



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

Issued by the Chief Inspector

Name of designated centre:	Glade House Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	15 March 2022
Centre ID:	OSV-0001752
Fieldwork ID:	MON-0035455

About the designated centre

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

Glade house is a residential service, which is run by Western Care Association. The centre provides accommodation and support for male and female adults with an intellectual disability. The centre comprises of one bungalow in the centre of a town in co. Mayo. The bungalow comprises of residents' bedrooms, shared bathrooms, office space, kitchen and dining area, utility and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service. Residents have access to buses and can also walk to activities in the local town.

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
Tuesday 15 March 2022	11:15hrs to 19:00hrs	Angela McCormack	Lead
Tuesday 15 March 2022	11:15hrs to 19:00hrs	Úna McDermott	Support

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time inspectors met and spoke with residents, staff and members of the management team. In addition, inspectors observed daily interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

On arrival to the centre inspectors met with two staff members, one of whom was leaving the centre following a meeting that they had attended that morning. Staff were observed to be wearing medical grade face masks. Inspectors' temperatures were checked on entry to the centre. This was part of the provider's arrangements for monitoring for signs and symptoms of COVID-19. There was a folder in the hallway which contained records of the symptom checks for staff working each day. There were supplies of fresh face masks beside the hall table. There was a hand gel dispenser mounted outside the front door, and a hand gel pump on the hall table. However, it was noted that the portable hand gel container required cleaning.

Inspectors briefly met with one resident who was preparing to go out to the shops with staff to get items. This resident was reported to have 1:1 staff in place each day to support them to do activities of choice from the centre. Inspectors were informed that one resident was attending an external day services and another resident was due to return to the centre later that day following a period of absence from the centre. Observations throughout the morning showed how preparations were in place to welcome the resident back to the centre. Inspectors got the opportunity to meet with all residents later in the day.

A walkaround of the house found that in general the house was clean and that the provider had put some measures in place for infection prevention and control; however improvements were required. These related to aspects of the internal cleaning and maintenance, IPC auditing arrangements and more effective identification of centre specific risks and in addressing maintenance issues in a timely manner.

The house was a four bedroom bungalow located in a quiet residential area outside a large town. There was a garden area to the front and back, and inspectors were informed of plans in progress to improve the garden area.

Each resident had their own bedroom and there was a bedroom for staff which also doubled as an office. The kitchen had been recently renovated. Inspectors were informed about how residents were supported to choose the kitchen cupboards and counter tops. These areas were clean and bright which created a warm atmosphere. The kitchen area also included a dining area with a table and chairs. In addition, there was a television, two seater couch and armchair in this room. The furniture

appeared clean and comfortable. It was reported that some residents liked to spend most of their time in the kitchen/dining area. At the end of inspection two residents were observed in this area having a meal and relaxing looking through magazines.

There was a utility room which was accessible through the kitchen. This was reported to be the donning and doffing area for personal protective equipment (PPE) and it contained the laundry equipment, cleaning products and PPE supplies. The utility room was the exit point to the back garden area, in which the domestic bins and a large clinical waste bin was located. The utility room was visibly damp with dark, damp patches and flaking paint observed on the ceiling and walls around the exit door. Within the utility room area, there was a small bathroom which contained a toilet and hand basin. This bathroom was also visibly damp and poorly maintained. Parts of the linoleum flooring was lifting around the pipes near the pedestal of the hand basin and the plug hole for the sink had significant rust. There were damp patches on the ceiling and walls near the window. The person in charge informed inspectors that there had been a leak the previous year, but they couldn't recollect when exactly it had occurred. They said that they had submitted maintenance requests to get issues addressed and they showed inspectors the record of the requests, some of which had been completed in February and March of this year.

There was a communal bathroom accessible from the hallway which contained a level access shower and had floor to wall tiles. This bathroom was noted to be clean, however arrangements for waste disposal in this bathroom did not promote the best IPC practices. For example; there was a large closed bin located beside the toilet for disposal of waste, including paper towels. This bin was also reported to be used for body wipes which may be used following toilet use. The bin could only be opened by manually lifting the lid off, which meant that after hand washing, one had to use clean hands to lift the lid off to dispose of the paper towels, which created a risk of infection transmission. In addition, the shower curtain pole was visibly rusty, however the person in charge said that they were waiting for maintenance personnel to put up a new one, which they said had already been purchased.

From the walkaround of the centre, it was observed that there were some measures in place for IPC, such as posters on display about IPC measures and PPE use, a cleaning schedule, hand gels and paper towels. However, it was observed that the posters on the residents' notice board were covered over by other items. Inspectors found that improvements were also required to ensure that there were more effective measures to mitigate against the risks of infection transmission, such as foot operated bins and dispensers for paper towels and toilet paper, which would reduce multiple incidences of handling the clean paper rolls for example.

