



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

Issued by the Chief Inspector

Name of designated centre:	Glendalough
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	04 October 2022
Centre ID:	OSV-0005553
Fieldwork ID:	MON-0037818

About the designated centre

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

Glendalough Service provides 24 hour residential care to meet the needs of 10 female and male adults with moderate to severe intellectual disability who require support with their social, medical and mental health needs. This designated centre comprises three houses located close to each other, in a residential area, in a large town. Residents with moderate intellectual disability and low level support needs reside in one house. Residents with moderate intellectual disabilities, and who require dementia care reside in the second house, where palliative care can be delivered if necessary. In the third house, care is provided to residents who have a diagnosis of autism, with behavioural support needs and who require a high level of support. It is intended to offer a lifelong service for residents from 18 years to end of life. Residents at Glendalough Service are supported by a staff team that includes nurses and care staff. Staff are based in each house in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
--	---

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 4 October 2022	09:30hrs to 14:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed in one day and during this time, the inspector met with some residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Glendalough was located in a residential area on the outskirts of a busy town. This designated centre comprised of three properties. Two were located adjacent to each other and were connected by an internal corridor. The third property was on the opposite side of the street. Residents at this designated centre had a range of diverse support needs. Those at one house were independent and had low support needs. Some at the second house had a diagnosis of dementia and increased support was provided, along with end of life care if required. Residents at the third house had a diagnosis of autism and required additional support with behaviours of concern.

The inspector visited all three properties on the day of inspection and found that a comfortable living environment was provided which was suited to the needs of the residents in each house. A safety pause station was set up in each property, where hand sanitiser, face masks, gloves and a foot operated bin was provided. Furthermore, hand sanitiser was provided on the link corridor between two of the properties and at the rear exit points. Residents' bedrooms were clean, tidy and personally decorated. Some residents had en-suite bathroom facilities while others shared communal bathroom facilities. The kitchen and dining areas in each property were in a good state of repair. The worktops were uncluttered, clean and tidy. There were utility areas in each property for the laundering of clothing and bed linen. The under-counter cupboards used to store cleaning products were tidy with no clutter observed. The sitting rooms were well-presented. The hard and soft furnishings were observed to be unsoiled with no tears or damage evident. The person in charge told the inspector that one area had been painted recently and there were further maintenance projects planned.

The inspector visited the garden areas of all properties. The gardens were well-presented with outdoor sitting areas for residents provided. The refuse bins were neatly stored and fully closed. The person in charge told the inspector that there was a plan in place to provide enclosed bin storage for two of the properties in the future.

The system used for mop storage was reviewed. The inspector found that separate mops and buckets were provided for each property, that they were colour coded and available for use. However, at one property, the system used for the storage of the green bucket required review as it was not in the shed. Also, the inspector noted that although mops heads were stored upright, the addition of a hanging system

would further ensure that they were kept clean and ready for use. The person in charge told the inspector that the service was transitioning to a flat mop system and therefore the systems used were subject to review. However, the person in charge was waiting for further detail.

The inspector met with four residents on the day of inspection. On arrival, the inspector met with one resident who was preparing to go out for the morning. They greeted the inspector but did not engage in further conversation. Later in the afternoon, the inspector met with three residents in a second property. One resident had enjoyed a sleep in that morning and was observed rising for the day and preparing to shower. This resident used a shower chair. The staff on duty told the inspector that this piece of equipment was for the exclusive use of the resident and was not shared by others. It was observed to be clean with no dirt or debris observed. Two other residents returned at lunchtime and they spoke briefly with the inspector. They presented as content in their home and the interactions observed between the residents and the staff on duty were observed to be respectful and kind.

Residents at Glendalough had regular contact with their families and their communities. Family contact was facilitated through visits to the designated centre, day and overnight trips to residents' homes and through telephone calls. There were no visiting restrictions in place on the day of inspection in this designated centre.

The person in charge was on duty on the day of inspection, along with a staff nurse, two healthcare assistants and a student nurse. The person in charge told the inspector that they had the capacity to provide governance and oversight for the designated centre and that they were present on-site on most days. They said that they were supported in their role by both the director and acting director of nursing. Furthermore, the support of a service specific clinical nurse specialist in infection prevention control was available along with a wider provider-led infection prevention and control team. The person in charge added that when they are on leave that there is a deputising arrangement in place which is consistent and supportive.

