



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

## Issued by the Chief Inspector

Name of designated centre:	Fairview
Name of provider:	Gheel Autism Services CLG
Address of centre:	Dublin 3
Type of inspection:	Unannounced
Date of inspection:	07 June 2023
Centre ID:	OSV-0005301
Fieldwork ID:	MON-0039042

## About the designated centre

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

Fairview designated centre consists of three residential homes and six individual occupancy apartments. The centre has capacity to accommodate 20 service users in total. Fairview is situated in a suburban area of Dublin in close proximity to local amenities and good public transport links. The immediate location offers a tranquil and calm atmosphere close to Dublin City.

In the designated centre, there is a focus on supporting individuals with autism through their life journey and enabling them to have fulfilling life experiences, while having autonomy and control over their choices and decisions. Across the models of support within the designated centre the team consider how each person thinks, learns and processes information to develop an autism informed personalised plan of support. The focus is on empowering people into a more inclusive, independence focused style of support, where people are encouraged to be partners in, not recipients of their service delivery. Within the model of support, the staff team actively contribute to the fostering of positive relations with the local community and in particular with those living in the immediate neighbourhood to build networks and connections with the people supported to enhance their community participation and quality of life.

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

Number of residents on the date of inspection:	18
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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
Wednesday 7 June 2023	09:30hrs to 17:30hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector had the opportunity to meet with many of the residents on the day of inspection. Some of the residents chose to speak to the inspector in more detail regarding their experiences of living in the designated centre. Some of the residents communicated through body language, touch and facial expressions and were supported in their communication by skilled staff.

The inspector met the person in charge on arrival who informed her that there were no known cases of transmissible infection in the centre. The inspector completed a walk around of the designated centre with the person in charge. The centre consisted of six single occupancy apartments and three group houses. All of these units, with the exception of one apartment and one resident's individualised living space within a group home, were seen by the inspector.

The designated centre is located on a campus in North Dublin. The inspector saw that the campus grounds were welcoming and that there were flowers and trees throughout the grounds. The inspector was told that some of residents of the single occupancy apartments had decided to do "no Mow May" and so these apartments were seen to have wild flowers growing outside them. Other group houses had tidy back gardens with garden furniture, lights, decorations and barbecues.

The inspector saw that the single occupancy apartments were generally very well kept. All were seen to have well maintained and clean kitchens, their own washing machine and own bathrooms. Some deep cleaning was seen to be required in one of the apartment's bathrooms and repairs were required to one armchair. The inspector was told that the staff were working with the resident to encourage them to purchase a new armchair. The inspector was told that this resident needed time to accept changes to their living space and so upkeep to furniture could take some time.

The inspector met and spoke with two of the residents who lived in the apartments. These residents told the inspector that they were happy living in their homes and that they felt supported by staff. One resident said that they would prefer to live in the community, away from the noise and busy nature of campus living. The inspector was told that this resident had been put on the housing list and that plans were in place to progress their goal.

There was a contrast in the upkeep of the group houses compared to the single occupancy apartments. The group houses of the designated centre were seen to require refurbishment and enhanced cleaning. There were a number of premises issues which were impacting on the ability of staff to effectively clean the houses. The inspector saw that there were issues with flooring, kitchen units and bathrooms.

This will be discussed in more detail in the quality and safety section of the report.

Deep cleaning was required in a number of the group houses. In particular, it was not evidenced that the tasks as set out in the provider's weekly and monthly cleaning schedules were fully completed in all houses. For example, the inspector saw that fans in bathrooms required cleaning and that there were cobwebs and dust in higher areas such as ceiling corners.

Some of the residents living in the group houses showed the inspector around their home. The inspector saw that resident bedrooms were generally clean, nicely decorated and comfortable, although repairs to walls and flooring was required in some bedrooms. One resident told the inspector that they were going into town to get a new mobility aid and that they were then going for coffee and lunch.

