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:	Glen 2
Name of provider:	Avista CLG
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 June 2022
Centre ID:	OSV-0001439
Fieldwork ID:	MON-0035696

About the designated centre

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

Glen 2 is a campus-based residential centre which provides full-time care and support for 18 residents with moderate to severe intellectual disability and/or a physical disability. Each of the three purpose built bungalows in the centre have the capacity for six residents. Each bungalow is homely and comfortable and each of the residents have their own bedroom which is decorated in line with their wishes. The centre is situated on the outskirts of Dublin City, close to a local village with access to local amenities such as a pub and restaurant within walking distance, a large park and local shopping centres. Residents have access to a number of vehicles to access their local community and leisure activities. Two of the houses are nurse led and one is a social care led house. Residents are supported by staff in the centre 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:	18

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
Thursday 30 June 2022	11:15hrs to 16:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspector met and spoke with residents, staff and management throughout the course of the inspection. In addition to speaking with staff and residents, the inspector observed the daily interactions and lived experiences of residents in the centre.

The centre is located on a large campus setting situated on the outskirts of Co. Dublin. The centre comprises three residential bungalows beside each other, each having the capacity for six residents. All residents have their own bedroom, and each house has a kitchen, living and communal areas and accessible bathrooms. In all of the houses, there were sensory items, games and arts and crafts available for residents should they wish to use them. During the inspection, residents were observed engaging in activities of their choice, such as watching music videos on a computer table, going for a drive to the seaside and having lunch whilst being assisted by staff.

The inspector noted that upon entering the centre, there were enough hand-sanitising gels and COVID-19-related signs were clearly apparent. These were outside the front door of each home, along with a sign-in sheet that could be filled out before entering. Arrangements were in place for temperature checking of all staff and visitors. The houses provided a homely and welcoming environment for residents to live in.

The provider had recently reviewed the centre to identify areas that needed maintenance, such as replastering and resealing of shower units, and the inspector observed that many aspects of the centre were well kept. The inspector found that this was a proactive effort in ensuring that residents were living in a well maintained home and that staff members could efficiently clean and disinfect all parts of the centre.

Residents were supported by a team of nurses, social care workers and healthcare assistants. The staffing arrangements in the centre were found to be based on an assessment of residents' needs. The provider had also appointed household staff to each house to implement infection prevention and control risk measures. Some residents living in this centre presented with a variety of support needs. This meant some residents required additional medical equipment or devices to support them complete or participate in their activities of daily living. The inspector noted that equipment, such as wheelchairs, hoists and other portable equipment were well maintained and cleaned between use.

Although most residents did not communicate verbally with the inspector, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Although the time the inspector spent with the residents

was limited, staff were observed spending time and interacting warmly with residents and supporting their wishes. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with their families, which had been arranged in line with public health guidance throughout the COVID-19 pandemic. During the inspection, residents in the centre were watching television, completing art projects and looking at music videos, while some residents were out in the local community.

Systems were in place to ensure residents were consulted with and involved in the running of the centre. The inspector saw details of the provider's residents' advocacy group, which some residents were members of and all residents were represented by. Each house in the centre held monthly residents' meetings, and records examined by the inspector revealed that these meetings gave residents a forum to talk about issues that affected them in their day-to-day lives. There was evidence that these sessions were used as education sessions regarding COVID-19. The provider also provided residents with easily readable information about COVID-19, including materials to help residents make educated decisions about consenting to testing and treatment, as well as materials to help residents understand when, why, and how they might experience rights restrictions as a result of public health measures.

Overall, on the day of the inspection, the inspector found that the registered provider and the person in charge were endeavouring to ensure that a quality service was provided to residents. The person in charge was knowledgeable about the support needs of the residents and this was demonstrated through the care and support provided to residents. Although the houses provided for residents to live in were generally seen to be homely throughout this inspection the inspector found a number of areas where adherence to these guidelines required improvement. In addition the inspector found that some of the governance and oversight arrangements, which could be used to self-identify areas for improvement or gaps in assurance were not fully effective.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the provider's documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

Capacity and capability

The designated centre had been previously inspected by the Health Information and Quality Authority (HIQA) in December 2020. In response to the COVID-19 pandemic, the Chief Inspector of Social Services commenced a programme of targeted inspections to assess registered providers' compliance with Regulation 27:

Protection against infection. The programme aims to promote continuous quality improvement in infection prevention and control, in line with the National Standards for infection prevention and control in community services, (2018). It was decided to carry out an inspection of this centre to assess adherence with these standards in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the inspector noted that the governance mechanisms for infection prevention and control were not described clearly by the provider. Staff members were unsure of the escalation process for reporting infection prevention and control issues, and there was conflicting information regarding who the infection prevention and control lead person was. The clinical nurse manager (CNM3) was referred to as the lead in certain documentation, while the person in charge was referred to as the infection prevention and control lead in others. Additionally, it was noted each house had a dedicated individual who was in charge of making sure infection prevention and control requirements were followed. This uncertainty, the inspector discovered, resulted in unclear duties and responsibilities and a delay in implementing robust infection prevention and control measures. It was evident during the inspection there was a difficulty in locating and producing policies, recording sheets and documentation that would support and demonstrate the effectiveness of the systems in place.

