



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

Issued by the Chief Inspector

Name of designated centre:	Bower House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 February 2022
Centre ID:	OSV-0005608
Fieldwork ID:	MON-0035282

About the designated centre

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

Bower House is a community-based respite service for up to six male or female adults with an intellectual disability. It is situated on the north side of Co. Dublin within walking distance of a local village and its amenities such as shops, cafés, restaurants, and a shopping centre. The centre is close to public transport links including a bus and train service which enable residents to access local amenities and neighbouring areas. The building is a large, two-storey house with a sea view. There are six private bedrooms for residents, and three shared bathrooms, two with a bath and shower. The kitchen is domestic in nature and residents are encouraged to partake in grocery shopping and the preparation of meals and snacks. There is one dining room, one living room and two sitting rooms in the house. The property is surrounded by a large garden. Staff encourage residents to partake in activities in the local community. The staff team comprises a person in charge, staff nurses and direct support workers and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 February 2022	09:50hrs to 15:10hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This is a respite service in which service users are accommodated on a short term basis. As the inspection commenced, most of the current residents were being supported to travel in the service vehicle to attend their day activities. Another resident wished to stay in their bedroom and sleep late. The direct support staff were available in the house to support those at home, and ensure that the house was prepared and dinner ready when residents returned to the house in the afternoon.

The service users were supported in a modern and comfortable two-storey house in a pleasant area on the sea coast. The premises was spacious with multiple communal areas and hangout spots around the house and garden. Each resident had a private bedroom, and there was sufficient bathroom and shower facilities available. There was a large dining space and two computer stations for residents to use. Staff areas such as file storage and office space was kept separate from resident living areas, retaining the homely atmosphere of the premises. General wear and tear had had some impact on the visual appearance of parts of the premises as well as its ability to be effectively decontaminated, which will be referred to later in this report, however the service was visibly clean and appropriately decorated.

The inspector found evidence to demonstrate how staff had supported the residents to understand and ask questions related to the ongoing COVID-19 pandemic, social precautions and restrictions, and what to expect regarding vaccinations or if service users became ill. Regular house meetings took place, in which residents could share stories and get updates on the status of the service. This short-stay service had continued to operate on a priority basis during the pandemic, to mitigate the interruption on service users' routines and support structures. The inspector found evidence indicating that the service was retaining as much of the service users' routine and schedules as was practicable.

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 service being delivered in relation to infection prevention and control.

Capacity and capability

Overall, the inspector found good examples demonstrating how the registered provider had ensured the service was appropriately resourced and overseen to protect residents and staff from risks related to infection, and to support operational continuity in the event the service has an active infection risk.

There was a clear governance structure in place to ensure the safe operation of the service. Centre-specific support and guidance was provided to the front-line staff members, service users and their families, outlining their respective roles and responsibilities in keeping everyone safe. An infection control steering group met monthly to discuss the latest updates to national guidelines, uptake of COVID-19 and influenza vaccinations, and queries related to use of personal protective equipment (PPE) and outbreak management strategies. The inspector found evidence demonstrating that risk controls and contingency planning had been developed in consultation with a representative from the Department of Public Health, from whom the provider sought expert guidance on infection prevention and control.

The provider had deputation arrangements in the event that the person in charge and other managers were unavailable to attend work, as well as on-call arrangements so that staff in the house had access to decisions by senior management if risks arise out of hours. The service contingency plan was regularly updated to reflect national recommendations, and this included the procedures for attaining staff in the event that there was a large number of personnel unavailable for work. Staff were facilitated to attend infection control training, and a review of minutes of staff meetings indicated that infection prevention and control was a regular topic of discussion.

The person in charge maintained a record of which staff members and service users had been vaccinated against COVID-19, so that risk could be controlled by not having unvaccinated staff in close contact with unvaccinated residents. Infection control practices on environmental hygiene, waste management and resident communication were assessed as part of the provider's six-monthly review of the quality and safety of the designated centre. The provider had also used specific audit and self-assessment tools to determine where improvements could be made to the service, and the inspector found examples of where these had been implemented in practice.

Quality and safety

The inspector was provided evidence demonstrating how residents were supported to understand infection risks and how to protect themselves, through easy-read

versions of guidance and procedures. This information explained what will happen if someone becomes sick or has to isolate, and how to stay safe at home, in the designated centre, and in the community. Reminders and signage on good hand hygiene practices and social distancing was available, as well as advice on vaccinations so that residents could be informed and ask any questions they may have. Residents were also supported to ask questions and raise concerns with staff in house meetings as well as with individual staff members.

Overall, the environment of the premises was clean. Some areas of the house required upkeep of surfaces so that they could be effectively cleaned and sanitised. This included general wear and tear to the walls, ceilings and floors and some minor rusting to radiators. Some surfaces of the cabinets in the kitchen and utility room were peeling. Surfaces of desks, wardrobes and other furniture in resident bedrooms was also peeled away exposing the rough, unfinished surface underneath, which could not be effectively sanitised between occupants. There were also a number of surfaces on walls, appliances and household bins which with residue from old stickers and adhesive tape making them difficult to clean.

