



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

## Issued by the Chief Inspector

Name of designated centre:	Special Dementia Unit - Sonas Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	25 February 2022
Centre ID:	OSV-0003746
Fieldwork ID:	MON-0035392

## About the designated centre

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

The designated centre is based on a campus setting in suburban area of North-West County Dublin and provides specialist dementia care to persons with intellectual disabilities some of whom have end of life support needs. The centre is comprised of one large building which was constructed in 2013 and currently operates as two separate units within the one premises. Services are provided through 13 long term beds and one respite bed. There is a staff team of clinical nurse managers, staff nurses, care assistants and household staff employed to support residents and additional supports are provided through volunteers.

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

Number of residents on the date of inspection:	12
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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 25 February 2022	10:00hrs to 13:30hrs	Sarah Cronin	Lead
Friday 25 February 2022	10:00hrs to 13:30hrs	Thomas Hogan	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed in order to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control. During the course of the inspection, inspectors met and spoke with the person in charge, staff members and met with residents. Inspectors spent time reviewing documentation and observing the physical environment.

This centre is a purpose built centre to cater for residents with a diagnosis of intellectual disabilities and dementia. It comprises of one large building and operates as two separate units within the one premises. One of the units has seven beds and one respite bed while the other is a six bedded unit. All of the bedrooms are single occupancy and have en suite facilities. The centre has capacity to provide end-of-life care to residents and has accommodation for families to use within the centre when required. Residents had complex health care needs and received full time nursing care and support from care assistants. The centre had two household staff employed who were on the premises seven days a week.

Inspectors found the centre was bright and airy and there were numerous spaces available for residents to engage in activities, or to spend their time relaxing in. There were arts and crafts supplies, board games, and other games available for residents. There were a number of living rooms and there was also a sun room which led to an enclosed courtyard with raised beds and a water feature. The premises was well maintained both internally and externally.

Many of the residents presented with advanced dementia and associated complex communication needs. These residents relied on staff members interpreting their communication signals such as their facial expressions, their body language and general presentation to provide person-centred care in line with their will and preferences. Inspectors observed a number of residents relaxing in their beds. They were all well presented and appeared to be comfortable and content. Inspectors spent a brief period of time speaking with a resident who was relaxing in a sun room. They were showing the inspectors their jewellery and were enjoying the sunshine. Inspectors briefly met with another resident who was relaxing on their bed. They spoke with the person in charge and enquired about the inspectors. Another resident was being supported to have a drink in a dining room. The environment was very calm and quiet and staff were noted to engage in kind and respectful interactions with residents. Residents routines were based on their presentation throughout each day such as mealtimes, the need for rest and relaxation and the desire to engage in activities in the centre.

The next two sections of the report will outline the findings of the inspection in relation to governance and management and how these arrangements impacted on the quality and safety of the service being delivered in relation to infection prevention and control. The findings will be presented under capacity and capability and quality and safety and an overall judgment on compliance with Regulation 27

(Protection against infection).

## Capacity and capability

Inspectors found that there were clear governance and management structures in place to ensure that infection prevention and control procedures were in line with the National Standards for Infection Prevention and Control (Health Information and Quality Authority, 2018). The provider had a national infection prevention and control committee in place who met regularly. Membership of this committee included service managers, medical staff, quality and risk officers, human resources and the clinical nurse specialist in infection prevention and control. In addition to this committee, there was a local outbreak committee in place. Information from these committee meetings was disseminated to service managers and persons in charge who in turn shared this information with staff working in the centre. Finally, there was a serious incident management team in place. This team met on a weekly basis and reviewed items such as contingency plans, outbreak management and deputising arrangements. The provider engaged regularly with public health and had a clinical nurse specialist in health promotion as an additional resource.

While the annual review for 2021 had not yet been completed, inspectors viewed the annual review report for 2020. This considered the infection prevention and control arrangements in the centre. The provider had a comprehensive contingency plan in place to ensure there were clear actions taken in the event of an outbreak. While there had not been any outbreak in the centre to date, there was a template for an outbreak report which would enable learning and identify any preventative measures if they were required. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and reviewed on a quarterly basis for the centre. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. Where actions were required for example in maintenance, the provider was self-identifying these areas and taking appropriate actions. The provider had a number of risk assessments in place relating to infection prevention and control and the control measures in place were found to be appropriate to protect residents from infection.

