



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group I
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	02 September 2022
Centre ID:	OSV-0005821
Fieldwork ID:	MON-0036196

About the designated centre

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

Centre I provides full time residential services to 4 adult residents in a house situated on the outskirts of Limerick city. The service provides services to residents with a mild to low moderate intellectual disability.

The designated centre is a two-storey semi-detached house. The house can accommodate one resident with mobility challenges in one downstairs bedroom. The centre is staffed by a social care leader, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 2 September 2022	10:15hrs to 15:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards. This inspection was completed during the COVID-19 pandemic, and the inspector adhered to infection control and prevention guidance, including the use of appropriate personal protective equipment (PPE).

The centre comprised of one semi-detached two storey house located in an urban area on the outskirts of a city. The house was located in a community setting within easy access to local facilities such as shops, restaurants and leisure amenities. One bedroom was located on the ground floor to accommodate a resident with specific mobility needs. This resident also had access to an accessible shower room. Three residents were accommodated upstairs where there was access to a main bathroom used by two residents, while one resident had access to an en-suite bathroom.

On arrival to the centre, the staff member requested the inspector complete a temperature check and sign a visitor's log. Hand sanitiser was available on arrival to the centre also so that visitors, staff and residents could attend to hand hygiene on entering the centre. On entering the centre the inspector was greeted by a resident who was getting ready to depart the centre for a planned activity. The person in charge or other members of management were not available to come to this centre on the day of this unannounced inspection. At the request of the inspector a staff member from the community residential services, a staff nurse, was made available to assist the inspector in the centre once all the residents and staff had departed for the day. This staff member was not a regular staff member of the centre and as such was not familiar with the centre itself. However, she was familiar with the residents and their healthcare and support needs and was the person that would regularly attend medical appointments with the residents of this centre. There were no active infections or IPC related concerns in this centre reported at the time of this inspection.

One resident, as previously mentioned, was present in the centre on the morning of the inspection. This resident welcomed the inspector to the centre and spoke with the inspector about living in the centre. This resident expressed satisfaction with the centre, told the inspector they liked living there and was happy in their home. The resident spoke very positively about the staff in the centre and appeared to have a positive relationship with the staff member present on the morning of the inspection. The resident had an awareness of infection prevention and control measures such as hand hygiene. This resident showed the inspector their bedroom and adjoining bathroom and was proud of how they kept these areas clean and tidy. The other residents had already departed the centre to attend day services and the inspector did not have an opportunity to meet with these residents.

The staff member in the centre on the morning of the inspection spoke with the

inspector also. This staff member was very knowledgeable about the residents and their individual support needs. They also had a strong awareness of IPC measures in place in the centre and what to do in the event of an outbreak of infectious disease, such as COVID-19. The staff member spoke confidently about how residents would isolate in the centre if this measure was required and was observed to wear the correct PPE as per public health guidance while working in the centre.

Overall the centre was well maintained and the inspector noted that cleaning in the centre had been completed to a very high standard. It was evident that the centre was being regularly cleaned and that staff and residents were proactive in ensuring that the centre was kept clean. Kitchen appliances, floors and surface areas were noted to be kept very clean and there was no significant build-up of dust or dirt. There was signage on display about hand hygiene and guidance on the use of PPE in appropriate areas such as near hand-washing facilities and in the staff office. Pedal bins were located in kitchens and bathrooms and there were appropriate hand-washing facilities available to staff, residents and visitors.

Residents' bedrooms were seen to be personalised and tastefully decorated according to their own preferences. Residents were seen to have decorated their bedrooms with items of value to them, including artwork and photographs. The resident spoken to in the centre took evident pride in their belongings and told the inspector that they liked to keep their own bedroom clean and tidy and staff supported them in this if they required any assistance. The staff member indicated to the inspector that some residents kept their own bedrooms clean but that all residents had support from staff if required and that staff ensured that all residents' bedrooms were cleaned at least twice weekly. Some light dust was noted in some areas, but as per the cleaning routines in place in the centre, these areas were due to be cleaned on the day following the inspection.

Some areas for attention were noted on this inspection. A couch in the sitting room was seen to have worn armrests, which would prevent thorough cleaning. Likewise, some kitchen presses and drawers were seen to have peeling laminate and some signage that was affixed using sticky tape required review to ensure that all surfaces could be adequately cleaned.

A sensory/activity room was provided for the use of some residents that contained a bean bag, soft furnishings and some items designed for sensory occupation. This was seen to be a valuable addition to this centre and a staff member spoke about how one resident in particular enjoyed using this space. Soft furnishings present in this room required laundering to ensure that all residents could safely use this space.

Overall, this inspection found that residents were generally afforded good protection against infectious agents in line with standards consistent with relevant national standards. Some areas did require attention but most of these had been identified by the person in charge prior to the inspection taking place, with actions in place to remedy identified issues.

