

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

Issued by the Chief Inspector

Name of designated centre:	Thurles Respite Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0002658
Fieldwork ID:	MON-0038640

## About the designated centre

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

Thurles Respite Service is a designated centre operated by The Rehab Group. This designated centre provides a respite service to adults, male and female, with a disability. The centre has capacity to accommodate up to four adults at a time in the house. The respite service provides a service to a total of 20 respite users. The centre is located on the outskirts of a town in Co. Tipperary with access to a variety of local amenities including shops, pubs, clubs and parks. The centre is a two-storey house a residential housing estate. The centre consisted of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, two shared bathrooms, kitchen, dining room, utility room and living room. The designated centre is staffed by care workers and a team leader. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 December 2022	10:30hrs to 13:30hrs	Conan O'Hara	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 when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the staff team and management over the course of this inspection.

On the day of the inspection, two respite users were availing of the respite service. However, the inspector did not have the opportunity to meet with the respite users as they were attending their day service over the course of the inspection. The inspector used observations, conversations with the person in charge and reviewed documentation to determine respite users' experience of care and support in the centre, particularly relating to infection prevention and control measures.

The unannounced inspection was facilitated by the person in charge. The inspector carried out a walk-through of the designated centre. As noted, the centre is a two-storey house a residential housing estate. As noted, the centre consisted of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, two shared bathrooms, kitchen, dining room, utility room and living room. Overall, the premises was suitably decorated in preparation for Christmas. The premises was observed to be visibly clean and well-maintained on the day of the unannounced inspection. However, some areas of the premises required review to ensure effective infection prevention and control.

The inspector observed measures in place to promote a clean environment that minimised the risk of transmitting a healthcare-associated infection. These included the use of appropriate color coded cleaning equipment, pedal-operated bins and cleaning schedules in place. At the time of the inspection, there were no restrictions on visitors to the centre which was in line with current guidance.

There were systems to ensure respite users' rights and dignity were respected. For example, respite users were aware of the infection prevention and control measures that may be used in the centre. Also the respite users took part in regular meetings. From a review of the minutes of these meetings and a scrap book of memories created during COVID-19, infection prevention and control was discussed where appropriate.

Overall, the inspector found that the provider had effective arrangements in place in

relation to infection prevention and control. However, some improvements were required in some infection control practices and in areas of the premises.

The next two 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 an overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre.

There were clear and effective management systems in place to ensure oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The person in charge was responsible for the management of three other designated centres and was supported in their role by an experienced team leader. An on-call management system was in place for staff to contact outside of regular working hours. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six monthly audits. In addition, weekly and monthly checks were in place which included infection control. These audits identified areas for improvement and developed actions plans in response. For example, the audits identified areas for improvement such as painting and the laminate peeling on kitchen cabinets. The centre had been recently repainted and the provider was in the process of addressing the upgrading the kitchen units.

The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. The staff team practices were guided by the provider's policies and procedures. For example, the provider had developed a centre-specific COVID-19 contingency plan for staffing and the respite users. The inspector reviewed a sample of recent staff meeting minutes and found that the arrangements in place for infection control and COVID-19 was regularly discussed. The provider had an up to date infection control policy in place and a number of infection control procedures to guide the staff team.

There was an experienced and consistent staff team in place in this centre. From a

review of rosters, staffing levels were maintained to meet the needs of the respite group and the centre's infection prevention and control needs. It was evident that staffing levels adjusted depending on the needs of the respite group.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE.

## Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to respite users. However, the inspector found that some improvements were required in the management of risk. In addition, some areas of the premises required review.

The premises was a large two storey detached building located in a housing estate. As noted, the inspector completed a walk-around of the centre and found that the centre was visibly clean and decorated in a homely manner. The previous inspection identified areas of paint which required attention. This had been addressed. The centre was observed to be well ventilated on the day of inspection. However, there were some areas of the premises which required review to promote effective infection prevention and control. For example, the inspector observed gaps between the floor tiles and some fittings in one bathroom. There was evidence of wear and tear on some dining room chairs. In addition, the laminate on some kitchen units was peeling. The peeling laminate had been self-identified by the provider and plans were in place to upgrade the kitchen units.

There were appropriate infection control practices in place. For example, cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined areas of the centre to be cleaned including the respite users' bedrooms, bathrooms, the kitchen, dining areas and living areas. In addition, a weekly deep clean was completed. There were appropriate arrangements in place for the disposal of waste. In general, there were appropriate arrangements in place for the management of laundry. There was a colour-coded mop system in place and appropriate arrangements in place for the storage of cleaning equipment.

Some improvement was required in the management of risk. For example, while general risk assessments were in place for infection prevention and control, the vaccination status of respite users was not formally recorded and accounted for in the provision of respite services. This posed an infection control risk and required review.

Respite users were supported to manage their health while they were availing of respite services in the centre. Respite users experienced regular meetings with staff, where infection prevention and control and COVID-19 was discussed with them, as

appropriate. There was evidence that the respite service supported respite users with their health care, where appropriate. For example, one respite user was facilitated to receive the COVID-19 vaccine through the respite service.

## Regulation 27: Protection against infection

Overall, the inspector found that the service provider was generally meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the respite users safe. There were management and oversight systems in place and infection control measures were regularly audited and reviewed. There was evidence of contingency planning in place for COVID-19 in relation to staffing and respite users. The designated centre was visibly clean and well maintained on the day of the inspection.

However, some improvement was required in areas of the premises to optimise the ability of staff members to effectively clean and sanitise surfaces. In addition, some improvement was required the management of risk.

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 Thurles Respite Service OSV-0002658

Inspection ID: MON-0038640

Date of inspection: 13/12/2022

## 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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"><li>• New kitchen will be fitted and chair repaired by 31/03/2023.</li><li>• Grouting of tiles in upstairs bathroom will be completed by 31/03/2023.</li><li>• Risk assessment on collation of Covid vaccination status of residents will be completed by 31/01/2023.</li></ul>	

## 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	31/03/2023