



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

Issued by the Chief Inspector

Name of designated centre:	SVC-SE
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0003159
Fieldwork ID:	MON-0036324

About the designated centre

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

SVE - SE provides a respite service to over 30 adults with an intellectual disability on a planned basis. This centre supports respite users with mild to high support needs and is also able to facilitate individuals with reduced mobility. The staffing arrangements in this centre are based on the assessed needs of each respite user and are altered accordingly depending on which individuals are availing of the service. The maximum capacity of this centre is four respite users at any one time. The centre is based on a campus setting and residents have access to transport and public services such as taxis, public buses and trains. Each respite user has their own bedroom for the duration of their stay and the centre has suitable communal and dining areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 22 June 2023	10:00hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in this respite centre regarding infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of respite users who may be at risk of healthcare-associated infections. However, some maintenance and repair were required in areas which negatively impacted upon these arrangements. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed.

The centre comprised of a four bedroom bungalow. It was located on a residential campus based setting and adjacent to a number of other designated centres operated by the provider. There were two day services located on the campus and a significant number of the respite users had placements in these day services. The campus is located in a residential area of a city and is in close proximity to a range of local amenities such as cafes, shops, public houses, restaurant, public parks, a swimming pool and transport links.

The centre was registered to accommodate a maximum of four adult respite users at any one time. At the time of inspection, there were 33 individuals availing of respite in the centre. Each of these respite users were contracted to receive two nights respite per month with a small number receiving up to four nights depending on their assessed needs. Groups of individuals attending together for respite were determined on the basis of need, personal preferences and compatibility with the others proposed to attend. On the day of this inspection three individuals were availing of respite in the centre.

There were long term plans to de-congregate a number of the other designated residential centres located on the campus in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". However, it was reported that this respite centre was not being prioritised for de-congregation and consequently there were no current plans in place to de-congregate this centre. A defined time-line for the de-congregation of the other campus based centres had not yet been determined albeit progress was being made.

The inspector met briefly with each of the three individuals who were availing of respite on the day of inspection. Two of these respite users spoke with the inspector and relayed that they enjoyed coming for their overnight stays in the centre. The third respite user was unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of their peers and staff members caring for them. It was evident that these residents had a strong rapport

with the staff who were caring for them. A number of the residents were observed to warmly hug staff members on their arrival to the centre and to converse with staff on news from home and family members since their last stay. These three respite users attended the same day service which was located on the campus and operated by the provider. It was reported that the respite users and their families looked forward to their respite breaks in the centre.

Examples of activities that respite users engaged in within the centre and in the community whilst availing of respite included, walks within the campus and to local scenic areas and beaches, church visits, bowling, cinema, cooking and baking, arts and crafts, meals out, shopping. There was a good supply of arts and crafts materials, books and board games available in the centre for respite users' use. The centre did not have its own private garden area but respite users could access a number of communal gardens, a swimming pool and a play ground within the campus grounds.

In general, it was considered that respite users attending together were compatible and enjoyed spending time with each other. There were a small number of respite users who presented with some behaviours which could be difficult to manage in a group living environment. However, incidents were considered to be well managed. There had been one safeguarding concern in the preceding period which had been appropriately managed and reported.

The centre was found to be comfortable and homely. However, maintenance was required in some areas. On the day of inspection a painter was on-site completing some works and maintenance had commenced work on renovating the main bathroom. However, the following was observed: chipped and worn paint on walls and wood work in some areas, uneven surfaces on wardrobes in a number of residents bedrooms, worn surface in small areas on some tiles which had been painted, damaged radiator covers in one to the toilets, small amount of worn tile grouting behind the sink in the kitchen, some worn and stained flooring in areas and the surface of the chair in the visitors rooms was broken in areas. In addition, there were excessive items being stored on the floor and shelves in the sluice room. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

There were two dedicated household staff responsible for cleaning who were supported and assisted by other staff members. There were detailed checklists in use and records were maintained of areas cleaned. Overall records were well completed. The inspectors found that there were adequate resources in place to clean the centre.

Each of the respite users had their own bedroom for the duration of their stay. This promoted the respite users' independence and dignity, and recognised their individuality and personal preferences. The bedrooms were a suitable size and layout for the respite user's individual needs. It was reported that some of the respite users would bring items with them from home to personalise their room according to the individual tastes. For example, pictures of loved ones, pillows,

teddies or other soft furnishings.

