



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

## Issued by the Chief Inspector

Name of designated centre:	124 Gracepark Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	12 October 2022
Centre ID:	OSV-0002091
Fieldwork ID:	MON-0035756

## About the designated centre

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

124 Gracepark Road is a designated centre operated by ChildVision and is located in an urban area in North Dublin. The designated centre offers residential services for up to four people with vision impairment and intellectual disabilities who are engaged in further education having completed their primary and secondary education. Residents that avail of this service are of an age-group from 19 – 24 years of age. The service provides adults in this age group with a supported living experience while pursuing their life-long learning and further education. The centre is open from Sunday to Friday afternoon during school term time (September to May/June). The house is a two storey house which consists of five bedrooms, kitchen/dining room, sitting room and study. Residents have access to a back garden with patio area. The centre is staffed by a person in charge and social care workers. Nursing support is provided through an on call system if required.

**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
Wednesday 12 October 2022	09:55hrs to 14:35hrs	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 wore a face mask and maintained social distancing as much as possible during interactions with residents and staff.

The inspector saw, on arrival to the designated centre, that it was well-maintained and welcoming. The inspector was greeted by staff who were seen to be wearing face masks in line with current public health guidance. The inspector saw that there was a hand sanitising station available inside the door, along with disposable face masks and COVID-19 guidance for visitors.

Most of the residents had already left to attend college or work when the inspector arrived. However, there was one resident who agreed to talk to the inspector before they left to attend their course. Staff supported this resident during their conversation with the inspector. Staff were seen to support the resident in a gentle and respectful manner.

This resident told the inspector that they were happy and comfortable living in Gracepark Road. They were aware of the measures to protect themselves from COVID-19 and described how staff supported them in this regard. The resident also showed the inspector some of the recent refurbishments that had been completed to the house including the installation of new fire doors to residents' bedrooms.

The inspector completed a walk around of the house with the staff. The inspector saw that the house was very clean and well-maintained. Staff told the inspector that the provider had completed recent refurbishments in order to address IPC risks. These included the installation of new carpet on the stairs, replacing carpet with wooden floors in resident bedrooms, painting wardrobes in bedrooms and kitchen maintenance.

The inspector saw that residents' bedrooms were clean and were furnished with residents' belongings and their personal items. Communal areas including bathrooms and the kitchen were very clean and tidy. There was an absence of clutter which staff stated was to ensure residents' safety given that all residents had a visual impairment.

Staff talked the inspector through the daily disinfecting and cleaning schedules. Staff spoke competently regarding the cleaning products they used for different scenarios and how they managed IPC risks in the designated centre.

The inspector also saw that the house had been designed to support residents' accessibility, particularly with regards to IPC. For example, bump-on stickers were seen on the washing machine and tumble dryer. Staff explained that these

supported residents with visual impairments to locate the correct temperature and cycle for laundering their clothes.

Bathrooms were clean and contained adequate hand washing facilities. There was also sufficient availability of hand sanitising points throughout the house.

One resident had an assessed healthcare need in the area of PEG feeding. The inspector saw that the equipment required to administer the PEG feed was stored in a clean and hygienic manner. There was written guidance available to support staff in this regard which included information to prevent transmission of infection. This will be discussed further in the quality and safety section of the report.

Overall, the inspector found that the centre was operating at a high standard for infection prevention and control practices and that the registered provider had implemented measures to protect residents from acquiring a healthcare-associated infection.

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 the registered provider had implemented effective governance and management arrangements to mitigate against the risk of residents acquiring a healthcare-associated infection.

There was a clear reporting structure in place in relation to the management of IPC related risks. The provider had convened an IPC committee which was led by a competent individual. Staff spoken with were aware of the chain of command and of how to escalate risks to the infection control lead and committee.

The provider had effected an IPC policy and a COVID-19/Influenza policy. The detail of these policies had been communicated effectively to staff through staff meetings which were held weekly. IPC was a standing item on the agendas for these meetings. Staff spoken with were informed regarding these policies and of their individually defined roles and responsibilities.

There were a series of audits in place which supported the provider in monitoring IPC practices. Examples of some of the audits which were completed included in the areas of medication, hand hygiene, health and safety and the physical environment. These audits comprehensively identified risks and put in place plans to address them. The inspector saw that risks were addressed in a timely manner. For example, a health and safety audit in June 2022 identified that a new carpet was required on the stairs. This was addressed by the time of inspection.

The provider had further enhanced their monitoring of practices through the use of external consultants and internal specialists. These specialists reviewed specific aspects of care to ensure that it was being delivered in line with the National Standards. Some of these reviews were completed as training while others were in the form of "spot-checks". For example, staff had recently completed on-site training with an external IPC specialist who reviewed cleaning practices in the centre. A medication management assessment "spot-check" had also been completed by a nursing assessor in May 2022. This assessment included a review of the IPC practices of staff in administering medication.

There was a very high level of staff training maintained in the designated centre. All staff were up-to-date with relevant IPC training including in PPE, respiratory hygiene and hand hygiene. In addition to online training, the provider had in place a practical training session in IPC for staff, which all staff had completed at the time of inspection. The inspector was also informed that practical assessments of staff hand hygiene were completed twice a year by a competent professional.

Staff had availed of external training in PEG feeding and their competency in this regard was signed off on by a qualified professional. The competency assessment for PEG feeding also included a review of adherence to standard precautions.