Residents were seen coming and going throughout the day to community activities, work and campus -based activities. Staff were seen to be busy providing individualised support to residents. Staff were seen to be responsive to residents' verbal and non-verbal communications. Staff appeared to know residents and their individual needs, preferences and communication methods well.

Residents were seen to be comfortable and relaxed in their homes. Some residents engaged in sensory activities. Others rested or completed activities of daily living in their home. Residents were seen being supported to make meals and snacks during the course of the day.

Overall, the inspector saw that, while residents were comfortable and relaxed in their homes, there were enhancements required to the management of IPC risks in this designated centre.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

The inspector found that a review was required to ensure that there were effective arrangements in place to mitigate against the risk of residents acquiring a healthcare associated infection. In particular, enhancement was required to the local operating procedures relating to the management of healthcare associated risks in the designated centre.

The provider had effected a policy to guide staff in the management of IPC. This policy and associated flow charts and guidance documents were available on the provider's intranet. While the policy provided high -level guidance in relation to the

management of IPC risks, there were insufficient local operating procedures to guide staff in implementing the policy to manage centre -specific IPC risks. Centre specific IPC risks included the use of communal bathrooms and bathroom equipment such as bath mats, managing body fluids, soiled linen and laundry. For example, there were no local operating procedures to guide staff in the cleaning and washing of non -slip bath mats. Bath mats were seen to be quite stained on the day of inspection. While the inspector was told that bath mats were not shared by residents, it was not evidenced that they were frequently cleaned and stored in a manner that best reduced the risk of transmission of infection.

The provider's IPC policy was due for review in June 2023. The inspector had an opportunity to meet with a member of the provider's IPC committee. This IPC committee member outlined the provider was in the process of completing a number of actions including updating the IPC policy, accessing additional specialist IPC training for staff and developing and updating personal contingency plans for residents affected by a transmissible infection. The IPC committee was also aware that some units of the designated centre required maintenance and upkeep as these had been identified on the provider's six-monthly audits. However, there was a lack of a time bound plan detailing when these actions, including upkeep of the premises, would be completed

There was an absence of a outbreak management plan for the designated centre. A COVID-19 contingency plan was seen to be out-of-date having been written in 2021 and not updated since then. It was not clear how staff would support residents in various living arrangements and with varying needs to restrict their movements if they were to be diagnosed with a transmissible infection. Staff spoken with described how they had managed previous outbreaks of infection in line with public health guidance and the residents' needs. However, this was not further supported by a written outbreak management plan and therefore, it was not evidenced that all staff would follow a consistent process to prevent transmission of infection should there be an outbreak in the designated centre.

The staff roster was reviewed. The inspector saw that there were sufficient staff employed and that staff levels were in line with the statement of purpose. Monthly staff meetings were held. The inspector saw that IPC was discussed at some of these meetings. For example, in May 2023, hand hygiene and anti-microbial stewardship were discussed with staff. The inspector reviewed the staff training records for one of the units of the designated centre. The inspector found that many staff required updated refresher training in IPC related areas such as personal protective equipment (PPE) and hand hygiene.

Overall, the inspector found that, while the provider was aware of a number of the IPC issues presenting in the centre. However, there was a lack of a comprehensive and timely action plan to address these issues and to ensure that the centre was being operated in a manner in line with the national standards for infection prevention and control in community services.

## Quality and safety

The inspector found that residents in the centre were in receipt of person-centred and rights focused care. However, there were improvements required to the IPC arrangements in the centre. In particular, maintenance was required to a number of premises areas of the designated centre in order to promote good IPC standards.

The inspector saw, on reviewing residents' files, that residents were consulted with and supported to make decisions regarding their care. Residents spoken with were informed regarding hand hygiene and other measures to keep them safe from infection.

The centre was well equipped with hand hygiene facilities. The inspector saw that a number of the stationary wall-mounted hand hygiene sanitisers were empty on the day of inspection however, it was observed that there was availability of portable hand sanitisers throughout the designated centre.

Some known IPC risks in the centre related to vomiting and management of soiled linen. The inspector was told that there were spills kits in the centre for the management of body fluids spills. However, there was no local operating procedure to guide staff in how to use these.