Inspectors got the opportunity to meet with residents during the afternoon. One resident who had returned from their day service greeted inspectors and spoke briefly with them. They were observed to be wearing a face mask, and they greeted inspectors with elbow greetings. They demonstrated about how to practice good sneeze and cough etiquette and appeared knowledgeable about IPC measures to stay safe. They appeared happy and comfortable in their home and around staff.

They later went out with a friend for the evening. Another resident who had returned back to the centre that day after a period of leave spoke with inspectors on their own terms. They appeared relaxed in their environment, and in the company of other residents and staff.

Staff were observed to be wearing face masks as appropriate, and carrying out hand hygiene. Inspectors observed a staff member preparing for a specific personal care task for a resident. It was observed that they did not use personal protective equipment (PPE) appropriately. This could impact on the safe care of the resident. While it was acknowledged that staff were getting used to one resident's recently changing health need, inspectors found that the management team had not ensured that all staff had the appropriate training, knowledge and skills to ensure care was completed with the appropriate IPC measures.

Overall, inspectors found that there were arrangements in place for IPC; however a number of improvements were required to ensure that effective measures are in place to reduce the risk of infection transmission and to promote safe care at all times. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

The provider had policies and procedures in place for the management, control and prevention of infection. There was also a risk management policy and a 'Department Safety Statement', which outlined the roles and responsibilities for staff. Regular audits were completed and the provider completed audits every six months as required in the regulations. However, improvements were required to ensure that audits appropriately identified areas for attention which would ensure effective IPC measures were in use at all times. Improvements were also required in staff training and aspects of risk management to ensure that specific risks in the centre were clearly identified and assessed.

There was a clear organisational structure with lines of accountability in place. The provider had developed an outbreak management plan in the event of a COVID-19 outbreak. This included arrangements for isolation of residents if required, and the arrangements for staffing the centre. There was an on-call system in place for out-of-hours should this be required. The person in charge was the appointed person responsible for emergency plans relating to COVID-19.

There was a communication folder in place in which the person in charge stored information for staff to read to keep up-to-date with national public health guidance and other information. Regular staff meetings occurred where topics, including individual residents' care needs and COVID-19 related issues were discussed. Staff had access to training as part of their continuous professional development. This included training in PPE, Hand Hygiene and IPC. However, records reviewed found that one staff did not have the required PPE training. This training had been

identified as a control measure on the centre's COVID19 risk assessment. In addition, records for one relief staff were not available for review on the day of inspection.

Regular audits were carried out in a range of areas. Some audits were delegated to the social care worker, such as the infection prevention and control audits. The person in charge conducted regular health and safety audits. However it was found that these audits were not always effective in identifying areas for improvement. For example, the health and safety audit completed did not identify that a number of items in the first aid cabinet and some hand gels in stock were out of date. In addition, one audit carried out in March indicated that all staff had the required PPE training, however inspectors found gaps in training and records maintained.

The provider completed unannounced six monthly audits as required in the regulations. The last four provider audits had been completed by the person participating in management of the centre as the representative of the provider. All these audits had been completed remotely. Inspectors found that these audits did not effectively identify areas for improvement. For example, the most recent provider audit completed at the end of November 2021, did not identify issues relating to the premises and specifically to flaking paint and dampness and mould in the utility and toilet room area. Additionally they did not identify that notifications were not submitted to the Chief Inspector of Social Services as required in the regulations. Furthermore, none of the audits identified that 'no touch pedal bins', which had been included as a control measure in the centre's risk assessment for COVID-19, were not in place.

Some aspects of risk management required improvements also. Inspectors found that while there were a range of risk assessments in place for residents and regarding the centre, some risks had not been identified and appropriately assessed. For example, the risk of mould and dampness in the house had not been identified and assessed, nor had the risk associated with waste disposal specific to the centre.

Overall, while there were systems in place for IPC arrangements and regular auditing of the service, these systems required improvements to ensure safe and quality care at all times. In addition, improvements were required in the identification, assessment and oversight of risks specific to the centre, which would further improve the quality of the service

Quality and safety

The overall standard of cleanliness and IPC practices in the centre required improvements to ensure effective measures were in place to ensure safety for all on an ongoing basis.

There was evidence that residents were supported to understand IPC measures around COVID-19 and aspects of their care, and residents were provided with

information in an easy-to-read manner. One resident was observed wearing a face mask and they demonstrated to inspectors how they would ensure good cough and sneeze etiquette.

