



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

Issued by the Chief Inspector

Name of designated centre:	Lemongrove House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	16 February 2022
Centre ID:	OSV-0007634
Fieldwork ID:	MON-0035050

About the designated centre

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

Lemongrove House is a residential home for adults, located in a town, in Co. Wexford. Residential services are provided to adults, both male and female. Up to four residents can be accommodated at any one time. Lemongrove. Communal areas include a dining room, living room and kitchen with a separate larder room for food storage. Recreation and leisure space is provided in the garden area. The statement of purpose describes the environment as aimed at the needs of people with a particular, identified, genetic condition. Services are provided in Lemongrove House for persons with a particular genetic condition who present with complex medial and behavioural support needs. The statement of purpose outlines the ethos as providing support in a manner promoting independence, based on individual needs. The service is described as a community based service where staff encourage residents to enjoy the benefits of the local community and social facilities. Vehicles are allocated to the house to support community access. Staff support is by way of a team of support workers supported by a multidisciplinary team. The numbers, qualifications and skills-mix of staff is described in the statement of purpose as 'appropriate to the number and assessed needs of the actual residents taking into account the size and layout of Lemongrove House'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Wednesday 16 February 2022	09:30hrs to 16:30hrs	Sinead Whitely	Lead
Wednesday 16 February 2022	09:30hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was a focused inspection completed to assess if infection prevention and control practices and procedures within this designated centre was consistent with relevant national standards. The inspection found that information was provided to residents around COVID-19 and infection prevention and control. However, while examples of good infection prevention and control practices were seen, improvement was required in some areas, particularly regarding the use of the utility/laundry room, the storage of sharps disposal bins and the exterior of the property.

The centre comprises a very large two storey property set in it's own grounds, with a paved courtyard and stable block to one side. The registered provider has just finished refurbishing the property and had submitted an application to HIQA to include the newly renovated areas of the house into the footprint of the centre. Consideration was given to this application over the course of this inspection with inspectors aware that the currently registered aspect of the centre was the only area inspected against. Two of the residents live in their own apartments within the house, one resident has a large en-suite bedroom, all access communal areas. This inspection was completed by two inspectors both of whom met all the residents over the course of the day and spent time with them, met with the staff team and with the person in charge. The centre is currently registered for a maximum of five residents and is home to three individuals.

On arrival to the centre the inspectors noted that there was an area set aside for signing in, taking temperatures and using hand gel. Once COVID-19 checks were completed including temperature checks both inspectors were then welcomed and brought to a staff office. At this time one resident was up and moving around the house, one resident was still in bed and the third was attending an appointment with staff support. It was observed that staff supporting residents used hand gel dispensers that were present at locations throughout the house as they moved about the centre. Staff members were seen to wear face masks throughout this inspection and were aware of where they had to be disposed of. Cleaning was also seen to be conducted during the day by staff.

The kitchen of this centre was an area not accessible for residents and this contained a set sink for hand hygiene which staff were observed to use over the course of the day. At a rear entry and exit point to the house a bathroom was assigned to function as an area for hand hygiene and for the donning and doffing of personal protective equipment (PPE) with bins allocated for the disposal of PPE located here.

The three residents living in this centre all met with the inspectors and told inspectors that they liked the centre, that they were happy here and had active lives. Over the course of the inspection staff, including the person in charge, were heard to engage with residents in a respectful and comfortable manner. Inspectors

saw residents supported to attend appointments, to go out for walks, or supported to complete everyday tasks in their personal environments. Residents spoke of how they had kept contact with their families or people important to them over the duration of the COVID-19 pandemic. They spoke of meeting people away from the centre, going to their family home and now receiving visitors to the centre again.

Residents had regular resident meetings facilitated by staff members. Inspectors reviewed the minutes from these and read that residents were given information about infection prevention and control, health and safety information and COVID-19. Specific agenda items included the importance of wearing a mask and using hand gel when out in the community and keeping their apartments or bedrooms clean and tidy. Arising from these meetings a large visual schedule had been created for the residents and was displayed in the living room. This was to support their independence regarding what household tasks to be completed each individual was responsible for and when they needed to be completed. Staff members spoken with explained that symbol supported easy-read information was used to keep residents informed about matters relating to COVID-19 and other risks. These documents were seen by the inspectors, in addition residents had given consent for staff to enter their personal apartments/bedrooms to clean even if they were not present.

