



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

Issued by the Chief Inspector

Name of designated centre:	Florence House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	15 July 2022
Centre ID:	OSV-0002632
Fieldwork ID:	MON-0035892

About the designated centre

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

This centre provides a residential service for up to eight male and female residents. The profile of the residents that this centre caters for is set out as those with a severe to a profound level of intellectual disabilities. At the time of this inspection, there were eight residents living at the centre. The centre is located in a housing estate on the outskirts of a large town. This centre is open 24 hours a day and seven days a week. It is staffed with a person in charge, nurses and multi-task workers. The building consists of two floors, with the ground floor being open to residents and the upstairs floor used for office purposes. An outside area was available to residents and this had some recreational equipment used mostly in the summer months. Residents have access to facilities in the town and a nearby day service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Friday 15 July 2022	10:30hrs to 15:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was short term announced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were eight residents living in the centre on the day of the inspection and the inspector had the opportunity to meet with all eight resident during the inspection. The inspector was greeted by the person in charge on arrival to the centre. Residents were observed going about their morning routines, eating breakfast and heading out on various activities for the day. All residents appeared at ease and comfortable in their home and the inspector observed respectful and friendly interactions between staff and residents. Residents mostly used non verbal methods to communicate and the inspector observed some non verbal signs that residents appeared happy in their home.

The premises was a large detached two storey property with some surrounding and enclosed gardens areas. All residents had their own bedrooms and Residents had personalised them to suit their preferences. The centre had two living areas and a sensory room, kitchen, dining area and bathrooms. Some of the residents artwork was observed hanging on the walls around the centre, along with some pictures. The second floor of the centre was used for staff break areas and storage. One resident was observed relaxing out in their garden in the afternoon. Another resident was enjoying some times in the centres sensory room and another resident was seen happily using their building blocks in the centres living room.

The centre had recently experienced an audit with an infection control specialist and a number of areas in need of improvements, including outstanding premises issued, were noted during this audit. The inspector observed these areas during a walk around the premises and these are detailed further under the quality and safety section of this report.

The staff team comprised of nursing staff and multi-task workers. There was a full time person in charge in place and they were supported by a senior staff nurse in the centre. Staff were noted to be wearing face masks throughout the duration of the inspection, in accordance with national guidance for residential care facilities. Residents all had personal plans in place which guided their care in the centre. Residents all experienced regular activation. Day services had resumed in the organisation and some residents enjoyed attending this regularly. Residents also experienced regular meetings together with staff where meal choices, activation and infection control were discussed.

The inspector observed lunchtime in the centre and this appeared to be a pleasant experience for the residents. There was a designated staff member responsible for serving food at meal times and residents had staff supporting them with meals when required. Meals were fresh and homemade and residents appeared to enjoy

the food served. Staff spoken with appeared familiar with residents individual dietary preferences and needs. One resident was observed relaxing put in their garden in the afternoon. Another resident was enjoying some times in the centres sensory room and another resident was seen happily using their building blocks in the centres living room.

Overall it was found that residents appeared happy and comfortable living in their home on the day of inspection. However, improvements were required to ensure that infection prevention and control measures were consistent and effectively monitored and to ensure that measures were in place to provide care and support which were consistent with the National Standards. The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). In general, the inspector found that the provider was demonstrating capacity and capability to provide individualised care and support to residents. However, at times, improvements were required in the area of infection prevention and control (IPC) in the centre.

The centre had a full time person in charge in place and they were supported by a senior staff nurse in the centre. The person in charge had a full time position. There was a clear management structure and lines of accountability in the service, which used a nursing management structure. A lead had been identified within the service to manage and respond to infection prevention and control risks and to any COVID-19 concerns. An on-call management system was in place for staff to contact outside of regular working hours. The service also had an IPC committee in place which held meetings once a month to discuss infection prevention and control in the designated centres and COVID-19.

Systems were in place to ensure that the service was regularly audited and reviewed. An annual review of the care and support provided had been completed, as well as an unannounced six monthly inspection. The centre had also recently experienced an audit with an infection control specialist, who had highlighted a number of areas in need of improvements with regards to infection prevention and control measures in the centre. The provider was working towards developing an action plan following this audit, as well as seeking funding and resources to address a number of premises issues. This was highlighted to the inspector at the beginning of the inspection day.

The centre had an audit folder in place which recorded regular reviews of areas

including staff training, water systems, maintenance issues, care planning, health and safety, food safety and management of sharps in the centre. The service had regular health and safety environmental audits and the centre had recently implemented a checking system for water systems that was less frequently used, to prevent the risk of water borne infections.

A program of training was in place for all staff working in the centre. The inspector reviewed training records relevant to IPC and found that training was provided in areas including hand hygiene, infection control and donning and doffing. An IPC specialist had also recently facilitated an IPC information with staff and management. However, it was found that two staff members had no evidence of up-to-date training in infection prevention and control.

The staff team comprised of social care workers and support workers. There appeared to be an appropriate number of staff in place to meet the needs of the residents and to safely provide care and support. There were no staffing vacancies in the centre on the day of inspection. Staff were meeting regularly and all staff had specific daily tasks allocated to them which included cleaning tasks. However, the infection prevention and control audit completed by an infection control specialist in March 2022 highlighted that while staff were applying good IPC and cleaning practices, infrastructure issues in the centre did not allow them to perform cleaning tasks appropriately at times.

