Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Gortacoosh Accomodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0005870
Fieldwork ID:	MON-0035874

About the designated centre

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

This designated centre was established in early 2019 and is designed and operated to meet the specific needs and preferences of two residents for whom this centre is home. Each resident has their own separate self-contained living space within the house. The service aims to meet the needs of adults with a disability and / or dual diagnosis. Residents have staff support at all times. Residents are encouraged to be independent in everyday living but staff support is provided for those areas that require support and assistance. A process of person centred planning informs the support provided with and for residents and ensures that the service is matched as closely as possible to the assessed needs and preferences of the person. The service is open and staffed on a full-time basis; the model of care is a social model. The staff team is comprised of social care staff; day to day supervision and management is provided by the team leader and the person in charge. The service is located in a rural but populated area. A busy town that offers a range of community and social amenities is nearby and residents have access to their own dedicated transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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 10 February 2022	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

This was an un-announced inspection of the designated centre specific to Regulation 27 Protection against Infection. The inspector reviewed requested documentation in the staff office during the course of the day. Interaction and engagements with staff and residents were limited to a period of under 15 minutes and in areas of good ventilation or in garden areas. These interactions were semi-structured and afforded staff to provide or clarify information and practices to the inspector. During these interactions, the inspector and staff wore face filtering piece masks (FFP2).

The inspector arrived at the house just after residents had finished breakfast. On arrival, the inspector noted that windows in the house were open to promote ventilation. A staff member was observed to be sitting at a dining room table two metres apart from a resident. The staff member was wearing an FFP2 mask. The inspector was directed to a door at the rear of the building. This was the door that all visitors entered. There was signage on the external door to remind persons of Covid-19 restrictions and precautions. This was a small utility area where records relating to visitors were maintained. The staff member took the inspectors temperature and recorded it on a contact tracing sheet. This area had a wall mounted hand sanitiser that was noted to be full and clean. A bin for used personal protective equipment (PPE) was also in this room. This bin had no liner and was not operated by a pedal which meant that the lid had to opened by hand. This room had a hand basin and soap with a good supply of paper towels. Stocks of PPE gear, soap, detergents, antibacterial sprays and bleach were stored in locked cupboards.

The kitchen and dining area were noted to be quite clean and well maintained. Kitchen presses had been painted since the previous inspection in July 2021 and the integrity of surfaces had been improved. Furniture within these rooms was in good condition. The kitchen sink was used for hand washing and had a supply of soap and paper towels. There were two large pedal bins in this area. The lid of one bin was noted to be dusty on the initial walk through but was observed to be clean later in the day. The fridge and food storage presses were observed to be clean. The microwave and oven were also seen to be clean. The oven had some cobwebs and debris noted at either side. This oven was movable for the purpose of cleaning its sides.

The hallway contained easy to read posters and signage to remind residents and staff of proper cough etiquette and the importance of hand hygiene. The staff sleepover room was observed to be generally clean, however, a frequently used locked cupboard for a residents medicines was noted to be very dusty. Similarly, one residents' sitting room was noted to be quite clean, however, a large display shelving unit with photographs was very dusty.

A large bathroom was noted to be clean. Some rust stains and minor markings had been noted by the registered provider's infection prevention control audits and awaited addressing by the maintenance department. This room had soap and paper

towel supplies.

The staff office was noted to be clean. An en-suite toilet and shower attached to the office was in need of some repair. Tiles in the shower area were loose and cracked, as were some floor tiles. The shower surround and sides were damaged and not functioning to prevent water escaping onto the floor.

The hallway corridor, floors and skirting were noted to be clean. Significant dust was noted on the surfaces of control boxes attached to radiators and to fire extinguisher boxes. All other areas around these surfaces were seen to have been cleaned as listed on an enhanced cleaning list for the designated centre.

Both resident's bedrooms were noted to be clean, airy and bright. The fabric of the window board in one bedroom was damaged reducing the efficiency of cleaning that surface.

The external environment and garden areas were clean and tidy. The service vehicle was noted to have a clean interior and a supply of face masks. There was a checklist in place for the cleaning of the vehicle after it had been used. This vehicle was shared by both residents who used it separately, as well as together. Colour coded cleaning mops and buckets were stored in an external garage.

