



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group J
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0036201

About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability, autism, cerebral palsy, and dementia compounded by communication difficulties and behaviours that challenge. The designated centre is comprised of 3 separate but adjacent bungalows. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

16

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 26 April 2022	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead
Tuesday 26 April 2022	09:30hrs to 16:30hrs	Louise Griffin	Support

What residents told us and what inspectors observed

This was an unannounced inspection which focused on the infection prevention and control measures which the registered provider had implemented within the centre. As part of a programme of inspections commenced by HIQA in October 2021 focusing on infection and control practices (IPC), it was decided to carry out such an inspection of this centre to assess the providers compliance with regulation. This report incorporates the findings evidenced through documentation, observations and interactions with both staff and residents over the course of the inspection.

The centre presented as three bungalows located on a large campus located on the outskirts of a large city. The inspectors was greeted by a staff member of one of the houses. The person in charge was not on site on the day of the inspection so the staff member showed the inspectors around the house and introduced them to the residents who were getting ready to start their day. The first task requested of the inspectors was to complete a COVID 19 questionnaire. The inspectors was also requested to complete hand hygiene, take their temperature and sign the visitors' book. These tasks were completed for all staff and visitors of the centre upon entering. Staff in all three houses were observed requesting all visitors to the house to complete these tasks.

During the course of the inspection the inspectors also visited the other two houses of the centre. Overall, similar evidence of IPC practices were identified in all three houses. Staff were observed through the course of the inspection adhering to IPC measures such as hand hygiene. All staff spoken with had a clear understanding of the IPC measures in place. All staff were wearing FFP2 masks when providing direct support to residents. Surgical masks could be used if direct support of a resident was not being provided for example by the household staff. It was noted that during the walk around that a number of bathrooms and bedroom did not have hand wash present. This was rectified by staff.

The inspectors were shown around each house and the staff members clearly articulated a number of key infection control measures which were in place. This included cleaning regimes of each room and adherence to legionella checks. Whilst completing the walk around the centre, inspectors did observe some areas that required attention. This included a number of pedal bins which were rusty and damage to flooring in some of the bedrooms and bathrooms. Water damage was also observed on the counter tops near the sink in kitchens. This did not allow for adequate cleaning to be completed in this area. The houses within the centre overall was warm and homely. Some premises work was required but this had been identified by the governance team with actions in place to address this. This included refitting of kitchens and painting work in two of the houses. This work had been delayed due to the ongoing pandemic.

Each house in the centre presented in a similar way. A large dining living room, a smaller living room, a utility and laundry room, a fully equipped kitchen area and

individual bedrooms. Domestic staff oversaw the majority of cleaning within the centre on a daily basis and recorded cleaning checks. However it was noted on this inspection that if a domestic staff was not present no cleaning was accounted for. The three houses of the centre did present as neat and tidy with the inspector observing staff completing high touch cleaning regularly through the day in each house.

Residents of all three houses were observed to have an active day in accordance with their personal interests. Residents were relaxing in the small living rooms watching TV. One showed the inspector their photographs, banjo and favourite teddies. Staff reported all residents were doing well and were enjoying getting out and about again. Activation in the local community had been reintroduced for residents in a safe manner and in accordance with local and national guidance.

Overall, the inspectors found the arrangements required to ensure good infection prevention and control practices were in place within the centre. Through review of documentation and conversation with staff, it was evident that the governance team appointed maintained oversight of measures in place. Where a concern was identified this was addressed in a timely manner through a monitored action plan. This will be discussed in the report under capacity and capability and quality and safety.

Capacity and capability

St.Vincent's Residential services Group J provides full time residential support to adults and had been previously inspected in July 2020 where an overall good level of compliance was found across the 18 regulations reviewed. 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 registered provider had appointed a clear governance structure to the centre. The person in charge was suitably qualified and experienced to fulfil their role. They was an allocated IPC lead person in the centre. They reported directly to the person participating in management appointed to the centre whom provided additional governance support as required. The inspectors had the opportunity to meet with person participating in management on the day of inspection. They possessed an awareness of the need for effective IPC measures in the centre and the measures to be implemented to maintain clear oversight of this.

The registered provider had ensured the development and implementation of a number of monitoring systems relating to IPC within the centre. A daily IPC specific daily checks and IPC checklist audit 2022 were completed for each house. The HIQA self-assessment IPC tool was also completed. Firstly this was completed at an organisational level following this the person in charge completed a review to ensure this was specific to the specific needs of the centre. The annual review of service

provision and six monthly unannounced visit to the centre had been completed in accordance with regulatory requirements. IPC and COVID 19 were reviewed as part of both monitoring tools and incorporated in both reports. Actions had been identified and goals developed to ensure these were addressed. These action included, full painting of all three houses and refitting of kitchens The registered provider had identified areas of IPC which required improvements and was implementing actions to address these.

Whilst these measures were in place within all three houses allocated to the centre, increased oversight was required by the person in charge and governance team in areas of IPC. This was required to ensure a consistent approach in all areas of the centre. For example, in one house documentation records were not consistently completed and this had not been identified as part of IPC reviews are addressed in a timely manner. This included barriers to hand hygiene recording charts and legionella checks. If a monitoring system was completed by a delegated staff there was not evidence of governance oversight, to ensure actions were monitored and completed in a timely manner.

Given the ongoing COVID-19 pandemic, it was evidenced that the provider had a documented management plan and communication flowcharts for responding to any suspected or confirmed case of COVID 19. These outlined, amongst others, who was to be contacted and what action was to be taken in the event of a concern arising. Staff members spoken with were aware of such matters and of the potential COVID-19 symptoms to observe for. An on-call system was also available for staff if the person in charge of the centre was unavailable and staff demonstrated an awareness of this. Information of whom to contact was displayed on the notice board of each office.