The inspectors reviewed the registered aspects of this house that comprise the designated centre, in particular with regard to its suitability to support infection prevention and control efforts. In general, the house presented as well furnished, clean and residents personal areas were homely. Communal areas were well maintained and ventilation was seen to be promoted by opening windows or running electronic fans in bathrooms. Residents apartments and bedrooms were found to be spacious and individualised. Some of the residents bedrooms were cluttered with personal items piled on chairs, floors and other surfaces. While this was individualised it was not clear how often items were moved to ensure full cleaning could be completed in these areas. The inspectors also observed areas of the premises that required review to ensure that they supported the staff team in implementing deep cleaning of all areas of the centre. These included the utility room which had a bare concrete floor that had debris from outside visible on it, the staff reported that the unfinished surface meant the floor could not be washed. The room was cramped and it was not evident that clean and soiled laundry could be effectively separated in the environment.

Overall it appeared that residents were happy and comfortable living in the centre. However, improvements were required to ensure that infection prevention and control measures were consistent and effectively monitored and to ensure that measures were in place to provide care and support which were consistent with the National Standards and in line with the provider own policy on infection prevention and control. The next two sections of the report will discuss findings from the inspectors 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

The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. Some improvement was required to ensure that local procedures and processes adhered to provider policies and that there was improved provider level auditing.

This centre was first registered as a standalone designated centre in October 2019, it received its first HIQA inspection in August 2020 where compliance with regulation 27 was found however, there were improvements required at that time relating to the management of wounds. This inspection was a focused inspection to assess infection prevention and control practices in the centre. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the current inspection found that the provider has established a good structure of infection prevention and control systems. The registered provider Resilience Healthcare Ltd. had overall policies and systems in place that supported the centre to avail of the support of health and social care professionals, to access established links to Public Health, to establish isolation facilities if required and to provide staff with relevant training.

Staff who spoke to the inspectors were aware of what supports were available to them, who to speak to should they have a concern and were aware of procedures to follow should there be a suspected or confirmed case of COVID-19 or other infectious disease. There was a staff training program in place and all staff had received up to date training in areas including hand hygiene, donning and doffing and infection prevention and control. All staff had also completed information sessions on wound care management with a tissue viability specialist. Staff members spoken with during this inspection demonstrated good knowledge in such areas, particularly in terms of the symptoms of COVID-19 to watch out for when supporting residents.

Systems were also in place to monitor the services provided to residents from an infection prevention and control perspective. These included audits in areas such as hand hygiene and infection control hygiene. The person in charge also completed regular audits on the mattresses in the centre. However, based on the findings of this inspection some improvement was required in order to ensure that key issues were identified and actioned quickly. For example, the inspectors noted that none of the audits reviewed raised any issues around the suitability of the utility/laundry room and the condition of the external spaces. Those involved in the management of this centre were aware of these issues and discussed possible options that were being considered by the provider but no clear plans were in place that could be reviewed on the day of inspection.

The service had developed a contingency plan for in the event of an outbreak of COVID-19 in the centre. This included escalation pathways for in the event of a suspected or confirmed case of COVID-19 in the centre. Management plans included isolation procedures, staffing measures, waste management procedures and grocery shopping procedures. Plans also included support plans and activation schedules for residents for in the event that they had to self-isolate.

There was a service policy in place on infection prevention and control. This was regularly reviewed and available to all staff. Up to date national guidance on the management of COVID-19 in residential care facilities was also available to staff. However, at times throughout the inspection, the inspectors found that service policy was not informing practice. This was seen in areas including laundry procedures, cleaning schedules, and the management of bodily fluid spills.

Quality and safety

In general, the inspectors found that the registered provider was endeavouring to provide a safe service to the residents living in Lemongrove. Residents spoken with, appeared happy and comfortable living in the centre and proud of their home. The focus of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was the centres first inspection which focused only on Regulation 27 and the inspectors identified some areas which required improvements.

