

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

Issued by the Chief Inspector

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0036166

## About the designated centre

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

The designated centre can provide a residential service for up to three adults over the age of 18 who have a moderate intellectual disability. The centre comprises of one house which is located in a residential neighbourhood of a large town where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and a combination of registered nurses, social care workers and healthcare assistants make up the staff team. Staff are available to support residents both during the day and at night.

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

Number of residents on the date of inspection:	3
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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
Thursday 24 March 2022	12:00hrs to 17:50hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre consisted of one house and could provide a full-time residential service for up to three people. It was located in a residential area on the edge of a busy town and had good access to a wide range of facilities and amenities. Residents had plenty of communal and private space where they could carry out activities that they enjoyed. There were two sitting rooms, a well-equipped kitchen and dining area and laundry facilities. All residents had their own bedrooms and adequate bathroom facilities were provided. Overall, the inspector found the centre to be clean and well maintained. However, some areas required minor repair and maintenance to ensure that all surfaces could be effectively cleaned and to reduce any risk of spread of infection. Improvement to some cleaning processes were also required.

There were measures in place to reduce the risk of COVID-19 infection for residents. The entrance hall was supplied with hand sanitiser and arrangements were in place for temperature checking of all staff and visitors. Residents' temperatures were also being checked daily. Staff on duty took responsibility for the general cleaning of the centre and cleaning schedules were in place to guide them on the type and frequency of cleaning that was required.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre had dedicated transport, which could be used for outings or any activities that residents chose. As this was a home-based service residents had choices around doing things in the centre or going out to do things in the community. Some of the daily activities that residents enjoyed included going out for walks, drives to beaches, shopping, going out for coffee or lunch and family visits. Activities that residents had enjoyed before the COVID-19 restrictions, such as swimming, meals out and going to the pub for a drink, were being re-introduced.

It was evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been made available to residents in a format that suited their needs. This included use of face masks, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) and the vaccination process.

The inspector met with all residents who lived in the centre during the inspection and one resident talked about living there. This resident enjoyed living in the centre

and liked the staff. The resident talked about an outing which they had enjoyed earlier that day. Although other residents did not speak with the inspector they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents and supporting their wishes.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good infection prevention and control practices, there were some areas for improvement, which will be discussed in the next sections of this report.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. The person in charge was suitably qualified and experienced, was frequently present in the centre and knew the residents and their support needs. The person in charge worked closely with both staff and the wider management team, and was very involved in the oversight of infection control management in the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable environment, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, and thermometers for checking temperatures. There was a plentiful supply of face masks, including FFP2 masks which staff were seen to wear at all times in the presence of residents.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. The auditing systems included a range of audits and checks on various aspects of infection control management. Detailed unannounced audits were being carried out twice each year on behalf of the provider and these included infection control auditing. Records of these audits showed good levels of infection control compliance and that any identified issues gave rise to an action plan and were being addressed

within realistic time frames.

An auditing schedule had been developed for 2022. Some of the infection control areas being audited included cleaning checks, training audits and legionella checks. Further hygiene and cleaning audits were also being carried out by senior managers whose findings were documented and shared with staff. The issues relating to the painting and repairs to the centre had been identified at a recent audit and had already been referred to the organisation's maintenance department for attention. The person in charge also used learning from other services to introduce improvements to this service.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. However, some improvement to the contingency plan was required. Although the person in charge had a very clear knowledge of each resident's needs and preferences in the event of isolation being required, this information was not documented in the contingency plan.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, practical hand hygiene and safe return to work after COVID-19. A range of policy and guidance documents, including an up-to-date infection control policy and infection prevention and control guidelines for disability services, were available to inform staff. However, the infection control policy did not provide guidance on the management of infection or contaminated laundry should this be required.

The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider.

## Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was being provided to residents. However, improvements to some internal surface finishes, and to cleaning processes, were required to ensure that effective cleaning could consistently be carried out.