The inspector was informed that staff members were given information relating to infectious diseases and infection prevention and control through specific IPC folders kept in the centre and through staff meetings. Clear pathways had been developed to ensure adherence. Guidance had also been developed in a manner to promote adherence to best practice. The IPC folders reviewed by the inspector contained various relevant organisational risk assessments, procedures and guidance. The person in charge provided regular updates to staff on IPC measures through face to face interactions, staff meetings and email communications.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the infection control policy which provided standard infection control guidance and additional guidance required during an infectious outbreak and the COVID 19 pandemic. This policy was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre and regularly reviewed to reflect any change in guidance. Should any additional support or guidance be required the governance team communicated with other members of the governance team within the provider or through external agencies such as the public health team.

Quality and safety

St.Vincent's residential services Group J provides full time residential supports to adults presenting with multiple and complex disabilities. Supports are provided over three bungalows located on a large campus. The premises overall presented as warm and homely. Each resident had a private bedroom space which they had been supported to decorate in accordance with their wishes and interests. Staff were observed adhering to IPC guidelines through the day in a very respectful manner. Each resident had been consulted with respect to individual isolation needs should this occur. However, there was conflicting guidance documented in some of the resident's personal plans. When this was highlighted to staff this was rectified on the day of inspection to ensure accurate information was present for a consistent approach.

Each resident had been supported to develop an individualised personal plan. These plans incorporated as required any IPC measures which were required to be completed by the staff team. These included, for example, stoma care, wound management and use of required equipment such as nebuliser and oxygen mask. Protocols were in place to ensure all equipment was cleaned and changed in accordance with best practice. This guidance overall was noted to be clear and concise. Staff spoken with were aware of all procedures to follow. Should a concern or query arise relating to IPC procedures advice was sought from the relevant clinical nurse specialist or relevant members of the multi disciplinary team. However it was observed that stoma care guidance for one resident was unclear and disposal procedures to be adhered to by all staff required review to ensure best practice was adhered to and IPC measures were in place.

Given the complex needs of residents currently availing of the service within Group J a large volume of sterile equipment was present in all three houses. This included dressings, nebuliser masks and tubing. The registered provider had ensured an ample supply of PPE equipment was present within the centre. This included surgical masks, respiratory masks and hand sanitiser. On the day of inspection all staff were observed adhering to the correct use of PPE including the use of hand sanitiser at the correct times and the correct use of face masks. The stock list of all sterile and PPE equipment now included the best before date to ensure the effectiveness of all products. Staff had developed an "outbreak box" which contained the required PPE equipment in the event of a suspected case to provide quick access.

Staff members in the designated centre had participated in a number of IPC training including hand hygiene, IPC and donning and doffing PPE. However, the IPC staff training matrix was not updated with refresher training. For example, on the day of inspection 20 staff were overdue refresher IPC training and the PIC was not listed in IPC staff training matrix.

Each house consisted of a large living dining room, a fully equipped kitchen and laundry room. Staff completed legionella checks on sinks, baths and toilets regularly. As stated previously the registered provider had identified the need for internal work

of the premises included painting of all rooms. Some walls had chipping paint, kitchens with water damage around sink counter tops and some bathrooms had water damage around toilets, shower trays with chipped paint.

Domestic staff had been appointed to the three houses to oversee regular cleaning. The inspectors did not have the opportunity to speak with members of the domestic team. Cleaning schedules had been developed for use in the centre. These were completed daily by the domestic staff. No recordings of cleaning however, was completed when they were not present. This included cleaning of wheelchair, equipment etc. Staff reported that cleaning was completed but at a lower level but no list was available to ensure all areas were cleaned such as bathrooms, toilets etc. Within one house staff were unable to locate the cleaning schedule in place. The presence of padding in on resident's bedroom had not been included in the cleaning schedule in place.

Regulation 27: Protection against infection

Overall, the registered provider had implemented suitable and effective arrangements for the management and control of infection prevention and control within the centre. The governance and staff team within the centre possessed a keen awareness and knowledge of IPC measures in place and the rationale for same. Through the implementation of monitoring systems the registered provider had identified a number of actions required to improve IPC within the centre and had commenced actions to address these including painting works of premises and kitchen refits. Residents were consulted in relevant areas of IPC, including an individuals preference in the area of isolation.

The inspector noted minor improvements were required in the following areas to ensure compliance with Regulation 27:

- Increased governance oversight to promote consistency in all IPC measures. Ensuring cleaning schedules are completed by all staff.
Setting out clear guidance for staff on their responsibilities in the area of cleaning.
Completion of premises works including repair to flooring and bathroom areas.
Updating of IPC staff training matrix within the centre.

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 St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0036201

Date of inspection: 26/04/2022

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>The PIC will ensure that protected time to manage and support all houses in the designate centre will be rostered weekly.</p> <p>The PIC and PPIM will liaise with the lead nurse in infection control re attendance at staff meetings in each house of the designate center to support staff with input on all IPC measures in place.</p> <p>The IPC committee of the provider have circulated update revised cleaning schedules post inspection and guidance given to all staff on completion of same. The PIC and PPIM will audit same to ensure completion of same by day and night staff in the centre.</p> <p>The PIC will review all staff training in the designate centre and schedule training for staff and also refresher dates to be highlighted so as to ensure staff training remains in date.</p> <p>The PIC will ensure all pedal bins in the centre with rust or in poor repair are replaced. The provider’s maintenance manager has painting schedule in place for the three houses of the centre, same has commenced and will be completed by 31/07/2022.</p> <p>Schedule across the provider’s centres for floor repairs/ replacements in place and this centre is included in the schedule. Works will be completed by 30/09/2022.</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	30/09/2022