



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

Issued by the Chief Inspector

Name of designated centre:	Avila
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 June 2022
Centre ID:	OSV-0008118
Fieldwork ID:	MON-0036440

About the designated centre

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

Avila is a designated centre operated by Health Service Executive. It provides a community residential service to a maximum of four adults with a disability. The centre is a detached bungalow which consists of four resident bedrooms (one of which is en-suite), kitchen and dining room, sitting room, office and a shared bathroom. The centre is located in a rural area in Co. Tipperary and is close to local amenities. The staff team consists of a clinical nurse manger, staff nurses and healthcare assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 30 June 2022	10:00hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA-enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the office area in the designated centre. The inspector ensured both physical distancing measures and use of appropriate personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with the four residents over the course of the inspection and to observe as they engaged in activities. At the start of the inspection, the inspector met with two residents outside the centre who were on their way to access the community and visit family members. One resident was preparing for the day in their bedroom and one resident was attending day services. Later in the morning, residents were observed having lunch in the kitchen and relaxing in the sitting room. The residents were observed accessing the community in the afternoon. Overall, residents appeared relaxed in their home and positive interactions were observed between residents and members of the staff team.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. As noted, the centre is a detached bungalow which consists of four resident bedrooms (one of which is en-suite), kitchen and dining room, sitting room, office and a shared bathroom. The inspector was informed that the centre had recently been repainted. Overall the premises was decorated in a homely manner with flowers to the front of house. There was a large established garden to the rear and side of the designated centre which contained a chicken coop and a number of chickens. The designated centre had two transport vehicles which at times was shared with another service. It was noted in the provider's six monthly announced visit that the transport arrangements were not suitable due to the level of use.

However, a number of areas of the premises required review as they posed a barrier to effective infection prevention and control. For example: the laminate on the kitchen presses as peeling and had been removed from several doors; the flooring in the kitchen was lifting and worn in places; and there were gaps in the flooring in the sitting room and areas of windowsills were observed as worn. There were also areas of broken plaster observed in the hallway. In one bathroom, storage units to facilitate staff members changing clothes were observed in the shower. This meant

that a regular regime of water flushing of the shower was not possible.

The inspector observed measures in place to promote a clean environment that minimised the risk of transmitting a healthcare-associated infection. These included use of PPE, pedal-operated bins and cleaning schedules. However, a number of the infection prevention and control practices in place required review. For example, the cleaning schedules in place did not suitably guide staff in cleaning some areas of the premises. This had been self-identified by the provider and an updated detailed cleaning schedule had been trailed. In addition, the hand gel dispenser at the entrance of the designated centre was refilled. It was observed that the expiry date of the hand gel was not adequately recorded and the hand gel dispenser was visibly dirty.

Overall, it was found that the service provided was person centred and that the residents appeared happy and comfortable living in the service on the day of inspection. However, improvements were required in infection prevention and control practices to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and safety, before a final overall judgment on compliance against Regulation 27: Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of infection prevention and control practices in the centre. However, there were a number of improvements required, including the centre's COVID-19 contingency plan and providing adequate guidance to the staff team on infection prevention and control practices and procedures.

There were clear management systems in place to ensure regular oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The centre was also supported by a senior management team which included an on-call system who were available to support if any infection control or COVID-19 concerns arose. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the unannounced provider six monthly audits. In addition, an audit of infection prevention and control had been undertaken in April 2022. The infection control audit identified areas for improvement and the provider was in the process of developing an action plan in response. For example, the audit identified the need for wall-mounted hand sanitiser dispensers in the bathrooms. The inspector observed that these had been bought and were awaiting installation. However, the audit also identified larger improvements which were required, including addressing issues

with the centre's septic tank and premises issues. These were under review at the time of inspection.

The provider had national policies and procedures on best practice in relation to infection prevention and control. However, on the day of inspection, these policies and procedures were not readily available to guide staff practice in relation to standard precautions in infection control. The provider had developed a centre-specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. The contingency plan outlined plans in the event of an outbreak of COVID-19. This plan gave contact details for senior managers and the infection prevention and control team. However, the contingency plan required review as it did not accurately outline the current precautions and plans in place in the centre since the publication of the updated Residential Care Facilities Guidance in June 2022. In addition, the contingency plan identified a location as a self-isolation unit to support residents to isolate, if required. This location was used in September 2021 to support a resident isolate and was not appropriately notified to the Chief Inspector of Social Services nor registered in line with the March 2020 Regulatory Notice.

A review of rosters noted that staff numbers in the centre were adequate to support residents and complete the cleaning and infection prevention tasks required by the service. Staff members worked with the residents and were responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner. The inspector observed all staff members wearing PPE in line with the current national recommendations for residential care settings. The inspector spoke with staff about their responsibilities in relation to infection prevention and control. While the inspector found that while the staff team were clear on some aspects of infection prevention and control, the guidance and systems in place did not support the consistent and effective infection prevention and control practices. The practices are discussed in the next section of the report.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that with regards to infection control, the majority of staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE. There were clear plans in place to ensure all staff had up-to-date training by July 2022.