Residents required varying levels of support with personal and intimate care and there were support plans in place to guide staff. There was evidence that the person in charge and staff were proactive in trying to ensure that all residents' needs were being met. The person in charge had access to external supports for one resident's recent changing health need and plans had been developed, with some aspects in progress, to ensure appropriate supports were in place. However, one care plan regarding a specific healthcare need that had recently emerged required improvements to ensure that the protocol provided clear guidelines to staff involved in this care. Improvements were also required to ensure that all staff had appropriate training in the correct use of PPE. Inspectors observed that staff practices during personal care did not ensure appropriate PPE usage. For example, inspectors observed staff doing an incorrect sequence of PPE use when supporting a resident with an aspect of personal care. It was observed that the staff member had touched a number of areas with their gloves on, before attending to the resident. This highlighted the need for clear and comprehensive plans to be developed to guide staff, and to ensure that all staff were appropriately trained prior to engaging in this specific care task.

As highlighted in previous sections of the report, there were improvements required in the maintenance of the premises, and in the timely identification and response to actions required to ensure a safe physical environment. In the main the house appeared clean and there was a daily cleaning schedule in place. However, some areas of the house were found to require cleaning, such as behind and inside some appliances, cleaning of the blinds and the utility room and bathroom had areas of dampness evident on the walls and ceiling. The person in charge said that they would include these areas for cleaning on a schedule to ensure that they are completed as required. In addition, the flooring around the wash hand basin in the single toilet was lifting, and there was rust in the plug hole and on the shower curtain pole in the main bathroom. While the person in charge showed how requests had been submitted recently to address some of these issues, this had not been done in a timely manner.

There were a number of cleaning products available in the centre and a notice for colour coded for mop heads on display in the utility room. However, inspectors were informed that the system for cleaning floors involved using cloths (not mop heads) and therefore did not correspond with the cleaning code notice in place, which could lead to confusion. For example; the colour code to guide staff included green mop heads for kitchen cleaning; however there were no green cloths. The person in charge later noted that the blue cloths had faded in colour and therefore now appeared off white. In addition, safety data sheets were not in place, nor were staff aware of the importance of these when using various cleaning products including corrosive products such as bleach, which was observed to be in stock.

The centre had measures in place to support IPC; however improvements were required to ensure that these measures were effective at all times. This included a

need to review the type of bins used ('no touch pedal bins' was included as a control measure for managing the risk of COVID-19, but were not in place), paper towels were not on a dispenser and some of the hand gel stock and first aid supplies were out of date.

Symptom checks were completed for staff and residents as a preventative measure to minimise the risk of COVID19. Staff were provided with public health and other COVID-19 related information as required. There was a risk assessment and outbreak management plan developed for the risk of COVID-19. This included isolation plans and contingencies in the event of staff shortages. However, the outbreak plan required review as the isolation period noted on it was not in line with national guidance.

In summary, residents appeared happy and comfortable in their home environment and were provided with information in an accessible manner. However, improvements were needed to ensure the premises was clean, safe and to a high quality to promote the best possible care and reduce and control the risks of infection transmission.

Regulation 27: Protection against infection

Improvements were required in the auditing arrangements and systems in place for IPC. These included:

- Local and provider audits were not effective in identifying issues and areas for improvements relating to the maintenance of the centre, first aid and hand gel stock checks, staff training and in ensuring that control measures contained on risk assessments, such as pedal bins, were in place.
- Some aspects of cleaning required addressing such as; including cleaning behind, and inside some appliances, ensuring the hand gel pump was clean and ensuring that the colour codes for using mops was consistent with the practices in place.
- Training in PPE was not completed by all staff, and observations on inspection found that staff did not have the appropriate knowledge about the correct sequence of using PPE when involved in residents' personal care.
- A care plan for a specific healthcare need required improvements to ensure that it provided clear guidelines for staff.
- Risks relating to dampness and mould in the house, and the management of waste products specific to this centre, were not appropriately identified, assessed and included on the centre's register of risks.

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 Glade House Residential Service OSV-0001752

Inspection ID: MON-0035455

Date of inspection: 15/03/2022

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
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Audits will be reviewed and amended to ensure <ol style="list-style-type: none"> 1. the maintenance of the centre and submissions from PIC to maintenance department are responded to and completed within agreed timeframes by the deptment 2. First aid kits are more robustly audited and addressed 3. Cleaning schedules to include cleaning behind, and inside some appliances, ensuring the hand gel pump is clean and ensuring that the colour codes for using mops is consistent with the practices in place. 4. Health and Safety Audits will be amended to include Dispensers, cleaning gels. Pedal bins, hand towels and Best before dates 5. Full review and amendments made to emergency IPC management plan to include review of donning and doffing areas, and updated Public Health Guidance <p>All completed 15/04/2022</p> <ul style="list-style-type: none"> • Control measures contained on risk assessments, such as pedal bins, will be in place. • all staff training is up to date- Completed • Risk Registers will be updated to include mantainence work required to be completed to ensure standards are met- completed <p>Maintenance Work to refurbish the utility room and bathroom -will be completed 05/05/2022</p>	

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	05/05/2022