Measures to prevent and control the spread of infection were in place. The inspector found that most were of a good standard, however, some required review. As previously referred to, there was a safety pause which was carried out at the point of entry and bottles of hand sanitiser and hand lotion were provided throughout the centre. However, some were found to be out of date and therefore, the stock rotation system used required review. A visitors' checklist for COVID-19 was displayed and was in line with current public health guidelines. However, the risk assessment used for external providers required updating.

Hand washing facilities were available throughout the property and there was an adequate supply of hand soap and paper towels. Foot operated bins were available throughout the centre and they were clean and lined correctly. Staff were wearing face masks and were observed to be practicing good hand hygiene at appropriate intervals throughout the day. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, and both medical

grade and FFP2 masks.

Signage was displayed throughout the centre. This included laminated and easy to read documents on the residents' notice board. For example, information sheets on infection prevention and control and how to keep residents' safe. In addition to this, staff had adapted the public health guidance on infection prevention and control and created a person-centred COVID-19 folder for each resident. This included individualised social stories on standard precautions such as mask wearing and step-by-step COVID-19 testing procedures. The centre based contingency plan was also available in easy-to-read format.

In summary, Glendalough provided high standard living accommodation for the residents where there were good systems and processes in place to prevent and control the spread of infection. The atmosphere presented as relaxed and cheerful, and the residents appeared content. There were clear governance and leadership arrangements in place. Although there was good oversight of infection prevention and control measures, some matters required review.

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 inspector found that there were good governance structures in place in relation to infection prevention and control in this centre. As previously outlined, the person in charge was present during the inspection and they had the support of the director of nursing and the acting director of nursing if required. This reporting relationship was described as supportive. Furthermore, the person in charge attended fortnightly persons in charge meetings which were held at county level. These meetings provided an opportunity for shared learning in relation to infection prevention and control to occur and were reported to be very supportive.

The person in charge had overall responsibility for the management of infection prevention and control and they acted as the lead worker representative for COVID-19. In addition to this, the acting director of nursing was nominated as the COVID-19 response manager. Should any concerns arise, the person in charge had access to an internal IPC link nurse and an external IPC team, as previously referred to above. The inspector noted a poster displayed on the staff notice board which clearly showed pictures of the team involved and a description of their role. This meant that staff were aware of how to seek support if required.

The provider had systems in place to assess, monitor and review performance in

relation to infection prevention and control. A corporate safety statement was available for review and the health and safety statement was site specific and up to date. A ranges of policies, procedures and guidelines were on file. These provided guidance on standard precautions, transmission based precautions, hand hygiene, laundry management and waste disposal.

The person in charge had a risk register in place and there were specific risk assessments relating to IPC risks in the centre. There was evidence that the assessments were reviewed recently and most were up to date. However, risks in relation to delays in training provided, social distancing and closure of day services required review to ensure that they were in line with current public health guidance.

The centre had a site specific contingency plan in place which provided guidance to staff if there was a suspected or confirmed case of COVID-19 in the designated centre. Staff spoken with were aware of what to do if required to act promptly. This included putting person centred isolation plans in place, setting up of donning and doffing stations and seeking support from the person in charge, the IPC link nurse and senior management. This designated centre had a colour coded zoning system in place which was used if there was suspected or confirmed case of COVID-19 in the centre. Information on the individual zoning system for each resident was displayed in the centre and held on residents' files.

This designated centre experienced a COVID-19 outbreak this year. This was discussed with the person in charge who reported that the residents coped well during the time that transmission based precautions were used and that the zoning system and individual isolation plans worked well. A review of the documentation showed that outbreak meetings had taken place during this period with members of the senior management team. Furthermore, the person in charge had a post outbreak folder available with a copy of a post outbreak review. The inspector found that this was detailed and included a person centred synopsis of each residents' experience of the outbreak. Furthermore, it included a section for follow up actions if required. This meant that there was a formal opportunity for learning, reflection and improvement which enhanced the quality of the care provided.

A range of audits were used in this centre, some of which were specific to infection prevention and control. These audits provided opportunities for enhanced oversight of the control measures in place. The inspector found that the annual review of the care and support provided was completed in September 2022. The six monthly unannounced provider-led audit was completed in April 2022 and was due to be updated. The person in charge told the inspector that there was an expectation that this audit would take place in the near future. The actions identified by these audits were included in the centre's quality improvement plan which was submitted to the senior management for review on a monthly basis.

