



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

## Issued by the Chief Inspector

Name of designated centre:	Sylvan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	20 June 2022
Centre ID:	OSV-0001485
Fieldwork ID:	MON-0036520

## About the designated centre

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

Sylvan Services provides both residential and respite services for up to nine male and female residents aged over 18 years with a diagnosis of intellectual disability. Residents have various degrees of support needs, ranging from minimum to high, which may include co-morbidity. Sylvan Services comprises two houses in residential settings on the outskirts of a city. The houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents have their own bedrooms. Residents are supported by staff teams which include the person in charge, social care workers and care assistants. Staff are based in the centre whenever residents are present, including at night time.

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

Number of residents on the date of inspection:	6
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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
Monday 20 June 2022	11:30hrs to 16:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This inspection was 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).

The inspection was unannounced. The inspector met and spoke with staff members on duty and also met with five residents who lived in the centre. During the afternoon, the inspector also met with the assistant director of client services.

On arrival at the centre, the staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. Staff on duty confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre and that residents being accommodated had no known infection risks.

Sylvan services comprises of two houses which are situated in residential areas close to a city. The centre is registered to accommodate up to nine residents. One of the houses is a single storey dwelling and at the time of inspection was accommodating two residents in individual bedrooms. The bedrooms were personalised and decorated in line with residents preferences. One of the bedrooms had an en suite shower room and an additional shower room was also provided. The house was well laid out and met the needs of the two residents living there. Residents also had access to individual living and kitchen spaces as well as a sensory room and large enclosed rear garden area. The garden had a large lawn area and a variety of flowers and plants. The house was well maintained and visibly clean throughout. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on going basis.

The second house was a dormer style two storey dwelling. There were four residents living in the centre, one resident was availing of a respite service. Staff informed the inspector that there were three service users who regularly availed of the respite service in the centre. All residents were accommodated in single bedrooms which were personalised and decorated in line with residents' preferences. Residents had access to a variety of communal living spaces including a large sitting room, dining room and kitchen on the ground floor. There was also a second sitting room on the first floor. Residents had access to an enclosed paved garden area to the rear of the house and to a lawn garden area at the side of the house. The house was found to be generally well maintained and visibly clean throughout. There were cleaning schedules in place, however, records reviewed showed some gaps in the night time cleaning records. A new fitted kitchen had been provided in recent months and a number of other areas had been identified that needed refurbishment in order to further enhance infection control in the centre. They included tiling of the kitchen walls, replacement of flooring to a ground floor

bedroom, replacement of defective handrail to the ground floor shower room.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. Five of the residents attended day services during the weekdays and one resident had recently been facilitated with a day programme from her house. On the morning of inspection, this resident was supported by staff and had gone for a long walk in the local area. The inspector met with the resident when she returned to the house at lunch time. The resident was unable to tell the inspector her views of the service but appeared in good form, content, relaxed in her surroundings and in the company of staff. Staff supported the resident to have lunch in the house in line with her support plan and recommendations from the speech and language therapist. After lunch the resident was supported to place the crockery in the dishwasher, hang out her washed laundry on the clothes line and later the resident enjoyed making a jigsaw. The inspector met with four other residents later in the afternoon when they returned from their respective day services. They were observed to greet and chat with staff in a familiar manner. Some residents were supported to get drinks of their choice, some relaxed in the sitting room watching their preferred netflix programme and another enjoyed using their electronic hand held computer. Residents chatted and interacted with staff as they spoke about their preferred plan for the evening. Some residents told the inspector how they enjoyed attending their day service, liked their bedrooms and living in the house, knew the staff and one another well. They also spoke of enjoying a variety of activities including going to the cinema, going bowling, attending yoga and zumba sessions, as well as going for walks, picnics, going shopping and helping out with cooking. Some residents liked to attend local church services. They mentioned how they regularly enjoyed eating out together or getting a takeaway meals at weekends.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, regular house meetings, and ongoing communication with residents and their representatives. The inspector reviewed the minutes of the weekly house meetings which showed that various aspects of infection prevention and control had been discussed using easy read pictorial booklets and lámh manual signs. Staff spoken with confirmed that they had received training in the use of lámh signs and used this training along with gestures to communicate with some residents. Staff spoken with confirmed that they continued to remind residents of the importance of infection prevention and control and supported them to follow public health guidelines in relation to hand hygiene, wearing of face masks on public transport and in busy shopping areas.