The provider had a range of policies and procedures in place to both guide and instruct staff on infection prevention and control (IPC) measures in the centre. This included a handbook which had been recently published by the HSE and this detailed specific cleaning procedures for staff to follow when providing care and support. The centre also had had a COVID-19 folder in place which was readily available to staff

Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared happy in their home and satisfied with the service provided and appeared to enjoy an individualised service with staff who were familiar with their needs and preferences. With regards to infection prevention and control, some improvements were required to ensure that the service provided was always safe for the residents and in line with the National Standards for infection prevention and control in community services (HIQA, 2018).

The premises was a large two storey detached building located in a housing estate. The building consisted of two floors, with the ground floor being open to residents and the upstairs floor used for office purposes. The inspector completed a walkaround the centre at the beginning of the inspection and noted a number of outstanding premises works. A number of radiators in the centre were noted as rusting, there were areas of chipped paintwork, bathroom floors had areas of

staining, work surfaces had areas of staining, worn areas on walls, some window sills required replacing and chipped areas were noted around sinks. Hand gels were not noted to be readily available in the centre close to all points of care.

Residents were supported to manage their health in the centre and had appropriate access to multi-disciplinary supports when required including their General practitioner (GP). All residents had individual COVID-19 care plans in place. Residents experienced regular meetings with staff, where IPC and COVID-19 was regularly discussed with them. The inspector observed evidence that antimicrobial stewardship was regularly reviewed in the centre for the residents.

COVID-19 had been a focus in the centre during the global pandemic. The centre had experienced an outbreak of COVID-19 and these appeared to have been managed well by the provider, management, and staff team. Management had engaged with the public health team during these times. A number of measures continued to be in place in the centre to protect residents from the risk of COVID-19 infection. This included visitation safety measures and the wearing of surgical face masks by staff and visitors, in line with national guidance for residential care facilities. Full stocks of additional personal protective equipment were readily available to staff for in the event of a further outbreak.

The inspector requested a number of documents for review on the day of inspection, and this included the centres contingency plan and escalation pathway for in the event of a suspected case or outbreak of COVID-19. While the provider had developed a service and centre specific management plan for in the event of an outbreak of COVID-19, this plan did not include details of meal time arrangements, emergency contact numbers, or facilitating activation for residents during an outbreak.

The inspector also reviewed the centres cleaning schedules. The recent audit completed in the centre had highlighted a number of areas in need of improvements with regards to cleaning schedules and procedures and the centre was working towards rolling out new protocols for cleaning all areas of the centre and for cleaning residents equipment. The person in charge had regular oversight of the cleaning schedules and regularly reviewed staff cleaning records. It was noted that there were some gaps in cleaning records where staff had not signed that cleaning tasks had been completed.

The centre had a utility room in the centre where staff carried out the residents laundry. However the recent audit completed by an IPC specialist had highlighted that laundry systems in place did not appropriately ensure that clean and dirty laundry could be appropriately separated at all times. Mop systems also required review to ensure mops were clean and dry between uses and to ensure that the different coloured mops for cleaning different clean and dirty zones, were appropriately stored and separated to prevent cross contamination.

Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were noted with regards to infection prevention and control in the centre, some improvements were required to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- The centre had recently experienced an audit with an infection control specialist in March 2022. This audit had highlighted a number of areas in need of improvements with regards to infection prevention and control measures in the centre. These areas had not yet been addressed by the provider. The audit highlighted that while staff were applying good IPC practices, infrastructure issues in the centre did not allow them to perform cleaning tasks appropriately at times.
- Two staff members had no evidence of training in infection prevention and control on the day of inspection.
- The centres COVID-19 contingency plan did not include details of meal time arrangements, emergency contact numbers, or facilitating activation for residents during an outbreak.
- A number of outstanding premises issues were noted in the centre - including rusting radiators, chipped paintwork, staining on bathroom floors and work surfaces, worn areas on walls, some window sills required replacing and chipped areas were noted around sinks.
- Cleaning procedures and schedules required review - the centre was working towards implementing new schedules on the day of inspection. It was noted that there were some gaps in cleaning records where staff had not signed that cleaning tasks had been completed.
- Mop systems required review to ensure mops were clean and dry between uses and to ensure that different coloured mops for cleaning clean and dirty zones in the centre, were appropriately stored and separated to prevent cross contamination.
- The recent audit completed by an infection prevention and control specialist had also highlighted that laundry systems in place did not appropriately ensure that clean and dirty laundry could be appropriately separated at all times.

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 Florence House OSV-0002632

Inspection ID: MON-0035892

Date of inspection: 15/07/2022

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> <p>All staff have completed the HSE Land IPC module</p> <p>All environmental deficits have been identified and escalated for maintenance</p> <p>All windows have been replaced</p> <p>All areas requiring painting have been escalated for approval to the HODS</p> <p>The Centre specific Management plan for dealing with a COVID outbreak has been reviewed to include details in relation to meal times, emergency contact info and in house activation plans</p> <p>Documentation requirements reviewed with MTA staff</p> <p>All laundry activities have been reviewed to improve dirty / clean flow</p> <p>Mop usage / storage has been reviewed</p> <p>All outstanding maintenance issues have been escalated for attention</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	31/03/2023