Cleaning Schedules in place required review to ensure that all areas of the centre and all equipment was subject to regular cleaning and to ensure that all cleaning tasks completed by staff were accurately recorded. Regular staff cleaning schedules were in place and these included the cleaning of residents bedrooms, communal areas in the centre, high touch points, medication storage areas and bathrooms. The service had recently hired professional contract cleaners to fully deep clean the premises. Upon review of cleaning records, the inspectors noted some records with gaps where staff had not signed that they had completed some cleaning tasks. Furthermore, schedules in place did not include the regular washing and cleaning of some equipment and soft furnishings in the centre. The centre was in the process of registering new bedrooms in the centre. These rooms were unused on the day of inspection and the inspectors found that there were no clear records for running water in these areas to reduce the risk of water-borne infections

Some areas of practice required improvements to ensure that cleaning was carried out as scheduled and in a consistent manner. This was observed in particular where areas were cluttered within the centre and externally where inspectors noted healthcare waste such as a face mask and other rubbish lying on the ground. Where facilities for smoking and the disposal of cigarette ends had been established it was seen not to be used and debris was visible on a residents external windowsill and on

the ground which had not been cleared away.

Residents were supported to appropriately access healthcare services and allied healthcare reviews. All residents had individualised support plans in place and specific care plans were in place for managing individual healthcare needs. Residents experienced regular meetings with staff and infection prevention control was regularly discussed at these meetings. Signage was noted around the centre guiding staff and residents on best practice regarding hand hygiene and infection prevention and control measures. Some residents were prescribed oxygen therapy. Inspectors found that while this was available to the resident in the centre, and the oxygen cylinder was regularly checked by staff, the area in which the oxygen was stored was visibly dirty. Furthermore, the tubing for the oxygen was noted on floor, posing infection risks. Sharps bins were also noted stored on the floor in one area of the centre.

Laundry procedures in the centre required improvements. The laundry room in the centre was located in a shed external to the main house. The inspectors observed that the environment had visible dirt and dust on the floor and surfaces. There was no flooring in this room and this meant that full deep cleaning in this area was difficult to complete. There was no clear system in place in the room to identify separate areas for the management of clean and dirty linen and laundry. Staff were observed carrying out laundry procedures, and methods used were not in line with service policy. Staff and management spoken with, were not clear on procedures and policies for sluicing and the safe management of soiled laundry.

Systems were in place for risk management in the centre. There was an infection control lead identified in the service. Regular health and safety audits and environmental audits were being completed in the centre. Potential infection control risks and COVID-19 risks were identified on the service risk register. While these reviewed general infection control risks in the centre, at times it was found that individual risks posed were not fully assessed and mitigating measures were not clear. This included risks secondary to potential exposure to bodily fluids. This presented as a potential risk in this designated centre.

Regulation 27: Protection against infection

Overall the provider was found to have established a good structure of infection prevention and control systems and supports which this designated centre could avail of. However some improvements were found to be required in the following areas:

- Audits relevant to infection prevention and control were being conducted by the local management team however, no provider level audit had been completed to ensure that key issues were being fully identified and to ensure that the provider was in compliance with the National Standards.
- COVID-19 risk assessments and wound management risk assessments were

in place however, further detail was required in the detailing of the control measures to fully guide staff practice and to identify peer risks

- While supervision with staff members was completed there was no evidence that infection prevention and control formed part of these discussions
- The size and layout of the utility/laundry room posed challenges from an infection prevention and control perspective not helped by an unfinished concrete floor and inconsistent guidance on the use of sluicing and laundry procedures and practices
- The local guidelines for cleaning procedures did not align with the providers policy, this also included the management of 'spills' in the centre.
- Cleaning Schedules in place required review to ensure that all areas of the centre and all equipment was subject to regular cleaning and to ensure that all cleaning tasks completed by staff were accurately recorded
- Storage areas for oxygen cylinders required cleaning and storage areas for sharps bins 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 Lemongrove House OSV-0007634

Inspection ID: MON-0035050

Date of inspection: 16/02/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • New storage area will be allocated for the storage of Oxygen. • Sharps bins will be stored off the floor • A new cleaning schedule in line with our IPC policy will be implemented to encompass all areas of the interior and exterior of Lemongrove. • A spill kit will be ordered and maintained in Lemongrove • The utility room will be renovated to improve layout, provide extra storage and replace flooring • Sluicing procedures will be reviewed in line with Lemongrove’s IPC policy • A new template for staff supervisions will be implemented • A review of all risks associated with Wound Management and control measures will be carried out • A member of senior management will conduct an IPC audit 	

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	17/06/2022