Maintenance and upkeep was required in a number of residential units to ensure that care could be provided in an environment that best reduced the risk of transmission of infection. The inspector saw that the single occupancy apartments were maintained in a more optimum manner and presented less risks of transmission of infection than the larger group houses. However, there were some maintenance issues identified in the apartments, including staining on bathroom tiles and bathroom cabinets that require repair or replacement.

A number of the group homes required maintenance upkeep and improvement. The provider had recently commissioned a maintenance report which detailed the works required. The inspector saw that works were required to kitchen cabinetry, flooring and bathrooms in the group houses. The flooring was damaged in some communal areas and in bathrooms. This made it difficult to clean and presented an additional risk as mould was seen to be on the back of flooring in a bathroom. Full details of the premises issues seen by the inspector are set out under the Regulation 27 section of this report.

There were comprehensive cleaning schedules in place for daily, weekly and deep cleaning. The inspector reviewed the cleaning schedules for one of the residential homes and found that there were gaps in the completion of the cleaning activities. This residential home was also seen to require enhanced cleaning on the day of inspection. The inspector was shown a cleaning schedule for another residential home which demonstrated that cleaning was regularly completed there. It was found that there were inconsistencies across residential homes/units in adherence to

cleaning schedules and completion of cleaning tasks.

The inspector saw that there had been three outbreaks of infection in the designated centre since June 2022. Staff described to the inspector how they had supported residents during this time in line with public health guidance. However, there was no unit or designated centre specific outbreak management plan in place. There were also no individual resident outbreak management plans available to guide staff in supporting residents in line with their assessed needs and preferences during an outbreak of transmissible infection.

Overall, the inspector saw that there were IPC risks in the centre which were posing a risk of transmission of infection. There was an absence of guidance to support staff in managing IPC risks and of a time bound plan detailing when premises issues would be addressed. Additionally, it was not evidenced that all residential units of the centre were cleaned as frequently as set out in the provider's policy and procedures.

## Regulation 27: Protection against infection

A walk -around of all parts of the designated centre was completed, with the exception of one resident's apartment and another resident's individual living space in a group house. The inspector saw on the walk -around that all of the group houses and some of the apartments of the designated centre required repair and upkeep to ensure that they could be effectively cleaned in a manner that best reduced the risk of transmission of infection.

The inspector saw that individual apartments were generally cleaner and better maintained than larger group houses. While the provider had recently commissioned a report which identified the maintenance required across their housing units, there was no defined time-frame for when this would be completed. Some of the particular areas which required repair and enhanced cleaning included:

- General areas:
  - flooring in some communal areas, including hallways and a dining room was very damaged and required replacement.
  - deep cleaning of toilets and bathrooms. Some toilets, and the flooring around them, were seen to be stained and required enhanced cleaning
  - enhanced cleaning was required of harder to reach areas. For example, cobwebs were seen on some ceilings
  - some walls in resident bedrooms were seen to be dirty and required cleaning
  - painting of walls and repairs and painting to ceilings. .
- bathrooms repairs:
  - floors were seen to be peeling away from the walls in one bathroom with mould and mildew evident between the flooring and the wall.

- some wooden cabinets around washbasins were seen to be water - damaged and required repair.
- benches in two bathrooms had padding which was damaged and repaired with duct tape. This was unsightly and could not be effectively cleaned.
- vents and extractor fans in the bathrooms were seen to have build up of dust and required cleaning
- ceiling paint was seen to be flaking off in some bathrooms
- some plastic bathmats were seen to be very stained
- one shower curtain was seen to have mildew around the base
- kitchens:
  - some kitchen presses were warped from water damage. The laminate cover of these presses was seen to be peeling. This meant that kitchen units could not be effectively cleaned
  - some kitchen chairs were damaged. Chipboard underneath the paint of these chairs was exposed. This meant that they could not be effectively cleaned.
- sitting rooms:
  - the cover of some couches and armchairs were seen to be peeling or ripped. This meant that couches and armchairs could not be effectively cleaned