The designated centre was one of three designated centres located on a campus-based setting. Over the previous 12 months, the centre had undergone significant changes in governance and restructuring, including changes to the person in charge and overall campus service manager. Due to poor findings in August 2021 for another centre on the campus, a quality improvement plan was implemented by the provider for the overall campus, including rights promotion, staffing, oversight systems and assessments of need. Although residents were receiving a higher quality of service and effective COVID-19 measures had been put in place, the inspection found that the centre's improvement plan had not yet included a wider focus on infection prevention and control and national standards. As a result, the inspector found a number of areas that needed improvement, as stated throughout the report.

The inspector found that in response to COVID-19 pandemic, the provider had established a good structure of systems and supports for its designated centres within the campus settings. For example, the designated centre had access to clinical nurse specialists in health promotion and infection control, an infection prevention and control committee, trained COVID-19 testers employed by the provider, an out-of-hours on-call system, and the provision of isolation facilities if necessary. From speaking with staff members and the person in charge, it was clear that there was a good knowledge of such supports and facilities along with a good awareness of the procedures to follow in the event of a suspected or confirmed case of COVID-19 impacting this centre. As such, the inspector was assured that appropriate contingencies were available to support the running of this centre during the COVID-19 pandemic. It was noted, though, that while COVID-19 contingency plans specific to this designated centre were in place, it was not clear if

post-outbreak reviews and meetings had taken place to determine if any learning or actions were gained from the outbreak.

The inspector asked for copies of the provider's general infection control and prevention policy as well as their infection prevention and control standard operating procedures. These are guidance documents that outline the correct procedures for staff to take to protect residents from healthcare-acquired infections. The inspector discovered that the May 2022 infection prevention and control policy could not be fully implemented in the centre since it was neither applicable nor specific to the centre. Furthermore, since the provider did not devise the policy, it could not be amended or reviewed for accuracy or relevance. For instance, the policy prohibited staff from donning fake nails, nail polish, or jewellery below the elbow, all of which the inspector observed while on a walkabout of the three houses. As the aforementioned procedures were not part of the auditing systems, the inspector asked management about whether or not the staff was required to follow them and how they were monitored. Management responded that it was not a working practice requirement.

The inspector found the standard operating procedure documents for topics such as aseptic techniques, invasive procedures and devices, safe management of sharps and prevention of sharps injuries, waste and laundry management were absent from all houses and could not be located or produced for the inspector to review. These observations, together with others the inspector made that are already mentioned in this report, showed that this centre had not yet fully applied the use of the provider's infection prevention and control measures. The inspector learned through conversations with the management team during the inspection that the competing demands and workload of campus improvement plans had caused a delay in the thorough review and execution of the national standards.

A recently completed infection prevention and control in April 2022 demonstrated that many of the issues found by the inspector had been self-identified by management but had not been rectified or put in place at the time of the inspection. These included records of symptom checks, single-use protocols, equipment decontamination records, records of resident-specific infection, prevention and control needs and communication of healthcare-acquired infections when transferring to an acute setting.

The inspector reviewed the infection prevention and control training requirements for staff; the national standards encourage providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. It was documented that five mandatory modules were to be completed by all staff and updated as necessary. The inspector requested to review the provider's training matrix for staff, and they were informed that there was a recognised issue with the oversight of the training records. A centrally maintained matrix held in an office offsite had not been updated with the submitted documents by staff and therefore was not available for review.

Quality and safety

As mentioned earlier, the centre was observed to be clean, and the provider had a refurbishment plan in place to ensure that the centre was kept in a good state of repair and upkeep. A number of improvements were noted within this section, including cleaning and disinfecting processes to eliminate or reduce the risk of healthcare-acquired infections to residents. Documentation also required strengthening to demonstrate the effective use of infection prevention and control systems.

On the day of inspection, the premises overall were found to be clean, in good repair, suitably decorated and were designed and laid out to meet the numbers and needs of residents. Together with the person in charge, the inspector performed a walkthrough of each of the three homes. There were separate large, accessible bath and shower rooms which were appropriate to residents' mobility needs. Suitable laundry, storage and waste disposal facilities were also in place in each house. To the rear of each house was a patio area with picnic benches. A large communal outdoor area to the rear of all houses was well maintained with sitting areas for residents. Where any maintenance works were required as observed by the inspector, these had recently been escalated for completion. A full health and safety review carried out on June 27 2022, by the service manager, person in charge, and CMN3 identified any necessary maintenance work, such as painting, replacing shower floors, retiling, and replacing broken furniture.