Both residents met with the inspector for short periods over the course of the inspection. Both residents demonstrated that they understood not to shake hands and greeted the inspector by touching elbows. Neither resident wore a face mask and one resident stated that they did not wish to do so. One resident was happy to maintain a social distance of over two metres and this resident spent long periods in their own ventilated sitting room, watching television and programmes of choice. One resident required repeated access to the staff office as part of their behavioural support plan and in keeping with a desire to retrieve items of interest. This resident had difficulty adhering to social distancing. Some rooms had COVID-19 signage outlining the maximum occupancy for that room.

Both residents lived in two separate areas of the house and generally only came together when sharing a vehicle for social outings. Each resident had one to one staff supports throughout the day, one residents had a waking staff member at night time. One staff member was rostered in a sleepover capacity. General and enhanced cleaning duties were schedule across the 24 hour day.

Both residents had been supported through the use of social stories in the uptake of the COVID-19 vaccination programme. While some staff had contracted the corona virus towards the end of 2021, this had not impacted on the quality and safety of the service to residents who continued to be supported by increasing regular staff member's hours.

Residents' care plans indicated that both were accessing the local community to take part in activities of their choosing. One resident was planning a short break with staff support while one resident was planning to avail of a hotel break with residents they knew from another designated centre. One resident had re-engaged with their

day service.

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 in relation to infection control prevention and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector observed that the registered provider and staff, in general, were working hard to adhere to infection, prevention and control standards. There was evidence of clear governance arrangements for the purposes of infection control. Records reflected good evidence of contingency planning. Significant training had been done with staff, who now required refresher training. Standard infection prevention precautions were adhered to but the registered providers own audits, as well as staff practices noted on the day, indicated gaps in good practice relating to standard based precautions to prevent the spread of infection.

Governance in the designated centre was observed to be clear and well documented. A local COVID-19 response plan was signed by all staff and those spoken with on the day of inspection were clear on their roles pertaining to infection prevention control. The response plan was specific to the named designated centre. A COVID-19 policy statement had been reviewed and updated by an integrated service manager who was also a person participating in the management of the designated centre. This had been done in November 2021. The compliance officer and lead worker representative were both team leaders on duty on the day of inspection. Records reflected that the service had maintained return to work checklists for all staff over the course of the pandemic. Multidisciplinary visits to the site had been kept to a minimum and guidance was adhered to in terms of the recording of dates and times, temperature checks, adherence to hand washing and mask wearing, as well as comprehensive details for contact tracing.

A staff contingency plan was in place and the roster had been maintained throughout the pandemic with the staffing in place consistent with the registered providers statement of purpose.

Staff records reflected that staff had undertaken training in breaking the chain of infection, the proper use of PPE, hand hygiene and familiarity with the Health Information and Quality Authority (HIQA) Infection Prevention Standards 2018.

Each resident had a risk assessment in place specific to COVID-19. As a control measure, the registered provider had in place an enhanced cleaning schedule in the designated centre. In line with the providers' infection prevention controls, surfaces were cleaned and disinfected separately or singularly using a combined household detergent. Floors were swept and vacuumed prior to washing. Day and night staff had specific cleaning duties and recorded completion on separate checklists. While

some infection prevention control (IPC) audits were conducted by the person in charge and a team leader, these audits did not follow through on previous detailed actions. It was noted that a deep clean of the designated centre had taken place after a November 2021 audit. However, the provider had a narrow focus on auditing undertaken which related to the stocks of PPE and the recording of temperatures. There was no auditing on the adherence to and the quality of hand hygiene and hand hygiene practices. IPC audits noted the requirement to remind staff to wear face masks. It was noted that on the day of inspection, one staff member was not using an FFP2 mask and was requested by a manager to change their mask, which they did. The face mask that the staff member had been using had been written on, impacting its efficacy.

It was noted on the day of inspection that all staff members had undertaken hand hygiene training. The training is clear regarding not wearing wrist watches and finger jewellery and the maintenance of bare arms to the elbow. Staff were seen not to adhere to these practices that they had received training in. Hand hygiene on the day of inspection was not always practised by staff after returning to the premises, having been in the community. Some staff required refresher training in relation to infection prevention as well as food preparation and safety.

