



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

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Neurological Disability Service
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 October 2021
Centre ID:	OSV-0003505
Fieldwork ID:	MON-0029355

About the designated centre

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

The aim of Peamount Healthcare's Neurological Disability service is to promote the long term physical and psychological wellbeing of all residents through consultation, co-operation, collaboration and communication with them, their families or advocate and healthcare staff. The centre provides continuing care services for up to 19 residents under the age of 65 on admission, who have prolonged disorders of consciousness, complex medical needs associated with a neurological disability and require 24 hour nursing support. The centre is based in a large campus, situated in a rural area of county Dublin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 - 2015 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 21 October 2021	09:00hrs to 16:30hrs	Thomas Hogan	Lead
Thursday 21 October 2021	09:00hrs to 16:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control. During the course of the inspection the inspectors met and spoke with residents and staff members. In addition, the inspectors spent time observing care and support interactions and the lived experiences of residents who were availing of the services of this centre.

The centre consisted of one large single storey building located on a shared campus setting. It contained 18 resident bedrooms, three toilets, two wet rooms with toilets, two shower rooms, a dining room, a kitchen area, two sitting rooms, a physiotherapy room, staff offices, staff locker rooms, a clinical room, a staff room, a sluice room, and a number of store rooms. There was an outdoor area which included an accessible patio space, garden and social area which residents and their visitors could use. The inspectors found that the centre was bright and modern in nature and provided for a comfortable living environment for residents given their complex health care needs.

The inspectors met with a number of residents during the course of the inspection. They told the inspectors that they were "happy to be living in the centre" and felt comfortable and safe there. Some residents met with during the course of the inspection were unable to verbally communicate with the inspectors, however, the registered provider was observed to have taken considerable action to support residents communicate including the use of eye gaze technology. Where residents were able to, they were supported to engage in a range of activities and interests. On the day of the inspection, one resident was supported to go out for a cup of coffee with a staff member while another resident attended an art class in the day centre on campus. They both told the inspectors that they were looking forward to these activities and spoke about how it enhanced their day. They were supported by staff members to sanitise their hands and have face masks available to wear. The residents told the inspectors that they had been supported to understand the importance of good infection prevention and control practices. One resident told the inspectors that they attended regular resident forum meetings where infection prevention and control, including COVID-19, was discussed. Another resident told the inspectors that there was "good information provided to us about COVID-19 and other infections".

The inspectors found that there were appropriate reminders on display throughout the centre about infection prevention and control measures and current public health guidelines. At the commencement of the inspection, staff members were observed to ensure that information about staff members commencing their shifts and visitors to the centre were collected including the taking of temperatures and contact tracing information. There was good availability of hand sanitising stations in the centre and posters were on display about how to wash and sanitise hands. Where possible, staff were observed to maintain social distancing and residents

were encouraged to do so also.

Cleaning in the centre was the primary responsibility of the household staff team and other staff members had responsibilities outlined which included various checklists for completing. The inspectors found, however, that the allocation of household staff resources was not sufficient to meet the size of the centre or the level of cleaning required. Generally low areas of the centre were observed to be clean but higher spaces were found not to be clean in a number of areas. There were good arrangements in place for the laundering of residents' clothes and bed linen.

Overall, it was clear to the inspectors that the registered provider had taken action to implement infection prevention and control measures in this centre. Despite this, the inspection identified some key areas that required improvement. These included the need for increased resources to maintain a clean environment in the centre, improved governance and oversight of the infection prevention and control measures in place, and enhanced management arrangements including the management of risks associated with infection prevention and control and antimicrobial stewardship. In addition, the inspectors found a need for improvement in the areas of waste management including clinical waste, the practice of reuse of single use equipment, maintenance and cleaning of cleaning equipment and complying with national guidelines for facilitating visits to the centre.

Capacity and capability

The inspectors found that the provider had put in place clear governance and management structures for infection prevention and control. There was an organisation infection prevention and control committee in place who met on a regular basis. Membership of the committee included the chief executive officer, director of nursing, assistant directors of nursing and the infection prevention and control manager. There was a separate committee in place in the organisation for antimicrobial stewardship. In addition, there were weekly meetings regarding outbreaks of infections in the organisation and person in charge meetings also took place on a weekly basis where infection prevention and control was discussed. There was also an appointed infection prevention and control lead person identified in each centre who acted as a local champion and promoted good practice initiatives. There was an infection prevention and control manager employed in the organisation along with an infection prevention and control nurse.

The registered provider had developed a number of policies and procedures which included an infection prevention and control governance strategy document, a COVID-19 response plan for the organisation, a management of an outbreak document, a protocol for the management of a suspected case of COVID-19, and a management of COVID-19 outbreak for disability services document. These documents collectively were found to be comprehensive in nature and provided

satisfactory guidance for staff members on how to respond to various scenarios that may present in an infection prevention and control context including the current COVID-19 pandemic. The inspectors found, however, that the registered provider had not made available to the staff team national guidance documents from the Health Protection Surveillance Centre (HSPC).

