



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

Issued by the Chief Inspector

Name of designated centre:	Centre A1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0005386
Fieldwork ID:	MON-0036247

About the designated centre

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

Centre A1 is a designated centre based on Peamount Healthcare's campus setting in West County Dublin. It consists of five individual units and can support up to 12 adults with intellectual disabilities. It provides 24 hour residential supports to residents and is supported by a staff team which is made up of staff nurses, care assistants, house hold staff, a clinical nurse manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 31 March 2022	11:30hrs to 17:15hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control and the risks relating to healthcare-associated infections. During the course of the inspection the inspector met and spoke with residents, the person in charge and staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

The residents met with provided positive feedback on the supports they were in receipt of. The inspection found some examples of good practice in areas such as staff knowledge, the provision of training related to infection prevention and control, and the governance arrangements in place. There were, however, areas that required improvement which included the cleanliness and maintenance of some areas of the physical environment and the staff resources in place to ensure that the centre was appropriately clean and maintained.

The designated centre was made up of five individual units which varied in size and layout. Three of the units provided single accommodation for one resident each while the other two units provided accommodation for four and five residents each. All residents had their own individual bedrooms and overall the centre provided for a comfortable living environment. There had been considerable improvements works completed in some parts of the centre which had resulted in an overall enhanced environment for residents to live. Two of the single accommodation units were found to be in need of significant maintenance and upgrade. One of these units was set up as a temporary living arrangement a number of years previously and was found not to be an appropriate setting for the long-term provision of residential services. Despite these findings, the residents met with during the course of the inspection were happy with their living arrangements and were experiencing good outcomes as a result of the care and support which they were in receipt of.

The inspector spent time speaking with four residents and listening to their experiences of living in this centre. One resident told the inspector that they were "very happy" with the service they were in receipt of and "really liked the centre". They explained that they were very satisfied with the "newly done up house" and they "felt great about it". All of the residents met with told the inspector that they felt safe living in the centre. One resident explained that they had a good relationship with the staff members who were supporting them and "enjoyed going shopping and out for walks with the staff" regularly. Another resident had returned from a hair appointment and was proud to show the inspector their new hairstyle. A resident who had returned from a walk with two staff members told the inspector that they were "happy with everything" and that they "really liked the staff team". This resident showed the inspector a mural which they had painted with the assistance of the staff team on the wall of their sitting room.

There was information and guidelines on COVID-19 in easy to read format available

to residents with regard to hand hygiene practices, social distancing and cough etiquette and the inspector observed staff members supporting residents with adherence to these guidelines over the course of the inspection. Upon arrival at the centre, the staff team on duty requested that the inspector sign in and complete contract tracing information and a questionnaire screening for signs and symptoms of COVID-19 which included a temperature check. Staff members were observed to follow public health measures in relation to long-term residential care facilities which included the wearing of face masks.

It was clear to the inspector that the resident group had been appropriately supported throughout the period of the COVID-19 pandemic by the staff team through the provision of accessible information about the disease and through gaining consent on an individual basis through person-centred approaches for the administration of vaccines. Residents told the inspector that they had been informed about the signs and symptoms of COVID-19 and knew of the need for precautions as set out in public health guidance. Some residents told the inspector about their experiences of lockdown at the height of the pandemic and while they explained that it had a negative impact on their quality of life at the time, they were enjoying increased outings and presence in the community now and understood the need for the restrictive measures at the time.

In summary, based on the observations of the inspection, some improvements were required in some areas of infection prevention and control, however, the registered provider had generally met the requirements of Regulation 27: Prevention against infection and National Standards for infection prevention and control in community services (HIQA, 2018). The following 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 in respect of infection prevention and control.

Capacity and capability

Overall the inspector found that the registered provider was implementing systems and controls to protect residents and staff from the risks of healthcare-associated infections. There were systems for the oversight of infection prevention and control practices in the centre and residents and staff showed an awareness of the importance of standard and transmission based precautions. However, improvements were required in relation to the cleanliness of some areas of the centre, the systems for cleaning some cleaning equipment, the maintenance and upkeep of some areas of the centre, and the staffing resource allocated for the cleaning and upkeep of the centre.

The person in charge and person participating in management facilitated the inspection and other senior managers and infection prevention and control manager attended the feedback meeting at the end of the inspection. There were clear governance arrangements in place to ensure the delivery of safe and effective

infection prevention and control practices. Staff who spoke with the inspectors were aware of their roles and responsibilities in relation to infection prevention and control and motivated to ensure residents and staff were kept safe from infection. There was an infection prevention and control champion identified in the centre who had completed a number of online infection prevention and control related training programmes. The inspector found that the staff and management teams were motivated to ensure that residents were appropriately protected from acquiring or transmitting healthcare-associated infections and had implemented a suite of policies, procedures, protocols and guidelines locally to support this shared goal.

A risk based approach had been adopted to the management of infection prevention and control and staff had access to up-to-date information and national guidance documents. The risk register in the centre identified infection prevention and control risks and control measures to mitigate these risks. A sample of these control measures were reviewed by the inspector who found that they had been implemented as stated. The staff team had completed a number of training programmes in the area of infection prevention and control which included practical hand hygiene, infection prevention and control, donning and doffing of personal protective equipment (PPE), and food hygiene. There was a local outbreak management plan in place along with a contingency plan both of which were specific to the centre.