The centre was a spacious bungalow in a residential area. The house was clean and comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Overall, wall and floor surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious material, which allowed for effective cleaning.

During a walk around the centre, the inspector found that it was kept in a clean and hygienic condition throughout and was well maintained. However, some areas required minor upgrade to maintain this standard. Although surfaces in the centre were generally in good condition, there was some minor damage to paintwork and surfaces throughout the buildings, which presented a risk that these areas could not be effectively cleaned as required. For example, some wall surfaces had become damaged by the proximity of furniture, and some paintwork on window cills and architraves was chipped. It was also noted that the upholstery surfaces on some communal seating in the sitting room were worn and not readily cleanable. All these issues had already been identified by the person in charge and she had initiated measures to have them addressed.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, staff training and daily monitoring of staff and residents' temperatures. There was a wide range of information about COVID-19 available to both staff and residents.

Although there were detailed cleaning plans in place and the centre was very clean throughout, improvement to some aspects of cleaning management was required. Cleaning schedules had been developed which outlined the centre's hygiene requirements, and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with the inspector were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system that they used, the nightly process for washing mop heads, and the laundry processes for the management of potentially infectious laundry.

However, some aspects of hygiene management required improvement. There was no designated cleaning store in the centre and cleaning equipment such as mops and buckets were stored haphazardly in various places such as the utility room and on the ground outside the centre. The absence of suitable storage increased the risk of cross contamination. There was a plentiful supply of colour coded cleaning equipment and materials such as mops, cloths and buckets and staff understood the colour coded system and explained how these were used. However, the guidance on use of the colour coded cleaning systems which was displayed in the utility room was not specific to the centre and presented a risk that it may not be sufficiently clear to all staff. There was a plentiful supply of cleaning materials such as sanitising solutions, wipes and cloths, although some sanitising solution was not being prepared in line with the manufacturer's instructions. This presented a risk that the solution may not be fully effective in use.

PPE was in plentiful supply in the centre and all staff wore the required grade of masks.



## Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. Minor repair and maintenance was required to some areas of the centre to ensure surfaces could be effectively cleaned. In addition, improvement to some aspects of cleaning processes was also required to enhance the overall quality of cleaning. These areas for improvement included:

- the infection control policy did not provide guidance on the management of laundry
- the upholstery on some soft furnishing was worn and therefore was not easily cleanable
- there was no designated area for storage of cleaning equipment which increased the risk of cross contamination
- some sanitising solution was not being prepared in line with the manufacturer's instructions
- the guidance on colour coded cleaning systems was not specific to the centre
- there was minor damage to paintwork in parts of the building
- although the person in charge had a very clear knowledge of each resident's needs and preferences in the event of isolation being required, this information was not documented in the contingency plan for 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Sycamores OSV-0005638

Inspection ID: MON-0036166

Date of inspection: 24/03/2022

## 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"> <li>• The upholstery on some soft furnishing was worn and therefore was not easily cleanable- New upholstery has been sourced and ordered. Painting has been approved (Completion due 30.05.2022)</li> <li>• A new flatmopping system has been orderd for the centre, following consultation with the HSE IPC team the PIC has introduced colour coded washable flat mops for cleaning floor surfaces and washable microfiber dusters across the designated centre. This will also remove the need for storage container for mop buckets. (Completion due 30.05.2022)</li> <li>• This system operates on an interchangeable head. Therefore there will be no need for storage of mop buckets. (Completion due 30.05.2022)</li> <li>• Guidelines on the preperation of cleaning solutions have been implemented and all staff are aware of same.</li> <li>• Guidelines on the management of laundry has been updated and the infection control policy now has an ammendment to reflect this. (Completion due 30.05.22)</li> <li>• There was minor damage to paintwork in parts of the building- PIC has contacted the maintenance team regarding same and work to commence on 28.04.2022 and (Completion due 06.05.2022).</li> <li>• Covid 19 Contingency plan updated to include requirements of isolation for each resident. (Completion due 06.05.22).</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/05/2022