



# 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 L
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	09 June 2023
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0040102

## About the designated centre

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

St. Vincent's Residential Services Group L consists of a detached one-storey house located on campus setting on the outskirts of a city. The centre can provide full-time residential support for up to five female residents over the age of 18 with intellectual disabilities. The centre contains an apartment area for one resident and each resident has their own bedroom. Other rooms in the centre include a kitchen, a dining room, a living room, a television room, a utility room, a sluice room and bathrooms. Residents are supported by the person in charge, nursing staff, care staff and household staff.

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

Number of residents on the date of inspection:	5
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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
Friday 9 June 2023	09:30hrs to 15:45hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Parts of the centre where residents lived were presented in a clean, well-furnished and homelike manner. Some areas were seen though that needed further cleaning with some wear and tear also evident. Residents were generally supported by staff members on duty in the centre in an appropriate manner. The centre was observed to be calm through the inspection.

This centre was based on a campus setting with this inspection focused on the area of infection prevention and control (IPC). On arrival at the centre the inspector observed that the front door of the house was surrounded by nicely presented potted plants and ornaments. There was also an operational wall mounted hand sanitiser on the wall outside front door while a sign around COVID-19 and hand hygiene was present on this door. Beside this sign was another clearly visible sign advising visitors to ring the door bell and wait for assistance.

The inspector followed this sign and was then greeted by a staff member and the person in charge who directed the inspector to sign into a visitors log for the centre. Five residents were living in the centre all of whom were present and met by the inspector. On an initial walkthrough of the centre, residents were being supported to get up and to have their breakfast. The centre was set-up whereby there was an apartment area within the centre for one particular resident. The inspector was informed that the centre was designed in this way due to a particular lifestyle choice of this resident.

During the courses of this inspection this resident spent the day in this apartment area while the other four residents largely spent their time in the communal areas of the centre. The inspector was informed that a day services staff was assigned to the centre on a Monday to Friday basis to support activities for residents. However, on the day of this unannounced inspection, this day service staff had been redeployed to another area on the campus. The staff that were present in the centre were observed to be busy during the inspection supporting residents and such staff did take some residents out for walks on the campus ground during the afternoon.

None of the five residents engaged directly with the inspector although one of the residents was seen to smile when greeted by the inspector. The atmosphere in the centre throughout the inspection was generally calm with staff members interacting with residents in a pleasant manner throughout. For example, one staff member was seen supporting a resident to go through a memory book. On another occasion a different staff member was observed to support a visually impaired resident back to their seat in the living room in an unhurried manner after helping the resident with a meal in the centre's dining room.

Such interactions were respectful but during the course of the inspection, it was observed the clearly visible sign on the front door was not consistently followed by other campus based staff who were visiting this centre. In particular, some of these

staff were seen to ring the centre's door bell and wait for one of the centre's staff to come to them while others walked straight into the centre. Such instances had the potential to impact the privacy of the residents in their home especially the resident with a particular lifestyle choice. It was also noted that the door to this resident's apartment area was not closed at certain times when staff were supporting the resident. This also had the potential to impact the resident's privacy and dignity.

Aside from such observations, the inspector also reviewed the premises provided primarily from an IPC perspective. It was seen that parts of the centre, such as the living room, television room and dining room were well-furnished and presented in a homelike manner. The flooring in such rooms appeared new and modern in appearance. This was in marked contrast to the flooring in the centre's halls and resident bedrooms which were visibly older in appearance. The centre was also showing some wear and tear in places. For example, some doors and doorframes were chipped, a toilet seat was worn and some kitchen press doors were worn.

The handles of some of these kitchen press doors were also seen to require additional cleaning as were some of the sink areas in the centre. Other than this the centre was generally seen to be clean on the day of inspection. However, it was observed that the layout of the centre's sluice room did need some improvement from an IPC perspective. This sluice room was cluttered in its general appearance and access to a hand washing sink in the room was obstructed by mop buckets. It was also seen that a small mop handle was standing in this sink while a stepladder was hanging directly over the sink in close proximity to the sink which also impacted access.

In summary, the residents living in this centre did not engage directly with the inspector but the atmosphere in the centre was generally calm. While staff working in the centre were generally pleasant and respectful, some staff from other parts of the campus were seen to enter the centre without adhering to a clear direction on the centre's front door. While the centre was clean overall, some areas were seen that needed further cleaning while the layout of the sluice room posed challenges from an IPC perspective.

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

The provider had established organisational structures and monitoring systems to support IPC. However, aspects of such monitoring systems did need some improvement while not all staff had completed some relevant training.

This designated centre was registered until February 2026 with no restrictive

conditions. The centre had last been inspected by the Health Information and Quality Authority (HIQA) in September 2022 where an overall good level of compliance had been found. This included a compliance under Regulation 27 Protection against infection. This regulation requires providers to adopt practices that are consistent with the 2018 National Standards for infection prevention and control in community services. In October 2021 HIQA started a programme of inspections centred around Regulation 27 and IPC practices. As such the current inspection was focused on these areas with particular attention being paid to the IPC governance and monitoring arrangements in place for this centre.

On the current inspection it was found that the provider had established structures to review IPC practices in all of its centres with a National IPC group in place. This group had representation from the campus where this centre was based on and this helped ensure that any updates and new developments were passed down to the management of the campus. The IPC national group was involved in developing relevant IPC guidance and standard operating procedures to follow. The inspector reviewed a sample of these and noted that they covered areas such as isolation and had been recently reviewed. Such documents were available in the centre for staff to review but it was noted that some IPC and COVID-19 folders present in the centre's staff office contained unnecessary or outdated documents. The inspector was informed that such folders were in the process of being consolidated.

