty of private and communal spaces. Due to the location of the centre on the grounds of the provider's day service and adjacent to a busy garden centre the centre's external spaces were not completely private although there was a more secluded small paved area to the side of the house. Residents' bedrooms were warm, clean, and decorated in line with their preferences. The person in charge explained that where residents' mobility needs had changed a review of the space was being completed as currently bedrooms were not large. Residents had soft furnishings, televisions and some personal belongings on display with residents' art work and photographs also on display in the communal areas.

The house was found to be very clean during this unannounced inspection. The cleaning was completed both at night by night staff and in the afternoon while residents were in their day service. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff. The inspector found that there were gaps however, in the recording of cleaning completed, such as on the day prior to inspection. However, there were cleaning audits completed by the person in charge that had previously picked gaps up and actioned them. One area, two hotpresses on the hallway were not included as part of a cleaning schedule or review and one presented with cobwebs, an unclean carpet and cluttered shelves. This was deep cleaned on the day of inspection and added to the schedule by the provider. In addition some pieces of resident equipment such as shower chairs were also not recorded on the schedule although the inspector acknowledges these were visibly clean there were no records of frequency of these being cleaned. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure vehicles were regularly cleaned.

In summary, residents appeared happy and comfortable in their home. They were busy doing things they enjoyed, and had things to look forward to. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of small improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and

will include and overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, as previously mentioned some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the premises, staff training and some cleaning documentation in the centre.

Overall, the inspector found that the provider was self-identifying the areas where improvements were required and implementing a number of systems and controls to keep residents and staff safe from the risk of infection. A COVID-19 outbreak risk assessment was developed as a live document when required and there were contingency plans for the centre in the form of isolation plans for individual residents. These had been developed by the provider and there was identified learning shared across centres and within this staff team.

This house had previously been included under the registration of another registered centre and the provider had recently reconfigured and registered this house as a designated centre in its own right. To that end, the provider had not yet had to complete an annual or six-monthly review of the centre however, information prevention and control was considered by the provider as part of other reviews. Actions on foot of these reviews such as internal quality audits or Health and Safety audits were leading to improvements relating to infection prevention and control in the centre. The provider had an infection prevention and control committee and minutes of these were reviewed by the inspector. These demonstrated that guidance reviews led to policy and procedural changes such as, the recent changes in mask wearing. The provider had clear links with public health locally and were involved on national infection prevention and control committees.

Infection prevention and control was regularly on the agenda at staff meetings and from reviewing a sample of these minutes areas discussed included, antimicrobial resistance, cleaning, the use of PPE, temperature checks, visiting, food safety and staff training. The person in charge and representatives of the provider were visiting the house regularly with the person in charge also available to work on the roster alongside staff as needed. It was evident that the provider and person in charge were consulting with residents about their care and support and their home, and picking up on infection prevention and control risks.

The person in charge completed audits in relation to infection prevention and

control. They had been implementing an audit schedule across the centre since the centre had been registered. Examples of improvements brought about as a result of audits and the provider's reviews included, return of overstocked PPE items, ensuring hand soap and paper towels were present in bathrooms and in the development of specific cleaning guidelines for the house.

There was a risk register and a number of general risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. For example, there were risk assessments for risks associated with, frequent use of antibiotics, potential outbreak of infectious diseases, sharps management and needle stick injury, exposure to chemicals and blood and body fluids. There was information available in residents' plans and in the information folders in the centre in relation to other centre specific infection prevention and control risks. These included protocols and guidelines on for example the management of resident specific medical conditions or when residents volunteered with animals in a community setting.

There were policies, procedures and guidelines available to staff to ensure they were aware of their infection prevention and control roles and responsibilities in the centre. Staff had completed a number of infection prevention and control related training courses. There were a number of courses that related to resident specific care needs such as diabetes management, stoma care or urinary tract infection management, completion of specific trainings were identified as a control measure in risk assessments and care plans for residents. Not all staff had completed these resulting in a small number of staff requiring infection prevention and control related-training/refresher trainings. The documentation available to the person in charge in relation to the current training status for all staff who appeared on the roster was inconsistent, in that different numbers and names of staff appeared against each course, this resulted in challenges for overview. The provider was reviewing this oversight system however, it was not completed on the day of inspection.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. Regular relief staff covered absences in required shifts and a business case to the providers' funder had been made for additional staff time currently provided from within the relief staff team. These additional staffing hours had been implemented based on the provider's assessment of resident changing needs. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to infection prevention and control.

## Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to infection prevention and control measures in the centre and the impact of these on their day-to-day lives. However, some minor improvements were required to the premises and documentation relating to cleaning in the centre.