The service used a cleaning schedule to remind staff to sanitise areas frequently touched such as light switches and door handles. The cleaning checklist was signed for the prescribed times, and the inspector observed staff carrying out these tasks. However, some items observed as not clean during the inspection were not identified by this checklist, including the medications fridge, high surfaces for dust and cobwebs, and the cleaning equipment such as brooms and dustpans. Other areas not cleaned included areas affected by specific residents including wet toilet paper stuck to the bathroom walls, and mirrors and windows covered in handprints. The service had an agreement in place with an outside company for periodic pest control inspections, and there had been a risk assessment related to bacteria in the water to be assured that there was no active risk.

The inspector observed good infection control practices in place for separation of resident laundry and management of items which may be soiled. Used mop heads were kept in a specific bin after use so they could be separately laundered on a hot wash, and there was a colour coding system in place for mops and cloths to limit their use to specific areas of the house. Some improvement in the management of sharp risk items was required to ensure that the disposal box was closed when not in use and disposed of when at its identified capacity. Medical devices such as nebuliser masks and blood pressure monitors were clean and were appropriately stored when not in use.

Throughout the day, the inspector observed all staff members wearing personal protective equipment in line with the current national recommendations for residential support settings. The inspector also observed staff self-testing their temperatures and observing appropriate hand hygiene opportunities at the start of their shift and periodically during the day. A station was available at the front porch for staff and visitors to carry out these task before entry. Before each resident accommodation, the family and centre management confirmed any potential infection risk, vaccination status of the resident and their potential close contacts. The service had procedures outlined for responding to a resident testing positive for

COVID-19 during their stay, and the inspector found evidence demonstrating how this was communicated to the affected residents and their families.

Regulation 27: Protection against infection

The inspector found evidence to demonstrate that overall, the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and keeping staff and residents safe. Some improvement was required in the environmental maintenance to optimise the ability of staff members to effectively clean and sanitise surfaces, furniture and equipment around the house. Staff practices observed on-site, and communication and guidance to staff, residents and their representatives in the event of potential or actual infection risk, was informed by expert input and was adapted to the nature and specific risks of a short-stay service.

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 Bower House OSV-0005608

Inspection ID: MON-0035282

Date of inspection: 22/02/2022

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> <p>A full review of Infection Prevention and Control arrangements within the centre has been completed. This was cognisant of ensuring 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 as published by the Authority.</p> <p>1. As a result of this a full environmental review of the premises was completed which resulted in:</p> <ul style="list-style-type: none"> • Sticky residue: Sticky residue from sellotape/stickers/blutac is to be removed where possible from all appliances, furnishings and walls. Where this is not possible, the items are to be replaced. Walls are to be painted where paint has been removed. The Person in Charge ordered additional display boards on 25/02/2022 so that the use of walls, cupboards and appliances can be avoided. Discussed at team meetings on 15th and 16th March to avoid future use on unsuitable surfaces. All surfaces/appliances to be free from sticky residue by 30/05/2022. • Cracks in ceilings: painted by maintenance during inspection. All the remedial works needed, will be carried out to address this maintenance issue. • Floors, general wear and tear: Floors measured on 1st of April by a local Flooring Contractor. Once floor coverings are in stock they will be installed. • Laminate furniture: quote requested for replacement of same. Assessment and measurement completed on 26/02/2022. Non laminate furniture which can be cleaned appropriately to be purchased. Quote received on 30/03/2022 and installation date to be agreed with provider. • Medication fridge: Medication fridge ordered on 16/03/2022. Awaiting delivery of same. <p>2. Cleaning:</p> <ul style="list-style-type: none"> • Cleaning of the medication fridge: Added to weekly cleaning log on 28/03/2022 to ensure it is clean and well maintained at all times. 	

- Cleaning of cleaning equipment: Added to weekly cleaning log on 28/03/2022 to ensure that all equipment is in a good state of repair, fit for purpose, and clean so as to ensure good infection prevention and control practice.
 - Mirrors and internal windows: Added to cleaning log on 28/03/2022.
 - High surfaces: added to cleaning log on 28/03/2022.
3. Standard precaution
- Staff will continue to wear adequate PPE.
 - Person in Charge will ensure that all staff have undertaken adequate infection prevention and control training and reached and maintain the required standard.
 - Local protocols such as pre-admission Covid-19 checks, twice daily temperature checks for staff and clients, use of PPE, Covid-19 cleaning schedule, regular and weekly cleaning schedule, notification of suspected/positive Covid-19 cases notified to HIQA and Public Health, and meetings with the Covid-19 steering group will continue as required.
 - Governance and supervision practices will continue in line with Policy.
 - Infection prevention and control posters will continue to be displayed, and easy read infection prevention and control information will continue to be made available to service users on notice boards and at all resident meetings.

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	31/05/2022