The inspector did not have an opportunity to meet with the relatives of any of the respite users but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with respite users and relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided. There was evidence that the respite users and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

There was one part-time staff vacancy at the time of inspection. This vacancy was being covered by the staff team and on occasions regular agency staff members. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents .

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. The provider's infection prevention and control specialist was based on the same campus and provided support to staff. The interim person in charge was an identified infection control champion within the organisation and completed training with staff and audits. The person in charge or their delegate had been identified as the designated infection prevention and control lead at the centre.

The centre was managed by a suitably-qualified and experienced person. A new person in charge had recently been appointed but was on extended leave at the time of inspection. Consequently, an interim person in charge has been appointed. She was not on duty on the day of this unannounced inspection but was spoken with subsequently over the phone. The interim person in charge is a registered general nurse and holds a degree in nursing, a post graduate diploma in infection prevention and control and a certificate in clinical leadership. She has more than three years management experience. She was in a full time position and was not responsible for any other centre. She presented, on telephone interview, with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard. The interim person in charge had regular formal and informal contact with her manager.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant

that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge was supported by an identified lead senior staff nurse on each shift. The interim person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The interim person in charge and CNM 3 held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. There were arrangements in place to complete a review post any outbreak, to consider what had worked well and areas for improvement. An assessment would be conducted at the onset of an outbreak to consider possible causes. There was a contingency plan for managing the risk of COVID 19, influenza or other respiratory illness or any other notifiable illness, dated 24.05.2023. There was a management plan for notifiable illnesses and a standard operating procedure of actions to be taken when there is a confirmed case of COVID 19 in a service area. Both of these documents had recently been reviewed and included scenario model and potential action plans. The provider had recently reviewed its office of the chief inspectors self assessment of preparedness for a COVID 19 outbreak.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature and there was clear evidence available to demonstrate that they had brought about positive changes in the centre. An annual review of the quality and safety of care and six monthly unannounced visits had been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. There was one part-time staff vacancy at the time of inspection. This was being covered by the staff team and on occasions regular agency staff.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The respite users appeared to receive person-centred care and support during their stays, whereby the respite users and their families were well informed, involved and supported in the prevention and control of health-care associated infections.

Respite users were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control were discussed at regular intervals with individual residents and at house meetings.

There were arrangements in place for the laundry of respite users' linen and towels. In general, the respite users' family maintained the users personal clothing. There were suitable domestic, clinical and recycling waste collection arrangements in place. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were arrangements in place for the management of maintenance issues and staff members reported that generally maintenance issues were promptly resolved in the centre.

There was a contingency plan for managing the risk of COVID19, influenza or other respiratory illness or any other notifiable illness. This reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation. Prior and during each admission for respite, there is extensive handover of information in relation to each residents health status.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Environmental and hand hygiene audits were undertaken at regular intervals. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Posters promoting hand washing were on display.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. However, the following was observed: chipped and worn paint on walls and wood work in some areas, uneven surfaces on wardrobes in a number of residents bedrooms, worn surface in small areas on some tiles which had been painted, damaged radiator covers in one to the toilets, small amount of worn tile grouting behind the sink in the kitchen, some worn and stained flooring in areas and the surface of the chair in the visitors rooms was broken in areas. In addition, there were excessive items being stored on the floor and shelves in the sluice room. This meant that these areas could be more difficult to effectively clean from an infection control perspective. It was noted that the down stairs bathroom was in the process of being completely refurbished and a painter was on-

site the day of inspection completing some tasks.

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 SVC-SE OSV-0003159

Inspection ID: MON-0036324

Date of inspection: 22/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There is a painting schedule in place for the campus – full repaint was conducted in the designated centre in March 2023. SVC-SE will have painting touch ups completed on or before December 2023. This will address the worn paint on walls and woodwork</p> <p>PIC has sent a comprehensive list of works identified during the inspection to the maintenance manager for follow up, including damaged radiator cover, uneven surfaces on wardrobes, grouting on tiles and worn/ stained flooring. Maintenance manager has given assurance that these areas will either be repaired or replaced based on condition.</p> <p>New chair has been ordered for visitors sitting room</p> <p>Excessive storage in the sluice room has been relocated to the shed</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	31/12/2023