



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

Issued by the Chief Inspector

Name of designated centre:	Hortlands
Name of provider:	Gheel Autism Services CLG
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	27 March 2023
Centre ID:	OSV-0003507
Fieldwork ID:	MON-0039041

About the designated centre

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

Hortlands designated centre is located in a suburb in Co. Dublin and can cater for nine residents, both male and female, over the age of 18 years. The centre is comprised of three buildings. Hortlands house has five bedrooms, two bathrooms, a kitchen and a living area. Adjacent to this is Hortlands flat which has two bedrooms, a kitchen, bathroom and living room. There is a prefabricated wooden building at the end of the garden that contains two additional communal rooms for residents. Phoenix house is located in a different suburb. This is a semi-detached two story home that accommodates one resident. The designated centre specialises in providing residential services in a personalised and homely atmosphere. The designated centre has a low arousal philosophy, which is used to support adults with a diagnosis of Autism. Residents are supported by a team of social care workers and care workers. These staff are directly overseen by a location manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 27 March 2023	09:30hrs to 17:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27 : Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). The inspector found that residents living in the designated centre were receiving good quality person-centred care, and that they were living in comfortable homes. The inspector found that the provider had put strong management arrangements in place to ensure that residents were protected from healthcare-associated infections. However, some improvements were required in documentation and in contingency planning to ensure that IPC practices and procedures were in line with the National Standards.

The designated centre comprises three buildings, two of which are in a suburb in South Dublin and the third is based in a suburb of north Dublin. The inspector did a walk around of all of the premises in the company of the team leader over the course of the day. The first house is a large five-bedroomed house which is home to four residents. The house is subdivided into the main house and a flat which has its' own entrance and was accessible from the main house house by an internal door. Downstairs in the main house comprises a kitchen, utility room and sitting room. There is a lovely back garden for residents to enjoy and a garden room which residents use to eat meals, do preferred activities or as a space to relax in. Upstairs were four resident bedrooms, a staff sleepover room, two bathrooms, a large office and a medication room. The 'flat' had a kitchen, accessible bathroom, a sitting room and two resident bedrooms. This was vacant on the day of the inspection. The third house is a two-storey house which is home to one resident. The house comprises a downstairs bedroom, a large sitting room, a large kitchen dining room and an accessible bathroom. Upstairs were three bedrooms , one of which was used as a staff sleepover room and a bathroom.

The inspector met with four residents and four staff members over the course of the inspection. Some residents in the centre used speech to communicate, while others used body language, proximity, vocalisations and facial expressions to communicate. Residents required staff to know them well in order to interpret their communication and to respond in an appropriate manner. The provider recognised the need for staff to use a total communication approach to ensure that staff communicated in a way that residents could understand , and this was reflected in their documentation. It was evident that emphasis was place on upholding residents' rights to autonomy and choice. Consent was obtained and documented for health care interventions. Hospital passports were in place which contained immunisation history and key information on the person's communication support needs.

Residents' meetings took place on a weekly basis and if residents did not wish to attend, they spoke with staff on an individual basis. All of the residents whom the inspector met with appeared happy in their homes. They were supported by a staff team who knew them well and it was evident that the staff and residents were

comfortable in each others' company.

Residents had access to health and social care professionals as they required it. There was evidence of residents being supported to access health care services in a manner which minimised discomfort or distress. For example, staff had liaised with the local GP and made specific arrangements for residents to ensure that where they needed to attend the GP, that it was done in a way that best supported the resident to have a positive experience. Residents had personal contingency plans in place which outlined their communication support needs, their ability to isolate and what belongings were important to them in the event they required a transfer to another location.

In summary, from what the inspector observed, from speaking with staff and residents, and reviewing documentation, it was evident that the provider had put a number of measures in place to protect residents from healthcare-associated infections. Residents were in receipt of good quality, person-centred care and were living in houses which were well suited to their needs. However, some improvements were required in documentation and in contingency planning to ensure that IPC practices and procedures were in line with the National Standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider had good governance and management arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control in the service. There was an Infection Prevention and Control committee and a health promotion committee which comprised of members of the senior management team and health and safety representatives. The provider had a senior identified person who had overall accountability and responsibility for infection prevention and control within the service. The inspector had the opportunity to speak with the IPC lead by video call during the inspection. Regular management meetings took place and staff meetings took place on a monthly basis. These meetings were used as forums to share information and to review progress on relevant areas of IPC within the centre.