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 in relation to infection prevention and control.

Capacity and capability

There was a management structure in place in this centre. This structure was outlined in the statement of purpose for this centre. The person in charge reported to a community nurse manager 2 (CNM2) who reported to a CMN3, who reported to the service manager of community residential services. However, at the time of this inspection the management team was not at full capacity. There were two persons in charge appointed to cover the full time role of person in charge in this centre. The appointed CNM2/person participating in management, who was also appointed to work 0.2 of a whole time equivalent role as person in charge was absent due to long term leave. As such, this meant that the role of the person in charge was not in a full time capacity at the time of this inspection. The inspector was told that this management vacancy had recently been filled and that this new staff member would be commencing the role in the month following the inspection. In the interim the person in charge was reporting to the senior manager of community residential services. The inspector did not have an opportunity to meet with any of these individuals on the day of this inspection but the CNM3 on duty on the day of the inspection provided information as requested and took part in brief telephone feedback at the end of the inspection.

It was seen at the time of this inspection that the person in charge was maintaining good oversight of this centre and had a strong presence in the centre, with some of her hours being dedicated to direct support of the residents of the centre. As such, at the time of this inspection, while there was evidence of some issues being impacted by the management vacancy in this centre, overall it was seen that this was not having a direct impact on the residents of this centre. This was due to the strong oversight maintained by the person in charge and the presence of a dedicated core staff team in this centre.

The person in charge had ensured that documentation kept in the centre was easily located and the inspector was satisfied that a relief or new staff member would have all the required information available to them if it was necessary for an unfamiliar staff member to support the residents of this centre. This would be important in the event of an outbreak of infectious disease that impacted the core staff team to an extent that unfamiliar staff would be required.

The statement of purpose in place in the centre did not accurately reflect the management arrangements in place in the centre at the time of the inspection and did not contain any details in relation to infection prevention and control procedures, visiting restrictions or visiting procedures in place in the event of an outbreak of an infectious disease in the centre.

An annual review and six monthly audit had been completed and these included information about and review of the IPC arrangements in place within the centre, including an update of the status of the designated centre during the COVID-19 pandemic and any risks posed to the residents in the centre to date. Audits such as hygiene audits were taking place. Actions identified were being addressed. For example, a flooring issue in the downstairs bathroom had been identified and there was evidence of follow up by the person in charge in relation to this. The timely identification and management of any issues that arose meant that, on the whole, residents were being afforded a responsive and safe service on an ongoing basis. Some auditing records were found to be duplicating others and were not always correctly completed but it was clear to the inspector from a visual inspection of this centre that the hygiene and cleaning duties were being diligently completed in this centre and that these documentation oversights were not currently impacting on residents. This was discussed during feedback.

Management and household team meetings were taking place. Some of these records were not available to the inspector in the centre on the day of the inspection but the CNM3 confirmed that these were occurring. Monthly residents meetings were also taking place and the inspector viewed details of these. Of the records viewed, it was clear that IPC was discussed at these meetings.

The provider had in place a suitable IPC policy that contained relevant guidance on areas such as the management of linen and laundry and waste management procedures. Numerous standard operating procedures were in place relating to IPC and these referred not only to the COVID-19 virus, but to other infectious diseases also. Guidance in relation to environmental cleaning was viewed and this provided good information for staff, including a link to a video demonstration about how to use specific cleaning products. The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed. A contingency plan was in place for this centre. This contained information on details such as the cleaning agents that should be used in the event of an outbreak of infectious disease, public health guidance and identified an IPC support contact but required review to ensure that they clearly outlined individual isolation arrangements including the arrangements for shared bathrooms and mealtimes. Although staff were aware of these arrangements, they were documented in centre-wide or individual plans. This would be important in the event that the regular staff team were unavailable to support residents during period of isolation and unfamiliar staff were providing support. Risk assessments and plans were in place to take account of changing circumstances and updated public health guidance.

The centre was staffed by a dedicated team of staff. One to two staff supported residents during the day when they were not attending day services and at night a sleepover staff member was available to residents. The staff team in place was seen to provide a dedicated person centred service to residents in this centre and rosters viewed indicated that the residents in this centre were offered continuity of care. There was evidence that IPC matters were discussed with staff during team meetings and resident meetings.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. The evidence viewed on the day of this inspection indicated that safe and good quality supports were provided to the residents living in this centre. Infection control procedures in place in this centre to protect residents, staff and visitors ensured that overall residents were protected from infection in a manner that was consistent with relevant national standards.