All residents had their own bedrooms and each resident had an individualised intimate care and support plan in place to ensure that their privacy and dignity was respected. However, the inspector noted that some personal toiletries and tooth brushes were stored in communal bathrooms in one of the houses. This impacted

upon residents dignity and was contrary to good infection prevention and control practice. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. During the inspection, residents were observed enjoying the interaction and company of staff. There was a relaxed and friendly atmosphere in the house. Staff were observed to interact with residents in a caring, courteous and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. The entrance halls were supplied with hand sanitising dispensers and signage was displayed reminding visitors to sanitise their hands. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home and receive visits from friends and family in the centre.

Staff spoken with in both houses confirmed that they had received a range of training in relation to infection prevention and control. Staff spoke about how infection prevention and control was part of their daily routine in the centre and important in providing safe, effective care and support for residents. Staff generally showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre, however, one staff member spoken with in one of the houses inaccurately described the colour coded cleaning systems in place.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018). Improvements were required to the on-call management arrangements during the weekdays, to the storage of some personal toiletries, to ensuring that colour coded cleaning systems were understood and implemented, to ensuring cleaning records were completed and to addressing identified improvement works in one house in order to further enhance infection control in the centre.

There were clear governance and management arrangements in place that ensured clear lines of accountability and responsibility for the prevention and control of health care-associated infection in the centre. The person in charge worked full-time, was responsible for managing one designated centre and maintained oversight of infection prevention and control. The person in charge was supported by the assistant director of client services. The inspector did not meet with the person in charge who was on leave at the time of inspection. There was on-call management arrangements in place for out of hours at weekends, however, on-call arrangements during the weekdays required review. There were no formal on-call management arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The inspector found that staffing levels and mix were in line with the assessed needs of residents as set out in the statement of purpose. The staffing arrangements sought to safeguard residents from the risk of preventable infection. The staffing roster reviewed indicated that there was a regular staff pattern with two staff on duty during the morning, evening time and at weekends in both houses. There was one staff member on duty at night time in each house. Cleaning was the responsibility of all staff on duty. The inspector noted that all parts of the centre were generally maintained in a visibly clean condition and cleaning schedules were in place for both day and night staff, however, records reviewed showed some gaps in the night time cleaning records.

The management team had provided ongoing training for staff. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including, aseptic techniques, hand hygiene and donning and doffing. Training was also provided on the flu vaccine, managing health and safety in healthcare and chemical safety in the workplace. A review of the minutes of staff meetings showed that various aspects of infection prevention and control were discussed including COVID-19 protocols, information and updates, personal protective equipment (PPE) and training.

Staff in both houses had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The centre's infection prevention and control policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. It provided guidance to staff on a range of topics including, standard precautions, hand hygiene, cleaning and disinfection, laundry management, decontamination of equipment, dealing with spills, safe use and disposal of sharps, healthcare risk waste and guidelines on the management of an outbreak of infection. Staff had access to an infection prevention and control folder and a notice board which contained important updates and guidance in relation to COVID-19.

There was a comprehensive centre-specific COVID-19 contingency plan in place and the provider had set up a critical incidence response team to oversee organisational responses in terms of COVID-19. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms. There was clear



guidance and pathways for staff should a resident be suspected or confirmed with COVID-19. The management team were aware of the requirement to notify the Chief Inspector of specified events, including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted.

The provider had systems in place to monitor and review infection prevention in the centre. The HIQA self assessment preparedness, planning and infection prevention and control assurance framework document had been recently completed. Unannounced audits continued to be carried out twice each year on behalf of the provider. The most recent audits completed in June and July 2021 had reflected on infection prevention and control and improvements identified had been addressed. The annual review had been completed in December 2021. It included feedback from residents and their families which indicated satisfaction with the service. As part of the quality improvement plan, some areas of the centre were scheduled to be refurbished and all updates in relation to infection prevention and control were printed and made available to staff. Infection prevention and control had been included as a standing agenda item for all meetings with staff and residents. Residents had been supported to understand the process of consent for COVID-19 testing and vaccinations through the use of appropriate user friendly documentation.

## Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted. Residents were supported to live person-centred lives where their rights and choices were respected. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health care-associated infections.

Residents were being provided with information and involved in decisions about infection prevention and control in the centre. Residents' meetings included discussions around hand hygiene, social distancing and wearing of face masks. There was a variety of posters and information made available to residents relating to hand hygiene, cough etiquette, wearing of masks, COVID-19, getting a COVID-19 swab test, getting the COVID-19 vaccine in an appropriate format including picture format and through the use of social stories. There was evidence that residents were consulted with, informed and supported to make health care decisions. The specific healthcare needs of residents and medical treatments required were discussed and explained in an appropriate picture format. For example, there were visuals used to support and explain to residents about attending the GP, optician, dentist, audiologist and getting bloods taken.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A

review of a sample of residents files showed that residents had been referred to and recently assessed by a range of allied health professionals including speech and language therapy (SALT), chiropody, psychology, dentist and optician.