Due to the size of the designated centre, the inspector focused her attention on a review of the documentation pertaining to IPC for one specific unit of the designated centre. The inspector saw, in reviewing the documentation for one of the units that there were enhancements required to the oversight of IPC. In particular, the inspector found:

- there was an absence of local operating procedures to guide staff in the management of centre specific risks including in areas such as the management of bodily fluids and soiled linen.
- there was an absence of formal protocols to ensure that residents did not share bath mats
- staff required refresher training in IPC. The inspector saw that all staff in this house were out -of -date with training in personal protective equipment (PPE) and three out of five staff required updated training in hand hygiene
- there were gaps in the cleaning records. The inspector saw that for a period of approximately a month in March to April of 2023, the weekly cleaning record had not been completed. There was no record of monthly cleaning having taken place in recent months with the exception of one month, March 2023.
- the centre did not have an outbreak management plan or individual resident isolation plans to guide staff in managing outbreaks of infection. The inspector saw a COVID-19 contingency plan from 2021 which was out of date and did not include information on current measures to prevent transmission of infection. The inspector saw that the provider had a comprehensive IPC policy and that there were flow charts and processes available on the provider's intranet to guide staff in adhering to policy. However, there was no centre or unit specific outbreak management plan to guide staff in

implementing the IPC policy at local level. This presented a risk due to the complex needs of some of the residents and the difficulty with supporting some residents to restrict their movements should they be diagnosed with a transmissible infection.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Fairview OSV-0005301

Inspection ID: MON-0039042

Date of inspection: 07/06/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> <li>1) The PIC is overseeing the development of an individual outbreak management plan for each resident. These are currently being completed by key workers in conjunction with the IPC team, this plan will put in place tailored individual mitigation risk measures and supports to manage transmissible infection and will be completed by – July 28th, 2023.</li> <li>2) The PIC is overseeing the development of an outbreak management plan for each location within the designated centre. This will be completed by August 25th, 2023</li> <li>3) The PIC is overseeing the development of local operating procedures relating to the management of IPC risks associated with bathmats, managing body fluids, soiled linen and laundry. The local procedures are being developed for each location across the designated centre in collaboration with the Key workers, the IPC team, and the management team to ensure consistency in the management of risks. This will be completed at each location across the designated centre by – August 25th, 2023.</li> <li>4) The registered provider will ensure the organisations IPC policy, which is under review with the IPC Team, will be completed by – 24th November 2023.</li> <li>5) The PIC in conjunction with location managers are overseeing the delivery of updated refresher training in IPC areas such as personal protective equipment (PPE) and hand hygiene for all teams across the designated centre. This will be completed by the 27th of October 2023.</li> <li>6) The PIC has arranged for a deep cleaning of all locations across the designated centre. This will commence in July 2023 and will be staggered to accommodate the</li> </ol>	

individual sensory needs of all people supported. This will be completed by the 25th August 2023.

7) The PIC and the Location Manager will ensure all couches and armchairs showing signs of wear will be replaced by the 29th of September 2023.

8) The PIC and the Housing/Premises officer will ensure the full and comprehensive completion of all outstanding maintenance issues relating to Kitchens across the designated centre by the 29th of March 2024.

9) The PIC and the Housing/Premises officer will ensure the full and comprehensive completion of all outstanding maintenance issues relating to Bathrooms across the designated centre by the 29th of March 2024.

10) The PIC and the Housing/Premises officer will ensure the non-slip flooring is replaced in communal areas and bathrooms across the designated centre. A work plan has been actioned to commence work at Fairview villa in October 2023 when the number of residents impacted reduces from 5 to 4. Every effort will be made to minimise disruption to residents lives through the completion of the work. Completed by – October 27th, 2023.

11) The PIC in conjunction with the Location Manager will ensure oversight of cleaning schedules and practices. The location manager will review cleaning schedules on a weekly basis and review the overall compliance with the planned cleaning schedules with immediate effect – 1st July 2023

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/03/2024