While there were good structures, policies, procedures and protocols in place, the inspectors found that these did not ensure, in some cases, that the local practice in the centre was resulting in minimising the risks of residents acquiring preventable healthcare-associated infections. For example, while there were some audits completed in the centre these were found to generally not provide sufficient level of detail or guide the required improvements. The inspectors found that there was a quality improvement plan in place which contained actions relating to infection prevention and control, however, in some cases actions were discontinued without explanation. For example, a number of bathroom floors in the centre were found to require repair by the inspectors and while this had previously been identified as an action by the provider and listed on the centre's quality improvement plan, this action was closed off subsequently and a comment of "no current issues with flooring" was added and the matter remained unresolved. The inspectors also found that the annual review of the centre which was completed for 2020 did not appropriately consider matters of an infection prevention and control nature.

The inspectors reviewed the centre's risk management arrangements and found that there was a local risk register maintained along with a corporate COVID-19 risk register. While the provider had identified many of the risks associated with COVID-19, the inspectors found that risks associated with other infections were not considered in some cases. For example, the centre contained a significant number of water outlets including many infrequently used showers, toilets and hand washing basins but there was no identified risks contained on the risk register relating to the occurrence of legionella in the centre. There was also an absence of evidence to demonstrate that appropriate control measures were in place to manage this risk. In the cases of COVID-19 related risk which had been identified, the inspectors found that in some cases basic control measures such as enhanced cleaning programmes were not listed. In other cases, the risks associated with the use of fans in the context of airborne infections had not been identified.

The inspectors found that sufficient resources were not available in the centre to ensure safe infection prevention and control measures were effectively implemented. While there was a suitable skill-mix amongst the staff team employed in the centre, the inspectors found that the resources allocated to ensure that the centre was cleaned was not sufficient. A review of staff duty rosters found that on three days per week a cleaning staff member only worked four hours per day. A review of a one month period of staff rosters demonstrated that the weekly allocation of cleaning staff to the centre varied from 42 to 43 hours per week which the inspectors found did not provide appropriate capacity for the required cleaning of a large designated centre.

The staff team had completed training in a number of infection prevention and control areas including practical hand hygiene, infection prevention and control and

the use of personal protective equipment (PPE). Staff members met with were knowledgeable of the risks associated with various healthcare-associated infections and told the inspectors that they felt supported in their roles and understood their responsibilities in meeting the service's infection prevention and control needs. The staff members were aware of how to access information on infection prevention and control and the manner in which to seek specialist advice if it was required. Staff members were observed to wear PPE in line with current public health guidelines.

Quality and safety

It was clear to the inspectors that the registered provider was committed to ensuring that residents were in receipt of safe and quality service. There was, however, a need for improvement across a number of key areas to ensure compliance with the regulations was achieved. Given the nature of the services provided in this centre and the complex medical conditions which residents presented with, it was evident that there were increased infection prevention and control risks present. For example, some residents were in receipt of invasive treatments and indwelling devices which included the use of, intravenous fluids and antibiotics, enteral feeding, intrathecal baclofen pumps, tracheostomies and indwelling and super pubic urinary catheters.

The inspectors found that overall, there was appropriate information made available to residents and their representatives regarding infection prevention and control in the centre. Where possible, residents were informed about these measures and were involved in decision about their care. Residents had received vaccinations for influenza and recently for COVID-19 and had been involved in consenting to the administration of these vaccines where possible. The inspectors were assured that residents had access to the healthcare services and allied health professions that they required. There was evidence of regular consultation with the treating physicians and there was good evidence of the infectious diseases history of residents being shared with hospitals prior to transfer of residents to hospital for inpatient services. The inspectors found, however, that there were improvements required in the pre-transfer or return of residents from hospital to the centre to include a documented assessment including recently acquired or diagnosed healthcare-associated infections.

A walk through of the centre was completed by the inspectors in the company of the person in charge. There was evidence available in a number of resident bedrooms that single use equipment was being reused. This included the use of masks and tubing for oxygen and nebulizer machines and medical galley pots used for syringing sterile water for enteral feeds. In some cases there were a number of sterile water and enteral feed bottles opened and it was not clear when they had been opened or how long they could be used for. In one resident's bedroom the inspectors found that disposal urinary bottles which had previously been stored in the centre's sluice room were left on top of clinical equipment and sterile supplies. There was

noticeable levels of dust visible on many higher surfaces in a number of resident bedrooms and hallways and equipment in use, including residents' beds, were damaged and some surfaces could not be appropriately cleaned as a result. In addition, some resident bedrooms had damaged and stained flooring. A number of bathrooms and shower rooms had damage to the flooring which presented an infection prevention and control risk. In addition, a number of areas of the centre required painting and decorating. A review of records labelled 'deep cleaning quality assurance sheets' found that there were significant gaps noted. For example, a number of bedrooms, bathrooms, a sitting room, toilets, and a shower room had not been cleaned in a number of days preceding the inspection.