Day to day oversight of infection prevention and control measures was the responsibility of the person in charge and they were supported in their role by a COVID-19 lead in the centre. There were regular audits taking place which included audits of hand hygiene, environmental audits, management of sharps and waste and reviews of cleaning logs. These audits were scored and shared with staff to ensure ongoing monitoring and improvement of the service. Daily communication with staff took place during handovers in a 'safety pause'. This ensured that all staff were aware of each residents' colonisation status and the necessary precautions to

be taken when providing care to these residents.

The provider had a number of policies and procedures in place to direct and guide staff practises. These included an infection prevention and control policy, a cleaning and disinfection policy and standard operating procedures on monitoring for symptoms of COVID-19 and required actions in the event of a suspected or confirmed case of COVID-19. There were protocols in place in the centre for transfer to hospital and swabbing residents for acquired infections such as MRSA on their return.

Staff had completed a number of courses relating to infection prevention and control such as breaking the chain of infection, donning and doffing personal protective equipment (PPE), PPE, hand hygiene, environmental and terminal cleaning and food safety. Staff whom the inspectors spoke with demonstrated good knowledge of residents' colonisation status and the necessary precautions to take when providing care to these residents. Staff had access to up to date guidance in relation to COVID-19.

## Quality and safety

Inspectors found that the registered provider was committed to ensuring that residents in the centre were in receipt of a quality and safe service. Given the nature of the services provided in this centre and residents presenting with complex health care needs, it was evident that there were increased infection prevention and control risks present. For example, some residents required intramuscular injections, subcutaneous fluids and syringe drivers were used for residents receiving palliative care. Phlebotomy was done on site in addition to swabbing for MRSA and other health care associated infections including COVID-19. The evidence reviewed indicated that these risks were well managed. Each residents' care plan was found to have risk assessments and related care plans in place specific to their needs and colonisation status. Where appropriate, residents had a colonisation card to ensure all staff were aware of the need for transmission based precautions when providing care and managing waste and laundry for these residents.

Residents in the centre had regular access to a GP and health and social care professionals such as occupational therapy, physiotherapy and speech and language therapy. The centre also had access to a community palliative care team as they required it. There were systems in place to ensure that residents' colonisation status was shared on admission, transfer and discharge to hospital settings.

Inspectors did a walk around the centre with the person in charge. The centre was found to be very clean and well maintained throughout. Some minor maintenance issues were identified in environmental audits such as painting and these were in progress on the day of the inspection. There was evidence that residents had their own equipment and that single use equipment such as nebulisers were disposed of appropriately following each use. There were clear systems in place for the

management of waste and laundry. The provider had a colour coding system in place for equipment such as mops and clothes. This helped staff to clearly identify the appropriate equipment to use in different areas of the centre.

There were adequate supplies of PPE available to staff. The person in charge was responsible for monitoring and ordering stock to ensure that the centre remained well resourced. There were a number of points throughout the centre with alcohol gel available and these were all found to be in good working order. Staff were noted to be following public health guidance throughout the inspection and were wearing the required PPE including the use of FFP2 masks. There was signage in appropriate areas of the centre to remind staff of hand hygiene procedures.

There were systems in place to ensure that staff and residents were being monitored for any signs of infection and documentation was found to be well maintained. On arrival, inspectors noted that there was a clear protocol in place for visitors to the centre such as a temperature check, a visitors book and a screening form.

The centre had clear guidance in relation to visitation to the centre and these were reflective of current up-to-date national guidance. Visiting on compassionate grounds had been facilitated for residents and a separate accommodation area and bathroom facilities for relatives was available to minimise risk.

## Regulation 27: Protection against infection

Inspectors found that the provider was found to be meeting the requirements of Regulation 27 and had developed practices and procedures which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The governance arrangements, management systems and processes were found to be effective in oversight and review of infection prevention and control practices in the centre. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. Residents were found to be in receipt of good health care and care plans included known IPC risks and required precautions to manage these risks. Staff were found to be trained in a number of areas to ensure ongoing safety of all residents and were knowledgeable about infection prevention and control practices.

Judgment: 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	Compliant