There was an infection prevention and control policy in place which outlined staff roles and responsibilities in relation to IPC and gave clear guidance to staff on managing aspects of IPC in their roles such as dealing with spills of blood or body fluids, disposal of sharps, waste management and laundry management. There was an escalation pathway in place, with clear flow charts and guidance for staff on what to do in the event of a suspected or confirmed case of a communicable diseases. However, it was unclear what arrangements were in place for antimicrobial

stewardship within the organisation.

The provider had a contingency plan in place in addition to individual contingency plans for each resident which included information on residents' communication support needs, their personal belongings which were important to them and their ability to isolate. However, the contingency plan was not suitably detailed to guide practices in each specific house. For example, there was not clear guidance for staff on managing shared areas of the house, on locations for donning and doffing of personal and protective equipment (PPE) and how to manage staffing to minimise the risk of infection transmission in the event there was an active case of infection in the centre.

The provider had audits in place within the centre, which were carried out by the person in charge and the team leader. However, these audits were not identifying areas for improvement. For example, significant gaps were found in documentation relating to cleaning schedules, but this had not been identified on audits.

The service provider regularly ensured that staff had access to up-to-date information. There was a shared intranet site which was demonstrated to the inspector. This contained a wide range of information relevant to IPC and included videos, easy-to-read information, up-to-date public health guidance, flow charts and online forms for staff to use in the event they had a concern in relation to IPC. The provider had suitable measures in place to ensure that IPC risks were suitably identified and managed. The Health and Safety Risk Register had risk assessments on IPC cleaning, waste, legionnaires disease and managing body fluid spillages.

The centre was fully staffed on the day of the inspection. There was a suitable number of staff on duty with the required skills to best meet the residents' assessed needs and the IPC needs of the service. A review of the staff training matrix indicated that all staff had completed training in hand hygiene and in donning and doffing of personal and protective equipment (PPE). Thirty percent of staff members required training in food safety. The inspector was not provided evidence of staff having specific training on the basics of infection prevention and control, specifically on standard and transmission-based precautions.

Quality and safety

The inspector found that the registered provider was committed to ensuring that residents in the centre were in receipt of a quality and safe service, and that they were protected against healthcare-associated infections. As outlined in the beginning of the report, residents presented with complex communication support needs. Staff had access to easy-to-read information in addition to clear guidance on how best to support residents who experienced difficulty in following IPC guidelines. Consent was sought for healthcare interventions and it was evident that residents were facilitated to make decisions about their care and support. The need to take a practical approach to implementing IPC measures for residents with higher support

needs was recognised by the provider and documented in their policy.

Both premises were found to be clean, warm and well suited to the residents' needs. On arrival to the centre, the inspector noted there was a hand sanitising station and an adequate supply of face masks at the entrance to each house. Staff were observed cleaning prior to finishing their shift. The inspector noted that some areas of the centre required improvement. For example, flooring in one of the bathrooms was stained and the shower screen was broken and rusted. There was some black spores noted on the ceiling of a resident's bedroom. These had been identified by the provider and were being followed up on by them on the day of the inspection.

There were colour coded cloths and cleaning equipment in place. There was clear guidance for staff on cleaning and disinfection and there were cleaning schedules in place for different intervals (for example daily, weekly and monthly cleaning). Staff were knowledgeable on tasks related to cleaning, laundry, managing body fluid or blood spillages. They described their duties to the inspector and were familiar with how to use spill kits, how best to manage contaminated laundry and on cleaning products in use in the centre. There were safety data sheets in place for all products which were used. However, there were significant gaps noted in documentation which meant that it was unclear whether some monthly deep cleaning tasks had occurred over the previous quarter.