The registered provider's annual review and six monthly reviews included sections on infection prevention and control and the impact of the COVID-19 pandemic for residents. Staff team meetings and management meetings and correspondence included discussions on infection prevention and control. The inspector found that infection prevention and control audits were taking place in the centre and generally had identified many of the areas which required improvement, however, some additional areas observed by the inspector had not been identified by the registered provider.

While the centre was appropriately resourced to meet the day-to-day needs of the resident group, the inspector found that this did not include the resources allocated for the cleaning and upkeep of the centre. Specific household staff members were primarily responsible for the cleaning of the centre. Across the five units of the centre the total household allocation was 20 hours per week which the inspector found to be insufficient given the size and layout of the centre and the specific needs of the residents living there. In addition, the systems in use for the logging and follow up on maintenance requests was not effective in ensuring that timely responses were taking place.

Quality and safety

Overall, the inspector found that residents were being kept up-to-date and well informed in relation to infection prevention and control measures that were required

in the centre. Residents described some of the steps they were taking to protect themselves to the inspector during the course of the inspection. One resident was observed to be cleaning their room and a staff member was supporting them with this task. As previously mentioned, however, the inspector found that there were improvements required in a number of areas including the cleanliness and maintenance of some areas, the systems for cleaning some cleaning equipment, and the staffing resource allocated for the cleaning and upkeep of the centre.

There were regular resident forum meetings taking place within the centre along with one-to-one inputs for residents through their appointed keyworkers. Resident meeting included a range of infection prevention and control topics including updates on COVID-19 and public health guidance, the dissemination of easy-to-read documents produced locally, and bulletins on COVID-19 produced by the speech and language department. Other matters discussed included the vaccination programme and information on the consent process. In addition to this, there were support plans in place for residents who had a diagnosis of healthcare-associated infections or infectious diseases. The inspector reviewed a sample of these and found that they provided appropriate guidance for staff members on the individual supports required by residents. Residents' individual risk management plans also included sections on infection prevention and control and their particular healthcare needs. There were systems in place to ensure residents could access allied healthcare professionals in a timely manner, with emergency numbers available in the centre's contingency plan.

Some parts of the centre required additional cleaning and maintenance to ensure that the risks associated with the transmission of healthcare-associated infections were minimised. Examples observed during the course of the inspection included: damage to floors across a number of the units, certain parts of the centre required painting and decorating, kitchen counter tops in some units required replacement, skirting boards and door frames required painting, and the marmoleum flooring in a number of bathrooms was not joined and was peeling away from the walls. A number of bathrooms required deep cleaning of walls and floors and there were cobwebs observed in a number of the units visited during the course of the inspection. There were appropriate arrangements in place for laundering of residents' clothing and bed linen and there disposal of general and clinical waste. Some cleaning equipment in use in the centre was observed to require cleaning and decontamination. There was an absence of local procedures which prescribed the need for this cleaning and decontamination including the frequency of such undertakings.

There were appropriate arrangements in place in the centre for identifying and managing outbreaks of healthcare-associated infections. A review of outbreak reports for outbreaks which had occurred found that these were completed to a high standard and were comprehensive in nature. The reviews included background or contextual information, what was expected to have happened, what actually occurred, what differences existed, and what the registered provider had learned. There were clear actions arising from the reviews with time frames for implementation and person(s) responsible identified.

Regulation 27: Protection against infection

Based on discussions with residents and staff, and what the inspector observed and read, the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), however, some actions were required in order for them to achieve full compliance with the regulations.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- The allocation of household staff member resources to the centre was insufficient given the size and layout of the centre and the needs of residents,
- Some areas of the centre were not found to be clean during the inspection,
- A number of areas of the centre required upkeep and maintenance including the painting and decorating of walls, skirting boards and door frames,
- A number of areas of flooring were damaged and could not be appropriately cleaned,
- The marmoleum flooring in a number of bathrooms was not joined and was peeling away from the walls,
- Countertops in some kitchen required replacement as they were damaged and could not be appropriately cleaned, and
- There was no local procedures in place to specify or prescribe the cleaning of cleaning equipment including the frequency or how this cleaning would be recorded as complete.

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 Centre A1 OSV-0005386

Inspection ID: MON-0036247

Date of inspection: 31/03/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Capacity and Capability</p> <p>Review of maintenance system: The facilities manager will put in place a logging system for reviewing and prioritising maintenance requests to ensure timely responses are taking place. 30/06/2022</p> <p>Quality and Safety</p> <p>Damage to floors: The PIC will seek a review of flooring used in the centre and seek a quote to ensure durable flooring is in situ throughout heavy footfall areas in the centre. This quote will be submitted to the registered provider for approval. 30/09/2022</p> <p>Painting and redecorating: The PIC has completed a hygiene audit identifying all areas in need of painting, repair and redecoration within the Centre. The PIC has drawn up a plan of action and requests have been sent to the maintenance department for completion. 30/09/2022</p> <p>Cleaning of equipment: The IP&C link nurse has implemented a new tool for the management of cleaning equipment which was drawn up by the household manager in collaboration with the IP&C manager. 13/04/2022</p> <p>Household resources: A review of staffing levels allocated to household will be completed by Household manager. Following the outcome of this review a business case will be developed and submitted for funding to HSE. 30/09/2022</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.	Substantially Compliant	Yellow	30/07/2022