Monitoring systems were also in use to review IPC practices in the centre. For example, relevant self-assessments had been completed on a regular basis throughout 2023, while six monthly visits to the centre conducted by representatives of the provider also assessed Regulation 27. A specific checklist for Regulation 27 for use in the centre had also been developed by a Clinical Nurse Specialist in Health Promotion working on the campus. This checklist took into account the findings of other IPC focused inspections carried out since October 2021 in the provider's centres in the Limerick area. Despite this, as referenced earlier in this report, aspects of the premises were observed that needed some further maintenance or cleaning while the layout of the centre's sluice room did not promote IPC practices. These were not clearly captured by the monitoring systems in operation while it had been over 12 months since a hygiene audit had been completed in the centre.

Staffing was an element that was considered by the IPC monitoring practices in place. Staff members spoken with during this inspection did demonstrate a general good knowledge around IPC practices in the centre. This included the temperature to wash any soiled linens in. Records provided following this inspection indicated that staff working in this centre had completed training in relevant areas such as hand hygiene and personal protective equipment (PPE). It was noted though that most staff were not indicated as having completed training in the 2018 National Standards. Aside from this it was seen that, while staff team meetings took place on a regular basis, notes of such meetings in 2023 contained limited reference to IPC matters. Multiple staff spoken with though did indicate that IPC updates were regularly passed down through word of mouth and that a number of IPC practices had now become "second nature". Some of the IPC practices in the centre will be discussed in the next section of the report.

## Quality and safety

Supplies of cleaning products, PPE and hand sanitiser were present in the centre. Arrangements were in place for the centre to be cleaned but there some days in recent months were scheduled cleaning was not recorded as being done.

As mentioned earlier in this report the layout of the sluice room did not promote IPC practices while some areas were seen which needed further maintenance or cleaning. The provider had cleaning schedules in place for this centre with a household staff assigned to the centre five days a weeks. On the days when this household staff was on duty they did assigned daily, weekly and monthly cleaning of various areas and rooms in the centre. On the days when the household staff was not on duty, other staff did essential cleaning and documented completion of this in a separate record to the household staff. The inspector reviewed a sample of cleaning records for the months leading up this inspection and noted that cleaning was recorded as being done on the majority of days. However, on six days since 1 April 2023, no cleaning was recorded as having been completed in the centre.

The centre had various cleaning products and supplies in place. These included the presence of coloured coded cleaning equipment. Such equipment, such as mops, are assigned a specific colour and based on that colour these cleaning products should only be used in certain areas of the centre. For example, red mops should only be used in toilet areas. Following such practices reduces the risk for cross-contamination between different areas of the centre. However, while the majority of such cleaning equipment was coloured coded and segregated as such, the inspector did observe that some mops heads in the centre had not been colour coded despite having the ability for this. The person in charge indicated that they were looking to address this with a similar issue having been highlighted during an IPC inspection of another centre they were responsible for, the week before this current inspection.

Other than the cleaning products and supplies present in the centre, there was also supplies of other products and premises features that supported IPC practices. For example, foot pedal bins were present throughout while supplies of PPE such as face masks and gloves also in place. The inspector reviewed a sample of these and found the majority of such PPE to be in date. It was noted though that one box of gloves appeared to have an expiry date from February 2023. This was highlighted to the person in charge and it was indicated that this box was removed. Hand sanitiser was present around the centre either through free-standing bottles or on wall mounted dispensers. The inspector reviewed some of these hand sanitiser products and generally noted them to be in date. It was seen that one bottle of hand sanitiser with a started expiry date of June 2023. The person in charge indicated that they did not consider this bottle to have passed its expiry date until the end of the month.

Signage relating to hand hygiene were on display at various points in the centre and, in addition to hand sanitiser, soap dispensers were also provided. A staff

member spoken with indicated they would remind residents to complete hand hygiene at certain times. It was highlighted though that giving residents regular information around IPC was difficult given the assessed needs of residents living in the centre. Despite this, resident meetings were taking place on a monthly basis in the centre. The inspector reviewed a sample of meeting notes for 2023 and, in addition to discussing matters like complaints and advocacy, reference was made in some notes to IPC information being shared with residents. These included residents being advised about changes in national guidance around mask wearing. Residents were also provided with individual isolation plans outlining the supports they needed in the event that they had to isolate due to an infectious disease.

## Regulation 27: Protection against infection

The provider had established IPC structures and systems in place. However, during this inspection improvement was required in some areas including;

- The layout of the sluice room did not promote IPC practices
- Some areas were seen which needed further maintenance or cleaning
- There had been some days in recent months where scheduled cleaning was not recorded as being done
- Some IPC and COVID-19 folders present in the centre's staff office contained unnecessary or outdated documents
- While monitoring systems were in operation, some of these did need some improvement with a hygiene audit not having been completed in over 12 months
- Most staff had not completed training in the 2018 national standards

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 St. Vincent's Residential Services Group L OSV-0005418

Inspection ID: MON-0040102

Date of inspection: 09/06/2023

## 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>This sluice room has been decluttered and access to a hand washing sink in the room no longer obstructed.</p> <p>Deep cleaning of identified surfaces completed and necessary maintenance work to be completed.</p> <p>The PIC has reminded all staff of the importance of recording scheduled cleaning when completed.</p> <p>The contents of IPC and COVID-19 folders have been reviewed and updated, all unnecessary or outdated documents have been removed.</p> <p>Hygiene audit for designated centre was completed on 04/07/2023.</p> <p>The majority of staff in the designated centre have now completed training in the 2018 national standards, plans in place for all staff to have same completed by 31/07/2023.</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	31/07/2023