



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

Issued by the Chief Inspector

Name of designated centre:	White Strand Respite Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0002085
Fieldwork ID:	MON-0036456

About the designated centre

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

The provider's statement of purpose details that the centre will provide respite care for a maximum of 5 residents. The centre can support residents with low, medium, moderate and high support needs, physical care needs and autism.

There are different staffing arrangements in place based on the profile of respite admissions and the assessment of resident needs. In accordance with the statement of purpose the provider can manage admissions to provide single occupancy accommodation where needed. The centre is located in the centre of the local community with easy access to all facilities and services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 18 August 2022	08:00hrs to 13:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival to the centre there was an area established where staff, residents and visitors entered to sign the visitors book, don a mask and sanitise hands in addition to completion of the infection prevention and control checklists.

This centre comprises a large purpose built bungalow at the end of a cul-de-sac in a housing estate. The house is located in close proximity to a large town and has access to a garden and outdoor space. This centre is registered for a maximum of five individuals to avail of respite at one time and there were four residents staying in the centre on the day of inspection. The person in charge outlined that the focus of respite was for residents to have a break, meet with friends in a new environment and to support them in the development of their independence skills. The inspector met all four individuals and spent time speaking with them before they left for their day service. In addition the inspector met with the staff on duty, the local management and the provider over the course of the day.

The residents told the inspector that they were in the centre for a two night stay with one resident stating that they loved being able to catch up with friends as part of their stay. The residents told the inspector that they had had a bar-be-que the night before and had used new garden furniture which they had enjoyed. They hoped to go for a drive on the day of the inspection to another town and to maybe have their dinner out.

The residents showed the inspector the rooms they were staying in and one explained that they usually get the same room but don't mind staying in another room if a particular one is not available. The person in charge explained to the inspector that certain rooms were allocated for use by residents who had higher physical needs. These had overhead hoisting and access to an accessible bathroom. One resident told the inspector that they liked having an en-suite bathroom in particular, as they did not like sharing.

The residents were preparing for their day and were observed making a packed lunch, getting their bag packed and making plans for later in the day. Residents were observed engaging with each other and complimenting each other on their clothing choices for the day. The staff on duty were observed to be aware of the residents' communication requirements and when individuals required reassurance

to participate in routines. The residents were at all times observed to be treated in a caring and respectful manner. The person in charge and staff ensured that the inspector was provided with information to best guide them while engaging with residents.

Staff were observed wearing personal protective equipment (PPE) as required and the residents also were observed wearing face masks when accessing the vehicles for transport. Staff were observed using the hand washing facilities frequently and residents were heard asking for support to wash their hands before for example, making their lunch. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the providers' policy on infection prevention and control. These mainly related to storage of items and areas of the premises that were found to require review. In addition some practices in place were not documented to guide staff who may be unfamiliar with the centre or residents. These actions are further detailed below.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service. The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. 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.

The current inspection found that the provider has established a good structure of infection prevention and control systems and supports for its designated centres. Within this centre there were clear and effective management systems with a full time person in charge in place. They only had responsibility for this centre and also provided direct care and support to residents and were in a position to provide on the job mentoring and review as they worked alongside the staff team. The centre availed of provider systems such as access to relevant and up-to-date information and guidance specific to infection prevention and control. In addition the staff in the centre were supported by the provider having established links with Public Health,

and an out of hours on-call system.

From speaking with the provider and person in charge it was clear that the centre had actively reviewed the service they offered on an ongoing basis in order to protect residents from the risk of contracting COVID-19. Initially during the pandemic residents were grouped together and respite breaks had only been offered to these groups one at a time to ensure the risk of cross contamination was reduced. Pre-admission checks have now been amended to reflect current guidance and the groups are now beginning to integrate with each other during a stay.

From speaking with staff and the person in charge it was clear that there was good knowledge of the supports in place and good awareness of the procedures to follow in the event of a suspected or confirmed case of COVID-19 impacting this centre. The person in charge was a member of the provider's infection prevention and control committee and there were also regular meetings of a health and safety committee and a quality team where infection prevention and control were observed to be a standing item in all agendas.

The provider had an Infection Control policy in place and used appendices to ensure their guidance was current and up-to-date. Systems were also in place to monitor the services provided to residents from an infection prevention and control perspective. These included audits in areas such as hand hygiene or environmental cleanliness. In addition clear systems were in place to manage the transition between the residents who used respite services at different times.