Residents had protocols, guidelines, and care plans in place relating to infection prevention and control risks. There were detailed and up-to-date care plans for areas such as stoma care or the management of Hepatitis B or diabetes. Records reviewed indicated that plans were reviewed and updates completed in a timely manner as required, ensuring the information present to guide staff was current. Risk assessments were in place associated with care plans such as increased use of antibiotics or the management of clinical waste and specific PPE use. As already stated some risk assessments detailed control measures such as specific training requirements that were not fully realised.

Residents were being provided with information on infection prevention and control in an easy-to-read or symbol supported format. For example, there were social stories available and infection prevention and control related information in an easy-to-read format. This included information on standard precautions, viruses, infections, how to keep yourself safe from infection, COVID-19, vaccine programmes, the use of PPE, and the use of antibiotics. Residents met frequently supported by staff and minutes reviewed from these meetings reflected discussion on a wide range of infection prevention and control topics.

Residents' medical observations were recorded regularly and the contact details of medical and health and social care professionals were available in residents' plans. There were contingency isolation plans in place should there be an outbreak of infection in the centre. Consideration had been given to antimicrobial stewardship, and there were records available to log residents' use of antibiotics if required. As previously mentioned, throughout the inspection staff were observed to adhere to current precautions and they adhered to enhanced precautions when managing specific procedures. There were stocks of PPE available and systems for stock control and auditing in place.

The house was found to be for the most part very clean during the inspection. The presentation of the centre where some areas required review was due to cleaning being completed when residents were in their day service, as previously stated staff time is allocated to care and support in the mornings. There were suitable arrangements in place for cleaning and disinfecting the premises, although the inspector found that resident equipment such as shower chairs and the two hot-presses were not included on the schedules and these omissions had not been identified by the provider.

There were suitable arrangements in place for the management of laundry in the centre. There was a washing machine and dryer available in the house, and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry management in the event of an outbreak of infection in the centre. Where some

residents required specific management procedures for their laundry there were clear processes in place.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. Clinical waste bins were present in a number of resident bedrooms and in a shared bathroom. On the day of inspection the provider was in process of changing to a new external waste operative and two bins were seen to be full and in one case overflowing as they were waiting to be collected. The person in charge had identified this and follow up calls requesting prompt collection had been made. The inspector noted that maintenance staff transferred some of the overflow waste into the new bins on the day.

There were policies, procedures and guidelines in place for cleaning. Guidelines on dilution methods of cleaning products were also readily available for staff. There were colour-coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. A flat mop system was in place in the house. The residents had access to two bathrooms that were shared between the five of them and guidance was in place for staff on the cleaning and use of clinical waste bins in these. There was hand soap, sanitiser and paper towels available for visitors and staff and residents had use of their individual toiletries and towels.

## Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some minor improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- There were some surfaces in the house which were damaged and this was impacting the ability to clean and disinfect them. For example, around the base of presses in the laundry room, the surfaces of coffee/side tables in the living room, missing top on a tap in the toilet off the kitchen.
- A small number of staff required resident specific infection prevention and control-related training or refresher training and the systems for recording these trainings also required review which the inspector acknowledges the provider was in the process of doing.
- The details on cleaning schedules required review to ensure all areas were included, such as shower equipment and areas used for storage such as hot presses.

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| 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 Crossroads OSV-0008304

## Inspection ID: MON-0039645

## Date of inspection: 12/04/2023

**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 | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• There were some surfaces in the house which were damaged and this was impacting the ability to clean and disinfect them. For example, around the base of presses in the laundry room, the surfaces of coffee/side tables in the living room, missing top on a tap in the toilet off the kitchen.

All damaged surfaces will be replaced 15.05.23.
Enhanced local auditing on IPC has been implemented, with immediate effect, which includes oversight from the senior staff on shift daily.
The PIC will continue to complete monthly inspections, which gives oversight on all IPC control measures, this includes outstanding IPC related maintenance issues.

• A small number of staff required resident specific infection prevention and control-related training or refresher training and the systems for recording these trainings also required review which the inspector acknowledges the provider was in the process of doing.

All staff will have completed Diabetes training by 31.07.23.
All staff will have completed Stoma training by 30.06.23.
The new TMS system will go live on 10.05.23, therefore the PIC will have full access and oversight on training records from this date.

• The details on cleaning schedules required review to ensure all areas were included, such as shower equipment and areas used for storage such as hot presses.
The PIC has updated the cleaning schedules, the hot presses and shower chairs are now included on same.
The hot presses were also added to the quarterly deep clean schedule, which will occur by 30.06.23.

## 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 | 31/07/2023 |