



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

Issued by the Chief Inspector

Name of designated centre:	Acorn House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	28 February 2023
Centre ID:	OSV-0008285
Fieldwork ID:	MON-0038901

About the designated centre

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

This is a service providing 24 hour care and support to three residents with disabilities. It comprises of a detached bungalow in close proximity to a large town in Co. Westmeath. A service vehicle is provided to the centre to accommodate residents' access to community facilities and other social outings. Each resident has their own bedroom in the centre which are decorated to their individual styles and preferences. The house comprises 4 bedrooms with 2 bathrooms, a utility room and separate toilet area. There is one large sitting room, one living room, a visitor's room, a kitchen and small dining area and a large garden to the rear of the house with a shed utilised for storage. The house is surrounded by well-maintained gardens and, ample on street parking is available to the front of the property. One nurse and one health care assistant are on duty during the day and a nurse and health care assistant is on waking duty each night. Social and community based activities such as bowling, cinema, bingo, hotel breaks, boat trips, trips to the shops and local pubs, concerts, and swimming are offered to the residents.

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
Tuesday 28 February 2023	11:10hrs to 15:10hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control (IPC). The centre comprised of detached houses located in County Westmeath and provided care and support to three residents.

On arrival to the house the inspector was met by a healthcare assistant and a staff nurse. They asked the inspector to sign the visitors book and, invited them to sanitize their hands. The house was observed to be warm, welcoming, clean throughout, well maintained and free from clutter.

The inspector met with the three residents over the course of the inspection and they all appeared in good form. One resident told the inspector that they were happy in the house. They also invited the inspector to view their back garden where they had recently built a small bird house. The resident liked to feed the birds and was very happy to talk to the inspector about this. They also liked football and spoke to the inspector about local football teams that they supported. Additionally, they liked to go to the shop to buy one of the local newspapers on a regular basis.

Another resident told the inspector that they had plans to go to a boxing/fitness class at the weekend with staff support. They said that they liked this activity and they also liked to go for scenic drives around the lakes near to the house. On the day of this inspection all residents went for a drive and on their return, one told the inspector that they enjoyed their trip.

The third resident spoke briefly to the inspector and said they were happy in their home and they enjoyed going out and about in the local town. From reviewing a sample of documentation, the inspector observed that social and community based activities such as bowling, cinema, bingo, hotel breaks, boat trips, trips to the shops and local pubs, outings to concerts, and swimming were offered to the residents. Residents were supported to go on holidays of their choosing.

The inspector also observed that the residents had personalised their home to their individual styles and preference. They all had their own individual bedrooms which they had decorated to their individual liking and, their rooms were well maintained, ventilated, clean and comfortable.

Throughout the course of this inspection residents appeared very happy, settled and comfortable in their home and, were observed to be relaxed in the company and presence of staff. Staff were also observed to be kind, caring and person centred in their interactions with the residents.

While the provider had systems in place to detect, respond to and manage an outbreak of an infectious disease, a couple of minor IPC related issues were

identified on this inspection.

The following two sections of the report will present the findings of the inspection in more detail.

Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures so as to promote effective IPC systems in the house. However, some IPC-related refresher training was required for two staff members.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an clinical nurse specialist in IPC was available to provide support and advice to the person in charge and the staff team working in centre. Additionally, the person in charge could link in with the Assistant Director of Nursing to discuss any IPC related issue should one arise.

IPC and the importance of good hygiene standards were discussed with residents and the inspector saw evidence that education and training had been provided to the residents regarding respiratory and hand hygiene. IPC was also discussed at staff meeting and any IPC-related updates and/or hygiene audits on the centre were discussed with the staff team by the person in charge.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, isolation plans and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

The staffing arrangements were in line with the statement of purpose and from viewing a sample of rosters, the inspector observed that during the day a staff nurse and healthcare assistant were on duty and a staff nurse and healthcare assistant were also on waking night duty.

From a sample of files viewed, staff also had training in IPC, hand hygiene, donning and doffing of PPE and the management of spills. However, it was observed that two staff required refresher training in donning and doffing of personal protective equipment (PPE).

A number of audits to include six monthly unannounced six monthly visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that

needed addressing. Following such audits an action plan was drawn up so as to address any issues found.

For example, a hygiene IPC assessment was carried out in the centre by a CNS in IPC on January 24, 2023. This assessment identified a number of minor IPC related issues in the centre, some of which had been addressed at the time of this inspection. Additionally, a plan of action was in place to ensure all issues identified in the hygiene IPC assessment were addressed.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plans. Additionally, the provider had developed a communications and hospital passport for each resident so as to alert staff and other healthcare professionals to the residents assessed needs, how best to communicate with them and how best to support them in a hospital based setting.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. For example, the house was found to be clean and generally well maintained which helped to minimise the risk of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in multiple different locations in the centre. Staff were also observed to use hand gels and wear face masks over the course of this inspection.

The provider also had a sufficient supply of PPE available in the house. However, the storage area used for PPE required review so as to ensure ease of access to all PPE and to ensure all PPE was stored appropriately.

The inspector completed a walk-through of the house. The premises was found to be clean, well maintained, tidy and free from clutter. Some minor issues regarding the premises required attention however, these issues had been identified in the providers own audits/assessments of the centre and, a plan of action was in place to address them.

Cleaning schedules were in place for high-touch areas such as light switches, door handles and remote controls. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchen. These helped ensure the overall effective hygiene of the centre. Staff were also observed to be adhering to cleaning schedules in place in the house and as already identified in this report, on the day if this unannounced inspection the house was observed to be clean throughout.

There was a colour-coded system regarding the use of mops and cloths so as to minimise the possibility of cross contamination. The person in charge informed the

inspector that a new system for mops was soon to be introduced to the centre so as to further enhance IPC practices in this area.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed wearing PPE, engaging in hand hygiene practices and cleaning the house in line with cleaning schedules.

Regulation 27: Protection against infection

The provider had in place a range of protocols, documents, guidelines and procedures so as to promote effective IPC systems in the house. However, the following minor issues were identified on this inspection

- Donning and doffing of PPE refresher training was required for two staff members
- The storage area used for PPE required review

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 Acorn House OSV-0008285

Inspection ID: MON-0038901

Date of inspection: 28/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none">• Refresher Training for the two Staff members who required same has been completed• The storage area of PPE has been reviewed and the PIC is satisfied that all PPE is stored safely.	

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	03/03/2023