Quality and safety

The management and staff team were endeavouring to provide a safe, high quality service to residents. Residents appeared happy and comfortable in their home. However, with regards to infection prevention and control, a number of improvements were required to ensure that the service provided was always safe

and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspector found that improvements were required in infection prevention and control practices. For example, cleaning schedules were in place and these were implemented by the staff team daily. The inspector reviewed the three cleaning schedules in place which included schedules for day, night and enhanced cleaning. The cleaning schedules outlined high-level tasks to be completed including sweeping, mopping and disinfecting. The inspector found that the cleaning schedule required further review in order to guide staff in the cleaning of all areas of the designated centre. For example, the cleaning schedule in place on the day of inspection did not include guidance on disinfecting and cleaning specific areas of the centre, the cleaning of personal equipment or a room-by-room breakdown of tasks. The inspector was informed a new cleaning schedule had been developed and trialled in the centre. However, it was under review and not in use in the centre on the day of the inspection.

In addition, the centre had a flushing regime of water outlets to prevent water borne infections and legionella. However, on review of records, the inspector found that there were no records of the flushing regime being completed for the period between October 2021 to June 2022. The system had recently recommenced before the unannounced inspection. In addition, as noted, the storage units were located in one shower which meant that the flushing regime couldn't be appropriately completed.

In relation to the practices for the effective cleaning of residents' personal equipment, the inspector found improvements were required in the guidance available to the staff team and the recording of cleaning personal equipment. For example, one staff member demonstrated how they would clean a resident's oral-nasal mask. However, this was not in line with the manufacturer's guidance. Also, on review of records there was no clear guidance in place for the staff team to refer to and there was no record of the mask being cleaned daily. Similarly, there was no record of cleaning or guidance on how to clean residents' blood glucose meters.

The use and storage of cleaning equipment required review. For example, there was a blue and red colour-coded mop system in place. The blue and red buckets were part of a dual bucket system. Staff spoken with were unsure of the system in place. This practice posed a risk of cross contamination. In addition, the storage of the mops and buckets required review as they were stored in an outside storage shed.

It was evident that infection control and COVID-19 measures were discussed with residents in a way that was accessible to them. Weekly residents' meetings and easy-to-read guidelines were in place to facilitate discussions regarding infection control and updates regarding vaccines and COVID-19.

Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, significant improvement was required to meet the requirements of Regulation 27 and the national standards for infection prevention and control.

The provider had a national policy in place to guide infection control practices. However, improvements were required in the guidance provided to the staff team as this policy was not readily available to the staff team to refer to. There was a centre-specific COVID-19 response plan: however, it did not accurately reflect the current precautions in place. The COVID-19 response plan also referred to the use of an isolation unit. The isolation unit was used in September 2021 for a short period of isolation in response to COVID-19. This isolation unit had not been notified or registered with HIQA. At the time of inspection, the COVID-19 response plan was under review.

A number of areas of the premises required review as they posed a barrier to effective infection prevention and control, including:

- the centre's septic tank
- screen film on windows which was partially removed
- laminate removed from a number of kitchen presses
- floor lifting and worn in places in the kitchen
- gaps in floorboards in the sitting room
- worn windowsills
- areas of plaster work in the designated centre requiring attention
- tiles in bathroom noted in a recent infection control audit as 'porous' with a rough surface. This is difficult to effectively clean which at times leads to a malodour.

In addition, a number of infection prevention and control practices required review. For example, the cleaning schedules in place did not appropriately guide the staff team on areas of the centre to clean and required review. There was no guidance or recording of the frequency and method of cleaning of personal equipment such as oral-nasal masks and blood glucose monitors. The practices in place for the water flushing regime to manage the risk of water-borne infections and Legionella bacteria required review. In addition, some improvement was required in the cleaning equipment storage practices.

Judgment: Not 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	Not compliant

Compliance Plan for Avila OSV-0008118

Inspection ID: MON-0036440

Date of inspection: 30/06/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Improvements were required in the up keep of the premises that may pose a barrier to effective infection prevention and control. These include:</p> <ul style="list-style-type: none"> • Centre Septic tank • Screen film on the windows throughout the centre • Laminate removed from a number of kitchen presses/utility presses- new kitchen approved • Floor lifting and worn in places. • Worn windowsills. • Area of plasterwork in the centre requiring attention. • Tiles in bathroom noted in a recent infection control audit. <p>A full review of issues identified was undertaken by the unit manager and escalated to senior management, plan of works will be made by maintenance by the 30.09.2022.</p> <p>The inspector reviewed a sample-cleaning schedule, which was not in use in the centre on the day of the inspection. The inspector found improvements were required in the guidance and the recording of cleaning personal equipment.</p> <ul style="list-style-type: none"> - The person in charge will implement a cleaning folder completed in conjunction with local IPC Clinical Nurse Specialist, which will include a detailed cleaning schedule. This will include the standard operation procedures of each personal equipment. The SECH Cross divisional Cleaning guidelines will also be available. This will be brought to staff attention through team meetings/supervision meetings. - The cleaning folder is now included in the induction process for all new staff in Damien House Regional Services. 	

- The legionella check is also identified within the cleaning folder.

The above actions will be implemented by the 31st August 2022.

The use and storage of cleaning equipment including mops requires urgent attention.

-The person in charge has implemented a detailed mopping system and storage of the above will be supplied by maintenance.

The inspector observed hand gel out of date and visibly dirty.

- The person in charge has replaced all out of date hand gel in the centre. Cleaning is included in the cleaning schedule.

Improvements required with the Covid'19 contingency plan.

- The person in charge has since updated the Covid '19 emergency plan and is now in place in the centre.

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.	Not Compliant	Orange	31/01/2023