The registered provider had undertaken a workplace risk assessment. In light of resident's inability to adhere to social distancing and refusal to wear face coverings, PPE was provided to all staff in the designated centre, to be used in line with current health protection surveillance centre guidance. Visits to the designated centre were planned and facilitated in separate areas. An isolation plan was specific to the designated centre and reflected that either resident could be isolated if needed, within their own living area. An additional isolation centre remained available if required. Staff groups had been broken into separate cohorts at the height of the pandemic to ensure minimum and protected staff levels. Staff had undertaken food and safety training in the event that some staff may not be available to the service.

The registered provider had a guidance document and checklist to be ticked and signed by the lead worker representatives to ensure the necessary understanding and supports for the role were in place. This was an important document needed to assist and develop the lead worker representative role to prevent the spread of infection within the designated centre. This document had not been completed by the lead worker representatives but was addressed on the day of inspection.

The registered provider had an organogram displayed in a number of different areas of the designated centre. This clearly depicted and identified the staff, team leader and person in charge role relating to the management and escalation of information, concerns and risk pertaining to infection prevention and Covid-19. The person in charge was part of a case management team that linked directly to the person participating in management who was in weekly contact with the registered provider senior management response teams national COVID committee. The registered provider also had a best practice working group which issued updates and guidance to all staff through a shared information technology platform. Guidance was noted to be up-to-date.

Quality and safety

The inspector noted that residents and staff had appropriate information and were involved in decisions about preventing, managing and controlling the spread of infection. Routine and enhanced cleaning, as well as audits in relation to infection prevention were undertaken. The designated centre was generally clean and safe to prevent infections, however staff adherence to the registered providers own policies and guidance required supervision and follow up. Outbreaks of infection had been well identified, controlled and reported to HIQA.

There was appropriate IPC information in easy to read format available in the designated centre. Posters also reflected a reminder to residents and staff to preserve social distancing as well as the importance of wearing a mask and taking standard precautions. Easy read versions were available to residents. There was evidence of the work and supports provided by keyworker's to residents in the provision of information through social stories. These mainly focused on encouraging residents to avail of the vaccination programme. Records reflected that residents did not have a collective meeting but had individual meetings with their keyworker. These meetings were not used to assist residents understanding of how to adhere to standard precautionary measures such as hand hygiene. This had also been noted in the registered providers own IPC audits. Actions had not arisen from this finding.

Residents had continued to see their general practitioner over the course of the pandemic. Residents' healthcare needs and multidisciplinary visits and appointments were well recorded. Each resident had an up-to-date hospital passport and contingency plans were available should a resident require isolation or need to relocate from the designated centre.

The premises was observed to be generally clean. Any area of cleaning that was listed on the designated centres enhanced cleaning list was noted to be well cleaned. Staff were however not cleaning areas of high volume dust that were not listed on the enhanced cleaning schedule. This included boxed controls over radiator valves, fire equipment boxes, some high cupboard shelves and book cases / display units and areas around the main cooker. Residents were noted to have individual laundry baskets.

Stocks of cleaning agents were well maintained. Staff in discussion with the inspector were knowledgeable in relation to the colour coding applied to the different mops, buckets and single use cleaning cloths for bathroom, kitchen and living areas, as well as areas that may require specific decontamination. Staff were aware of the washing requirements for mop heads and these were dried in an external garage area. Some staff were not aware of the exact dilution ratio of some concentrated cleaning agents and bleach, nor were they aware as to how long an antibacterial spray was to be left in place before being wiped off. It was apparent and discussed at the feedback meeting that while staff had a significant amount of

cleaning to undertake, no member of staff had received specific training in how to effectively clean and use the products available to them.

The designated centre had its own vehicle that was shared by residents. The cleaning policy was that the vehicle was to be cleaned after each residents' use. While the vehicle appeared clean, the records for the previous day to the inspection, reflected that a resident had used the vehicle but the records regarding cleaning were left blank. A small supply of masks were stored in the vehicle but there was no hand sanitiser.

Health protection and surveillance centre guidance was available to all staff on a shared information platform. Sharing IPC information was listed as a standing item on the staff meeting minutes. The evidence in minutes and reflected by staff in conversation was that this took the format of reminding staff to adhere to IPC practices, without going into any further detail. Findings from other HIQA inspections were also discussed at team meetings.