There were effective systems in place to document and manage local risks. Local risk assessments had been completed for various risks including those specific to the designated centre. For example there was a risk assessment in place due to risk of transmission of infection when staff were providing a sighted guide to residents. The risk assessments detailed comprehensive control measures to manage these risks.

A risk had been identified by the provider in relation to Legionnaire's disease. The provider had implemented a schedule of water flushing and testing in this regard.

The inspector saw that there was a centre-specific outbreak management plan as well as contingency planning assessment for COVID-19. These plans had been recently reviewed and updated in line with the provider's policy and public health guidance. Staff were knowledgeable regarding the process to be followed in the event of a suspected case of COVID-19.

There was a well-established and consistent staff team in the designated centre. There were no vacancies. The provider had in place a panel of in-house relief staff to fill any gaps in the roster. A review of the roster demonstrated that there were sufficient staff in place to meet the needs of the residents and that the staffing levels were maintained as per the statement of purpose.

## Quality and safety

The inspector found that residents were in receipt of a service which was delivered in a safe manner and was in line with the National Standards for infection

prevention and control in community services. The service was delivered in a manner which was person-centred and provided residents with education to understand how best to protect themselves and others from infection.

It was clear from talking to one resident that they had been provided with education regarding COVID-19 and standard precautions. The inspector also saw, on a review of residents' files, that residents had been provided with IPC education in manner which was suitable to their assessed needs. Residents had completed practical hand hygiene training with staff which was reviewed annually. Residents also completed independent living programmes in areas such as laundry management.

IPC was discussed at resident house meetings. A recent meeting in September had discussed the availability of a flu vaccine for residents.

The inspector saw that in the annual review of care from 2021, parents had expressed that they were satisfied with the cleanliness of the designated centre and with the quality of the service. Parents described the centre as "friendly and welcoming" and complemented the staff team.

The inspector saw that IPC was actively considered as part of the routine of delivery of care in the designated centre. Staff showed the inspector locally available guidance in areas such as daily cleaning and infrequent, risk-based cleaning such as that required in the management of bodily fluids. Staff were seen to adhere to good hand hygiene throughout the course of the inspection. The inspector also observed staff routinely wiping down communal equipment such as the house telephone after use. There was availability of appropriate PPE in areas required throughout the house.

There was evidence of laundry practices which were in line with best practice in IPC. Residents were supported to wash their laundry on separate days. Bump-on stickers had been added to the washing machine and tumble dryer to support accessibility and autonomy. There were protocols in place for the management of soiled linen which were in line with the provider's policy. The inspector saw that alginate bags were available if required.

The designated centre was very clean and well-maintained. The provider had completed recent refurbishments and had addressed self-identified IPC risks in a timely manner. Cleaning schedules for daily, weekly and end-of-term deep cleans were maintained. A water flushing and testing system was also in place to reduce the risk of legionella.

One resident in the centre required support with PEG feeding. The inspector saw that there was documented guidance for staff which detailed steps to be taken to reduce the risk of transmission of infection. Staff could competently describe the steps that they took in this regard. There was ready availability of the necessary PPE and disinfectant wipes required for this procedure in the room where it took place. The equipment required was seen to be clean and stored hygienically in a sterile container.

There had been no significant outbreaks of COVID-19 in the designated centre

within the past 12 months. However, the inspector saw that occasional suspected or confirmed cases were identified, managed and responded to in a timely manner. Cases of COVID-19 had also been notified to the Chief Inspector in line with regulations. Staff were familiar with the outbreak management plan and steps to be taken in the event of an outbreak of an infectious disease.

## Regulation 27: Protection against infection

The inspector found that the practices in the designated centre were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

There were effective management arrangements in place which ensured oversight of IPC in the centre. There was a clear reporting structure in place. Staff were knowledgeable regarding the IPC reporting structure and of how to escalate risks.

Regular audits were completed which comprehensively identified risks. SMART action plans were derived from these in order to respond to risks.

The provider utilised both in-house specialists as well as external consultants to enhance their monitoring of IPC practices in the designated centre.

There was documentation available to staff to guide them in managing IPC related risks. This guidance was recently updated and reflected public health guidance and the provider's own policies.

Staffing levels and skill mix were maintained at levels to safely meet the service's IPC needs.

There was a very high level of staff training in IPC maintained. All staff were up-to-date in the required training. Staff were aware of their specific roles and responsibilities in this regard. Staff spoke competently regarding how they ensured care was provided which was in line with the national standards.

There was clear communication from senior management to staff in relation to IPC. Staff were informed through weekly staff meetings of any updated IPC guidance.

The centre was operating a person-centred service which was striving to support residents' autonomy in regard to managing their health and their activities of daily living. Residents were informed regarding IPC and the measures to protect themselves from COVID-19. IPC was discussed regularly at resident meetings and residents were provided with education to support them in maintaining their autonomy in areas such as the management of laundry in a safe manner.

Care plans were in place with regard to residents' individual care needs. Care plans detailed the specific IPC measures that staff should be aware of in order to prevent

the transmission of infection.

The centre was seen to be very clean, tidy and well-maintained. There were appropriate procedures in place to ensure oversight of day to day IPC risks in the centre.

The provider had in place procedures to reduce the risk of Legionnaire's disease.

Any invasive equipment which was required for use by residents in regards of their health needs was seen to be clean and well-maintained.

The inspector saw that outbreaks of infection were identified, managed, responded to and documented in a timely manner.

Judgment: 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	Compliant