Residents were supported to access vaccination programmes and national screening programmes. Residents had consented to and availed of the COVID-19 and influenza vaccine programmes. Each resident had up-to-date hospital and communication passports which included important and useful information specific to each resident in the event of they requiring hospital admission.

Staff spoken with had a clear understanding of their roles and responsibilities in protecting residents from preventable healthcare-associated infections. Staff members advised that they closely monitored residents for COVID-19 symptoms and indicators. Staff continued to support and remind residents of the value of routine hand washing and wearing of masks in crowded places including on public transportation. In order to serve as a reminder for both staff and residents, signs advocating hand washing and proper hand-washing practices were placed throughout the centre.

There was clear guidance in relation to visitation to the centre which was reflective of current up-to-date national guidance. Each resident had a recently updated visiting plan in place. There were protocols and precautions in place for all visitors entering the centre. There were hand sanitizing dispensers located inside the entrance doors and signage to remind visitors of the requirements to adhere to hand hygiene and sanitising arrangements. Staff spoken with confirmed that residents received visitors in the centre and visited family members at home on a regular basis.

Both houses in the centre were found to be generally well maintained in a visibly clean condition throughout. There was a plan in place to provide new wall tiles to the kitchen in one house. Staff advised that the walls tiles had been purchased and they were waiting on a tiling contractor to complete the task. Other areas, including the defective wooden laminate flooring to the ground floor respite bedroom and defective, rusted hand rail to the ground floor shower room had also been identified as requiring repair.

There were documented cleaning schedules in place to direct cleaning of the centre and protocols in place for cleaning of specific items of equipment such as the shower chair. The provider had a colour coded system in place for cleaning and disinfection, however, some staff spoken with were unclear and inconsistent in describing the colour coded systems in use which posed an infection control risk. Staff also informed the inspector that a new flat mop cleaning system had been introduced, however, there were only two flat mops available which was inadequate for cleaning of the entire centre.

## Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018).

While there was evidence of good practice in relation to infection prevention and control noted in many areas, some improvements were required to the on-call management arrangements during the weekdays, to the storage of some personal toiletries, to ensuring that colour coded cleaning systems were understood and implemented, to ensuring cleaning records were completed and to addressing identified improvement works in one house in order to further enhance infection control in the centre.

The governance framework in place facilitated good oversight of infection prevention and control practices and ensured that residents were provided with a safe and quality service. The provider had developed policies and guidance which were consistent with the *National Standards for Infection Prevention and Control in Community Services* (HIQA, 2018). Staff had access to relevant training and the inspector observed good adherence to both national and organisational policy and guidance. The centre was found to be clean and generally well maintained, while still providing comfortable and homely accommodation to residents. Staff ensured residents received person-centred care and support that protected them from healthcare-associated infections. Residents were found to be in receipt of good health care and had timely access to GP's, allied health services and vaccination programmes. Residents were consulted with, kept informed and updated regarding infection prevention and control guidance.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Sylvan Services OSV-0001485

Inspection ID: MON-0036520

Date of inspection: 20/06/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Items to be addressed:</p> <p>Tiling in Kitchen area, works to be completed by maintenance department 01/08/2022</p> <p>Replacement of flooring in ground respite room in Sylvan Service- requested by PIC via flex system. Works to be completed 01/08/2022</p> <p>Handrails to be replaced by maintenance department. Handrails on site and purchased by PIC 24/03/2022. PIC requested via flex system.</p> <p>Date for Maintenance Completion :01/08/2022</p> <p>Personal toiletries. Resident's personal bathroom items to be stored in each residents own individual bedroom. Staff to assist residents to return after own individual use of items. Completed 4/07/2022.</p> <p>A new flat mop system was ordered on June 27th.</p> <p>Review of on call management system in place within Ability west. The current on-call system, which is included in procedures, is that 'Assistant Directors of Client Services are on call for out of hours Monday to Friday for their respective services and on-call rota is</p>	

in place for weekends'. Once the current recruitment process within client services is complete, this will enhance the existing procedure.

A new flat mop system was ordered on June 27th.

A request has been submitted to the Facilities Manager regarding improvement works required in the utility room, these will be completed by August 1st.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/08/2022