Aside from the audits reviewed by the inspector, other documentation such as staff training records were read. These indicated that all staff members working in this designated centre had undergone relevant training in areas such as COVID-19 and hand hygiene with the person in charge having additional qualifications in this area. Staff members spoken with during this inspection demonstrated good knowledge in such areas, particularly in terms of the symptoms of COVID-19 to watch out for or the management of linen or waste. The provider and person in charge have systems in place to ensure there is oversight of the quality of care and support provided and formal supervision is in place for all staff in addition to on-the-job mentoring and informal support. The person in charge ensures that infection prevention and control forms part of the standing agenda within supervision in addition to being an item on the agenda in staff team meetings.

Quality and safety

There was evidence that infection prevention and control practices were being carried out in the designated centre. The centre was clean and staff were observed completing tasks to ensure that they followed the cleaning schedules in place. This required support by the provider to ensure it could be effectively completed by for

example, replacement of adhesive panels on doors with blinds and sealed flooring required around pipe work of sinks. While equipment used by residents such as shower trolleys or wheelchairs were observed to be clean, there were no written processes in place that provided guidance to staff unfamiliar with the systems that the familiar staff had locally developed.

From documentation reviewed during this inspection, it was seen that matters related to COVID-19 and infection prevention and control had been considered from a risk management perspective. General COVID-19 and other health care associated disease risk assessments were in place for the designated centre overall and for individual residents who availed of respite. The risk assessments that were in place outlined various control measures that were intended to prevent residents contracting COVID-19 and for other diseases such as Legionnaires disease. The risks to residents resulting from the use of the vehicles that were shared with day services were also considered and specific cleaning responsibility lay with the day service staff.

As highlighted earlier, areas for improvement were identified regarding the storage of items used such as linen, pillows and duvets as well as other items. For example, a mattress topper that was used on occasion for various residents was placed directly on the floor of a hall cupboard and pillows without covers and other bedding were observed in wardrobes where they were potentially handled by multiple residents and staff and mixed with resident belongings. The inspector acknowledges that the centre was in a period of summer shutdown immediately prior to the inspection when a deep clean of items had happened. However on the day of inspection storage was required for personal protective equipment which was in open boxes on the floor around the hand washing sink in the utility room. The need for storage had been identified and highlighted by the person in charge.

Multiple bins were available throughout the designated centre, most of which were operated by a foot pedal. Where residents stayed for respite and could not operate a foot pedal the use of a swing bin was risk assessed. There were clear systems in place for the management of waste including clinical waste. The centre had a large utility room with facilities for laundry that could be used by residents however, most opted to bring their laundry home. There were clear processes in place for the management of bedding, household linen and cleaning equipment such as mop heads. Cleaning equipment was colour coded and stored appropriately with the mop heads also colour coded and washed after use.

It was evident that infection prevention and control practices were discussed with residents who stayed in the centre in a manner that was accessible to them. There was an information board in the hallway which contained news items of interest and also a basket of infection prevention and control specific documentation was on the hall table. Social stories and other communication supports had been developed and used with the residents throughout routine daily activities. In addition an easy-to-read residents audit tool was being developed by the person in charge and staff team to gather resident opinion on the infection prevention and control practices in use in respite. Resident meeting minutes were also reviewed by the inspector and seen to include topics such as cough etiquette and hand washing with a section on

the agenda for all health and safety related matters. .

The provider and person in charge had clear and detailed processes and procedures in place to manage the cleaning and sanitising of the centre at the end of one respite stay in advance of new residents coming to stay. This process also endeavoured to include residents with a checklist devised for their use on taking responsibility for tasks when leaving respite as appropriate. These included emptying bedroom bins, stripping bed sheets or ensuring their items were packed.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was visibly clean on the day of the inspection and cleaning schedules were in place. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, some improvement was required in the following areas some of which had been self-identified by the provider with plans were in place to address same,

- There was no written guidance or procedure for the cleaning of equipment such as shower trolleys or hoists. Aligned with the lack of written guidance there was no mechanism for recording whether a task had been completed and when.
- There was exposed concrete flooring in some en-suites around the pipes under sinks which did not allow for cleaning.
- The storage for personal protective equipment required review to ensure it was not contaminated and that there was access to the hand washing facilities.
- The bed linen used for multiple residents on different respite stays needed to be protected with covers or a system that would keep them clean. In addition the storage of multi-use linen required review as it was mixed with resident belongings or with PPE in some wardrobes.

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 White Strand Respite Services OSV-0002085

Inspection ID: MON-0036456

Date of inspection: 18/08/2022

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>Written guidance and checklists are now in place for the cleaning of hoist/shower trolley, wheelchair and sensory room/equipment</p> <p>Maintenance have reviewed area of exposed concrete flooring in ensuite rooms around pipes.</p> <p>Storage for PPE now in place and access to hand washing facilities has been established.</p> <p>Personalized storage for bed linen now in place, for each individual room.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/10/2022