While there had not been any outbreaks in the centre, there were clear escalation pathways in place and systems to identify any learning outcomes for the team.

Regulation 27: Protection against infection

The inspector found that the registered provider had good systems in place to ensure that residents were protected from healthcare-associated infections. IPC practices in the centre were consistent with the National Standards for Infection Prevention and Control in Community Settings (HIQA, 2018). Some improvements were required to ensure full compliance with the standards which are outlined below:

- Contingency plans in place did not have specific information relevant to each part of the centre to guide staff practices in the event of an active case of infection
- Oversight of cleaning in the centre required improvement to ensure that all tasks and relevant documentation were completed to ensure that all areas of the environment were cleaned as required.
- One of the bathrooms and a bedroom required improvement to ensure that these areas could be cleaned and disinfected properly to reduce IPC risks to residents.
- Staff training required improvement to ensure that all staff had received training required in food safety in addition to training in standard and transmission-based precautions and healthcare-associated infections and

antimicrobial resistance.

- It was unclear what arrangements were in place for antimicrobial stewardship within the organisation.

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 Hortlands OSV-0003507

Inspection ID: MON-0039041

Date of inspection: 27/03/2023

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>Gheel Autism Services have been extremely robust in addressing the on-going need for enhanced awareness across our services related to vigilant IPC practice. There is significant governance and oversight in place that ensures the priority focus remains on continuous enhanced improvement of our practices and services.</p> <p>IPC practice needs to be in line with National guidelines -</p> <p>Contingency Planning – needs to be more detailed in guiding staff practice. - Gheel have FORM 4023 which is a Personal Contingency Plan for each individual in place, this form has been updated to reflect current specific practice. Plans now reflect and highlight specific guidance related to the use of shared facilities in the event of an outbreak of Infection within the residents home.</p> <p>Audits not identifying areas for improvement. – We have reinforced the requirement for oversight into the daily, weekly and monthly cleaning and six-monthly deep cleaning checklists. The location manager ensures that the cleaning has been carried out and documented in the appropriate section before signing. IPC is included as part of Gheel’s internal biannual audits. Internal auditor now ensures that any previous IPC related observations identified in the action plan have been addressed. Location Managers complete a monthly Health and Safety audit which includes food preparation records.</p> <p>Gaps in documentation schedules . There are daily environmental cleaning schedules in place alongside the deep cleaning schedule and records. The cleaning of mops and mopheads has now been added to the cleaning register. The oversight of the cleaning register has been upgraded and is now thoroughly monitored ensuring vigilant documented evidence that all required cleaning and deep cleaning schedules have been</p>	

completed.

Staff training – Gheel’s GRASP (On line Intranet site) includes a wide range of relevant IPC resources; videos, easy -to -read information, up to date public health guidance, flow charts and on line forms for staff to use as required. It was noted by our Inspector that not all staff had received training in food hygiene. This is now addressed and all staff will complete their HACCP training by the end of June 2023. Gheel will incorporate an element on antimicrobial stewardship into our SAM (Safe Administration of Medicines) training. SAM training is required on commencement of employment in Gheel, with refresher training required every 3 years. Additionally, Gheel are developing an IPC training video for induction of new employees, this will also include an antimicrobial stewardship element. Gheel have recently launched a new training hub, GRASP academy, which will be used to manage all employee training going forward.

Refurbishment of bathroom and bedroom - The condition of one of the bathrooms and bedroom

was highlighted as a concern during our IPC Inspection (mould) The Location Manager has actively engaged with the HSE Maintenance Manager and highlighted the need for the required repairs to be carried out as a matter of urgency. Currently we are awaiting confirmation of a scheduled date for this work to be completed.

Arrangements in place for antimicrobial stewardship within the organization. Gheel will incorporate an element on antimicrobial stewardship into our SAM (Safe Administration of Medicines) training. SAM training is required on commencement of employment in Gheel, with refresher training required every 3 years. Additionally, Gheel are developing an IPC training video for induction of new employees, this will also include an antimicrobial stewardship element. Gheel have recently launched a new training hub, GRASP academy, which will be used to manage all employee training going forward

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	31/07/2023