Team leaders were booked into future hand hygiene assessor training. The registered providers' intent was to use the training to support the introduction of hand hygiene audits and improve overall hand hygiene compliance as a standard precautionary measure.

The registered provider had informed HIQA in December 2021 of staff contracting Covid-19. Resident's were unaffected and contingency and management plans ensured that familiar staff were contracted for additional hours. An on call management service was available to residents and staff on a daily basis.

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associated infection were protected, however, some areas of improvement were identified to ensure that procedures consistent with the standards for the prevention and control of healthcare associated infections were fully adhered to. These included:

* Staff required refresher training in infection prevention practices, hand hygiene and food preparation and safety.

* IPC audits had commenced, however, some areas were not cleaned and remained un-noticed and were not included in the designated centres enhanced cleaning list.

* Staff were committed to cleaning the premises, however, staff had not been shown how to effectively clean. Staff were not entirely sure of the solutions in use for cleaning and the required instructions for dilution and application.

* Hand hygiene on the day of inspection was not always practised by staff after

returning to the premises having been in the community.

* Audits reflected that staff had to be reminded to wear face masks and on the day of inspection, one member of staff was not wearing an FFP2 mask. The mask that was in use had been written on.

* Residents had been supported through social stories regarding the vaccination programme but evidence of the support given to residents to learn hand hygiene and standard precautionary measures were not apparent, as noted by the registered providers own audits.

* The designated centre vehicle was visibly clean but cleaning records were incomplete and there was no hand sanitiser in the vehicle on the day of inspection.

* Staff were reminded at staff meetings of their obligation to adhere to infection prevention control measures, but obvious non adherence noted in audits were not addressed and apparent on the day of inspection, particularly in relation to hand hygiene practices and proper mask wearing.

* Some elements of the designated centre required repair, particularly tiling and a shower surround in the staff en-suite.

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 Gortacoosh Accomodation Service OSV-0005870

Inspection ID: MON-0035874

Date of inspection: 10/02/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• Pedal bin and liner replaced in utility area of the service. All bins in service are now pedal bins.

• High dusting and cleaning was completed especially above high medication presses, photo display shelf, fire extinguisher boxes, and radiators and at sides of oven.

• The above areas have also been added to the enhanced cleaning list.

• Hand sanitizer was replaced in the service vehicle and a check of the cleaning of the vehicle was added to the internal IPC audit tool also. Checking the cleaning records in the vehicle is also part of this audit.

• Windowsills that are chipped will be replaced or repaired by 31/3/2022.

• Hand Hygiene audits will take place on a weekly basis where the PIC or team leader will conduct 'on the floor' audits of hand hygiene practices and awareness of staff members. This will include hand hygiene on entering the building, after tasks etc. The team leader is awaiting the start of Hand Hygiene assessor training which will further enhance the quality of these audits.

• One staff member that was not wearing FFP2 mask for a period of time during the inspection has been addressed by PIC and HR department and relevant follow up has taken place.

• All staff are fully aware that FFP2 masks are to be worn. Updated guidance was sent to all staff on 7/1/2022 and this has been circulated again.

• Training records have been reviewed and all staff have been allocated time on the roster to complete outstanding refresher trainings. At recent staff meeting on 16/2/2022, all staff were given a copy of their training records to show what was required. All

mandatory IPC training is now complete including the PICs own training records.

• Team meeting took place on the 16/2/2022 with the full staff team. The inspection and actions arising were discussed. Methods of cleaning and use of products were discussed at the team meeting.

• PIC is in consultation with training department to source appropriate training on how to effectively use cleaning products, methods of cleaning. In the interim, signage is visible in utility room (inside cleaning products storage door) which shows methods of cleaning, correct use of products and correct dilution of products.

• Key worker duties have been allocated to two key workers for each resident instead of one keyworker for each resident. This enables more person centered and meaningful information to be communicated to residents in a timely may on topics such as IPC, hand hygiene, respiratory etiquette. Key worker groups are meeting with residents weekly to discuss these topics in a way that is suitable for each resident. Team leader is supporting with this by providing information and guidance on the use of social stories.

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	31/03/2021