Individual risk assessments were in place for residents that had recently been updated. These included measures and controls in place to protect residents from infection from disease including COVID-19. As mentioned in the previous section, further clarity was required in documentation to ensure that the guidance in place adequately addressed the isolation arrangements in place for residents of the centre. Easy-to-read guidance about a number of IPC matters was available to residents and this was seen to be discussed during residents meetings. Easy-to-read guidance was available to residents about various topics, including the COVID-19 virus, testing for the COVID-19 virus and isolating and documentation was viewed about supporting residents who were in self-isolation.

Residents in this centre had facilities to allow for self-isolation in their home if required. All residents had single bedrooms and staff in the centre were very clear on how residents could access identified bathrooms if required. There had been a previous outbreak of COVID-19 in this centre and the staff member was able to describe in detail the successful arrangements that had been put in place to isolate residents at that time so an uninfected resident was protected from the virus. No staff member contracted the virus during this outbreak. As mentioned in the previous section of this report some aspects of the documentation around these isolation plans required clarity, such as the arrangements for residents that did not have access to en-suite bathrooms.

The staffing arrangements in place were adequate to allow for cleaning schedules in the centre to be completed to a high standard without impacting on the care and support of residents. There were records in place indicating that high contact areas were being cleaned four times daily and these were observed to be clean during a walk around of the centre. Some specific cleaning and maintenance duties were not identified and this meant that this duty was being completed by staff on an ad hoc basis. For example, more clarity was required for staff in relation to how and when to clean soft furnishings, such as those contained in the sensory room.

Some areas for attention were noted during the visual inspection of this centre. Some of these have been discussed in a previous section of this report. In addition

to those, the flooring in one bathroom required attention due to cracking at joints that could impede thorough cleaning and some black residue was also noted in the corner of the shower area in another bathroom and around some skirting and saddleboard joints in an en-suite bathroom. A vent in this en-suite bathroom was also seen to have a build up of dust present. Most of these issues had been identified and escalated by the person in charge of the centre prior to this inspection and in general there were very good hygiene practices evidenced throughout the inspection. For example, the person in charge had put in place a cleaning schedule to ensure that shower drains were maintained and kept clean and inspection of these areas showed that this was being completed by staff. Similarly, it was evident that the cleaning schedules relating to food storage and preparation areas and kitchen appliances such as the oven, fridge and extractor fan were being adhered to.

Staff training had been completed in a number of areas such as hand hygiene and PPE and it was seen that the person in charge was maintaining specific IPC training records to ensure that all staff working in the centre had ample training in this area and that staff training was up-to-date. Additional information was provided to the inspector following the inspection confirming that relief staff working in the centre had received training in IPC.

There was hand sanitiser located throughout the centre and ample stocks of replacement sanitiser was available and in date. PPE such as face masks and aprons were in plentiful supply, as were appropriate cleaning products and products were seen to be in date. A colour coded system was in use to identify what cloths and mops to use for specific areas of the centre and prevent cross contamination. Mop buckets and some cleaning equipment were stored in a shed in the rear garden of the centre and were observed to be stored clean. Mop heads were being laundered when the inspector arrived at the centre and staff were very familiar with the cleaning systems in place. There was a poster on display about this close to where the cleaning equipment was kept.

Overall, given that this centre is a community based home for residents without specific infection concerns, the IPC measures in place were seen to be of a high standard, without impacting significantly on the homely environment that had been created by residents and the staff team in this centre. Feedback was provided to the person in charge and management of the centre in the days following the inspection.

Regulation 27: Protection against infection

Overall, good practice was identified in this centre to ensure that residents, staff and visitors were protected from infection by strong infection prevention and control practices and procedures within the designated centre. Some areas for improvement were required to ensure that infection prevention and control measures in place in this centre were at all times consistent with the relevant national standards.

- Arrangements for cleaning of soft furnishings in the sensory room required review
- Couch in sitting room with worn armrests
- Peeling laminate on kitchen presses
- Bathroom flooring joints cracked/lifting
- Moisture damage to saddleboard & skirting in en-suite bathroom
- Build up of dust on one air-vent in en-suite bathroom
- Sticky tape above hand sanitising station in kitchen prevented adequate cleaning of this surface

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 Community Residential Service Limerick Group I OSV-0005821

Inspection ID: MON-0036196

Date of inspection: 02/09/2022

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 has ensured the following:</p> <ul style="list-style-type: none">Cleaning plan for soft furnishings in sensory room is in place-completeReplacement for couch is on orderKitchen cupboards will be reviewed by maintenance team who will advise on repair or replacement- completion date 30.11.2022Bathroom floor- temporary seal applied while awaiting date for replacement by flooring contractor- completion date 31.12.2022Damaged saddle board & skirting have been cleaned and will be replaced- completion date 31.12.2022Air vent has been cleaned- completeSticky tape has been removed- complete	

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	31/12/2022