There was evidence to show that residents were consulted regarding their health. Residents were supported to access health information including health matters relating to COVID-19. For example, there was a variety of easy-to-read guides available to residents so that they could better understand different aspects of their health and how to live a healthy life. Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital.

The majority of residents living in this centre needed assistance in communicating their opinions and preferences. Therefore, these residents had communication passports to assist them in making decisions regarding their care and support needs, which they expressed through gestures and nonverbal signs. Staff supported residents in informing the inspector about their plans for the day and events they were looking forward to attending. These included attending a concert, barbecues, art and exercise classes and gardening. Residents were seen to feel at ease with staff as they talked about the outing and the residents' diverse interests and pastimes. The inspector found residents were also informed about COVID-19 through easy-to-read information, which was discussed at residents' meetings

There were adequate arrangements for laundry and waste management. There were dedicated areas for waste, clinical waste bins, and clinical waste bags could be sourced in the event of an outbreak. Water-soluble laundry bags were available for the laundry of contaminated items. The centre also had a colour-coded system for

equipment such as mops and buckets, and cloths. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections. Improvement was noted on the management of sharp boxes to ensure they were stored, assembled, signed and dated in line with the manufacturer's guidance.

The inspector spoke with both the support and household staff about the types of cleaning they do and what chemicals and products they use. The provider had a detailed cleaning schedule outlining the centre's hygiene requirements. Housekeeping duties were the dual responsibility of staff on shift and also the household staff assigned to the centre. Staff were clear about how the colour-coding system was used for cloths and mops in the centre and laundry arrangements. In relation to the cleaning and disinfection products used, it was documented that all staff were provided with training on the use of chlorine-based disinfectants; however, from speaking with staff and management, this training had not occurred, and the inspector observed the incorrect usage of this chemical during the inspection. The data sheets for all chemicals in use were also not kept up to date in order to help guide staff practice.

The inspector reviewed the processes and the records maintained by the provider in terms of checking and reviewing the water supply to monitor the presence of Legionellosis. It was documented that the water supply and cold water storage system were subject to regular monitoring and maintenance by a suitable qualified external contractor. The inspector also noted that the provider had a system in place for the regular flushing of water outlets, including taps, shower facilities and toilets in the centre. Staff spoken with clearly demonstrated knowledge of these procedures. However, upon review, the inspector noted some gaps in the documentation in the centre regarding monitoring actions carried out by the maintenance team, corrective actions carried out by the external contractors and the recording of showerhead disinfection procedures. The documentation was maintained elsewhere on the campus, which did not allow for oversight by the person in charge.

The inspector found improvements were also required to the decontamination of some medical equipment and the guidance available to staff on the use of single-use devices. For instance, while it was communicated to the inspector that nebulisers were decontaminated after every use, records of such could not be located during the inspection. Furthermore, while the guidance to staff required review, the inspector found the oversight and stock check of medical equipment did not ensure safe infection prevention and control practices. On examining the stock of nebuliser masks and tubing, the inspector found that the centre's stock was single-use and, therefore, should be discarded after every use and could not be cleaned, disinfected and reused. The inspector brought this issue to managements' attention at the feedback session for review.

Regulation 27: Protection against infection

While efforts were being made to promote infection prevention and control practice, improvement was identified in the following areas;

- The provider did not have its own infection prevention and control policy and there was an absence of protocols and guidance regarding infection prevention and control processes
- Some staff required infection prevention and control training based on records provided and observations of some staff practice
- Stock control for single use medical devices needed improvement
- The arrangements for the use of and disinfection of some medical equipment required review to ensure that they are consistent with the provider's own policy and procedures
- It was unclear what areas of the centre required the use of chemicals and clearer guidance was required for staff to ensure they were supported in this process
- Current monitoring systems did not include an effective review of infection prevention and control practices
- Risk assessments required review to ensure they adequately supported the specific risks relating to infection prevention and control that were currently being managed in this centre
- Improvement was required in the overall oversight and documentation of water management systems.

As a result of these gaps, the provider was unable to adequately demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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 Glen 2 OSV-0001439

Inspection ID: MON-0035696

Date of inspection: 30/06/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Provider has circulated updated Infection Control Guidelines for the Dublin Service (05/08/22) and these have been implemented in the designated centre

PIC has updated the training matrix in regards to IPC requirements ensuring staff will complete IPC training in line with the guidance document

The PPIM has linked with manufacturers of certain medical devices / equipment and an updated SOP in relation to stock control, cleaning and storage has been devised. This will be implemented in all relevant areas

The PPIM and the PIC will review the uses of disinfectants and ensure they are in line with the guidance document

The Health Promotion and Improvement Coordinator will lead out on a review of current processes in regards to the use of chemicals and clearer guidance will be provided to staff

PIC to ensure monitoring systems are in place as per service guidance document

PIC will update risk register to ensure clear oversight of IPC risks within the designated centre

The PIC now has oversight of the water management documentation. The PPIM/H&S officer will address gaps in some of the monitoring actions

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	30/11/2022