The inspectors found that the arrangements for storage of certain items in the centre required review and consideration. For example, clean linen was stored along with dry stores items; disposable party plates, glasses and other such items were stored in a cleaning equipment store where there was dirty cleaning equipment stored; and unused disposable bed pans and urine bottles were openly stored in a sluice room where there were waste outlets in use. A review of the clinical waste systems found that three of four large outdoor bins were unlocked at the time of the inspection. Two of these bins were found to contain sharps boxes which were also unlocked and contained clinical waste which was accessible. General waste bins were found to be contained in this outdoor area also and one of these containers was found to be heavily soiled with what appeared to be animal fecal matter.

There was an absence of evidence to demonstrate that cleaning equipment in use in the centre including floor scrubber machines, buffing machines, vacuum cleaners, mop handles and cleaning trolleys were regularly cleaned. The inspectors observed that some equipment in use was visibly dirty and in need of cleaning which included part of a scrubber machine which was heavily soiled. The cleaning checklists in use in the centre did not include the cleaning or decontamination of the cleaning equipment in use.

The inspectors found that the staff team had effectively managed a recent suspected case of COVID-19. The registered provider had ensured that the resident was tested and was isolated in a single bedroom while the test results were pending. There was enhanced use of PPE in line with public health guidelines and the suspected case was appropriately notified to the local Department of Public Health and to the Chief Inspector. There was increased health monitoring of the resident concerned and regular updates were provided to their family by the staff team.

While visits to the centre were facilitated, the inspectors found that the arrangements in place were not reflective of the current up-to-date national guidelines in place for normalising visiting in long term residential care facilities (HPSC, 2021). The inspectors found that visitors to the centre were required to book their visit through the staff team in advance of the visit which is not required in the national guidance. This, the inspectors found, was the source of a recent complaint made in the centre and the booking requirement was not based on a completed risk assessment and was not informed by current public health advice.

Regulation 27: Protection against infection

The systems, processes and resources in place for the oversight and review of infection prevention and control practices in this centre were not effective. The inspectors observed practices that were not consistent with the national standards for infection prevention and control in community services. As outlined in this report, there was a requirement for improvement across a number of key areas to ensure that residents who were at risk of healthcare-associated infection in this centre were appropriately protected by adopting good infection prevention and control practices

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 - 2015 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 Peamount Healthcare Neurological Disability Service OSV-0003505

Inspection ID: MON-0029355

Date of inspection: 21/10/2021

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
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Regulation 27: Protection against infection Not Compliant</p> <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>About the Centre:</p> <p>Household resources: A review of staffing levels allocated to household will be completed by Household manager. Following the outcome of this review a business case will be developed and submitted for funding to HSE.</p> <p>Cleaning of equipment: Infection prevention and control audit tool to be introduced for the management of cleaning equipment by IP&C CNM and the Household manager. The Link IP&C nurse in the unit has implemented the tool.</p> <p>31/12/2021</p> <p>Completed</p> <p>Capacity and Capability:</p> <p>Annual review of centre: While there were no outstanding actions following the 2020 annual review for regulation 27, the CNM in IP&C will review template used to ensure a more detailed report of IP&C matters in preparation for the 2021 annual review report.</p> <p>Risk of Legionella: The legionella risk assessment was recorded in the corporate risk register, this has now also been included in local risk register.</p>	

31/12/2021

Completed

Quality and Safety:

Hospital pretransfer and returns forms: Current template to be reviewed by CNM in IP&C to include a more comprehensive evaluation of recently acquired/diagnosed healthcare-associate infections. This information was previously communicated verbally and nursing transfer notes.

Medication management: Unit manager or shift leader in manager's absence will ensure that the dates of opening will be recorded on the bottles of sterile water.

Damaged equipment/furniture/floors: All damages are clearly identified in environmental audit by CNM and Household Manager, also during local quality walkabouts. Remedial work and replacements needed have been escalated to Facilities manager and plan is in place to complete all actions when funding is available. Business plan will be submitted to the HSE for funding.

Storage: Storage arrangements will be reviewed in collaboration with Facilities Manager and business case will be developed to obtain funding for work required.

Items found kept in the domestic room such as disposable plates and cups have been moved to the kitchen.

Waste management: All staff are aware of the need to lock bins. This is monitored by unit manager and Household Manager. There is a cleaning programme in place to ensure that all bins are kept clean.

The branches of tree above bin identified on the day of inspection have been removed.

31/12/2021

Completed

31/03/2022

31/03/2022

Completed

Completed

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	31/03/2022