Quarterly audits were completed by the person in charge. For example, the environmental audit was completed and the COVID-19 lead worker template was also up to date. Furthermore, the HIQA self-assessment tool was completed and there was evidence that this was updated on a regular basis. A system of weekly and daily cleaning was also in place, along with enhanced cleaning arrangements

which occurred during the COVID-19 outbreak. The inspector found that as part of an environmental audit, an unplanned spot-check on a resident's bed and mattress was completed. This found that the mattress required replacement. A new mattress was ordered and was on site on the day of inspection. This showed that the audits used were useful and fit for purpose.

The staffing arrangements in the centre were reviewed and the roster provided an accurate description of the staff on duty on the day of inspection. Team meetings were taking place regularly and the minutes were available for review. The inspector found that each house had a communication book and this was reviewed by the inspector. This provided an opportunity to for the staff team to reflect on what was working well in the centre and what required review. Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; basics of infection prevention and control, hand hygiene, personal protective equipment (PPE), management of blood and body fluid spills and cleaning and disinfection training. A sample of IPC training was reviewed and all modules were completed. As previously referred to, a new mop system was in process and the person in charge had arranged site specific training on how to use the mop system for the staff at Glendalough. This was pending and dates were to be confirmed.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The inspector found that the residents in Glendalough were provided with a good quality and safe service with some matters in relation to infection prevention and control that required review.

As previously described, the inspector spoke with some residents on the day of inspection and in addition, the residents' interactions with the staff on duty were observed and these were found to be supportive and respectful. Residents meetings were taking place on a weekly basis and they included discussions on health and safety. The person in charge told the inspector that these discussions included preventing and controlling the spread of infection.

Residents had comprehensive person centred plans in place along with nursing support plans. A review of the documentation provided evidence of residents' access to a general practitioner (GP) and members of the multi-disciplinary team. For example, residents had ongoing support from occupational therapy, physiotherapy and from psychology. This meant that a circle of care was in place for residents which ensured their healthcare needs were attended to. There were no recent or regular admissions to hospital services and therefore there was no requirement for

sharing of infection status on admission and discharge at the time of inspection.

As previously outlined, suitable outbreak preparedness and outbreak management plans were in place. These included the use of coloured zones which were used to reduce the spread of infection should an outbreak occur. The inspector found the residents had individual isolation plans on file which provided guidance on the bathroom facilities to use and the enhanced cleaning procedures in place if required. Staff spoken with were aware of what to do and of how to act quickly if required. A policy on cleaning and disinfection was available to guide staff and posters were on display. However, some of these required review to ensure that the guidance provided was effective. For example, although guidance in relation to laundering of bed linen and clothing during an outbreak was available the dissolving bags required were out of stock on the day of inspection. Furthermore, there were no clinical waste bags on the premises, however, both of these requirements were provided by the person in charge prior to the end of the inspection.

Overall, the inspector found that the residents' home was very clean, tidy and well maintained. It was clear that infection prevention and control practices were part of the daily routine and staff were observed adhering to standard precautions such as, the wearing face masks and practicing hand hygiene as required. The premises provided were clean, tidy and in a good state of repair.

Improvements in relation to stock rotation, stock checks, risk assessments, checklists and mop systems would further enhance the quality and safety of the service provided.

Regulation 27: Protection against infection

The provider ensured that residents who may be at risk of a healthcare-associated infection were protected by the processes and procedures in place in this designated centre. The centre had clear governance arrangements in place and the staff team were supported to meet with the services' infection prevention and control needs. However, some improvements were required to ensure that the IPC process and procedures in place were effective and in line with current public health advice. These included;

- clarity on the transition time line to an improved flat mop system
- review of the processes in place for stock checks for example; dissolving laundry bags and risk waste bags
- review of the processes in place for stock rotation which would ensure that items in use or for use, were in date
- review of some risk assessments to ensure that they were in line with current public health advice

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 Glendalough OSV-0005553

Inspection ID: MON-0037818

Date of inspection: 04/10/2022

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> <ul style="list-style-type: none"> • The registered provider has ensured that the residents in this Designated Centre are protected from healthcare associated infections by adopting procedures consistent with the standards in line with regulation. Completed 25/10/2022 • The Person In Charge and Staff are all trained in the Flat Mop System, which now is in use in this Designated Centre. Completed 25/10/2022 • The Person In Charge has ensured dissolving laundry bags and risk waste bags are now available in this Designated Centre. Completed 04/10/2022 • The Person In Charge has a robust process including an audit in place for stock rotation, which ensures that all Sanitizers are in date. Completed 25/10/2022 • The Person in Charge has reviewed all risk assessments to ensure that they are in line with current public health advice. Completed 11/10/2022. 	

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	25/10/2022