

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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Tallaght
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Short Notice Announced
Date of inspection:	17 October 2022
Centre ID:	OSV-0004364
Fieldwork ID:	MON-0036026

## About the designated centre

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

Community Houses Tallaght comprises of three houses which are two storey and located in community residential locations in a large suburb of Co. Dublin. They provide residential care to people with mild to moderate intellectual disabilities, seven days a week, 365 days a year. The three houses accommodate 10 residents in total, both male and female. All three houses have single occupancy bedrooms with a communal kitchen, sitting room and dining area. The care and support provided to each resident is based on their individual needs and assessments. Care and support is provided by a staff team of nurses, social care workers and healthcare assistants. Access to other allied healthcare professionals is also available through the service. This includes access to psychiatry, psychology, dieticians, behavioural support professionals, nurse specialists, occupational therapy and speech and language therapy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

9

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 17 October 2022	09:15hrs to 16:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was short announced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the maintenance and upkeep of the premises, staff training and documentation in the centre, and these will be discussed later in the report.

The designated centre comprises of three houses in the community, in South County Dublin and is home for to up to 10 residents. There were nine residents living in the centre at the time of the inspection and the inspector had an opportunity to meet five residents during the inspection. They each indicated that they were happy and safe in the centre and a number of residents were observed to follow public health guidance to keep themselves safe from infection during the inspection such as washing and sanitising their hands, and wearing masks when going out of the house, and on transport.

As there were three houses in the designated centre the inspector met the person in charge and director of nursing in a central location to review some documentation prior to visiting each of the houses accompanied by the person in charge. On arrival to each of the houses, the inspector was directed by staff to an area of the hallway where hand sanitiser, a visitors book and personal protective equipment (PPE) was available. Staff were observed to be wearing the correct level of PPE in line with the latest public health guidance on arrival to each of the houses, and throughout the inspection.

In one of the houses there were two residents at home and they were entertaining a guest at the kitchen table when the inspector arrived. After their visitor left they were observed to clean the table and wash their hands. They then showed the inspector around their home. One resident talked about how well they had settled into their new home since the inspector had visited last. They talked about the things they enjoyed doing and about their plans for the weekend, which included going to a local pub for their dinner. As they showed the inspector around their home both residents showed them the Halloween decorations. They both talked about the important people in their life and how staff supported and encouraged them to be independent and to make choices in relation to where and how they spent their time.

In one of the houses visited there were no residents at home. Staff showed the inspector around the house and spoke about some of the infection prevention and control practices and procedures in the house. This included the type of cleaning equipment and products they used every day, and what they would do to keep

themselves and residents safe from infection. They described the procedures for cleaning shared equipment and for disposing of general and clinical waste.

In the other house there were three residents at home. One resident was just leaving as the inspector arrived and told them they were going for a nice massage. One resident showed the inspector around the house and spoke about how happy and comfortable they were in their home. They talked about the steps they and staff were taking to keep everyone in the house free from infection, particularly the steps they were taking to reduce the risk of contracting COVID-19. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure the vehicles were regularly cleaned, including touch point cleaning after each use.

Residents told the inspector things like "the person in charge is a lady", "its nice to see HIQA coming out more often", and "my voice is listened to here". They spoke about things they were looking forward to such as foreign holidays, trips to see their family and friends and jobs they had and new ones they would like to get getting. They also spoke about recent hotel breaks they had enjoyed and activities they had taken part in such as going to choir practice. A number of residents talked about the new furniture that was ordered for their home and about how much they were looking forward to it being delivered. They also spoke about enjoying going to day services and how helpful some of the staff there were at supporting them to get jobs in the past. They also spoke about their advocacy group and their upcoming person-centred-plan meetings and who they would like to attend these.

Staff were available to support residents should they need it, but residents were observed to move freely around their home and to choose how they would like to spend their time. Throughout the inspection residents were observed to be very comfortable in the presence of staff and staff were found to be very familiar with residents' communication needs and preferences. Warm, kind, and caring a interactions were observed at all times during the inspection.

There was a welcoming and homely atmosphere in the houses. Residents had access to plenty of private and communal spaces. In addition to their bedrooms residents they could access living and dining rooms and attractive garden spaces. Each of the houses was found to be clean at the time of the inspection. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff.

From what they inspector observed and from what they were told, some residents liked to take part in the upkeep of their home. One resident talked about the jobs they enjoyed doing in their house such as packing the dishwasher and doing the laundry, but they said they were not so fond of cleaning their room.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection

against infection.

## Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the premises, staff training and some documentation in the centre.

Overall, the inspector found that the provider was self-identifying most of the areas where improvements were required, and they were shown evidence that furniture had been ordered and further refurbishments were planned in some of the houses. A number of improvements has been made across the three houses since the last inspection and these had resulted in residents' homes appearing more comfortable and homely. They had also resulted in improved levels of compliance in relation to Regulation 27 which was found not compliant on the last inspection, and substantially complaint on this inspection. This improvements included some of the following, the refurbishment of a number of bathrooms, the installation of new flooring, painting, new furniture, and the replacement of kitchen doors and counter tops.

The provider was implementing a number systems and controls to keep residents and staff safe from the risk of infection. There had been a small number of residents and staff who had contracted COVID-19 reported during the pandemic and risk assessments and outbreak management plans had been reviewed and updated to ensure control measures were up-to-date and effective. However, the provider had completed an annual and six monthly reviews in the centre but there limited evidence that IPC had been considered as part of these reviews. In addition, the HIQA self assessment tool which was being completed regularly but it was not picking up on areas for improvement in line with the IPC audits in the centre.

The person in charge was responsible for the day-to-day management of this designated centre. They were very familiar with residents' needs and knowledgeable in relation to their roles and responsibilities in relation to infection prevention and control. They were also motivated to ensure that each resident was happy, safe and engaging in activities they enjoyed. They were found to self-identifying areas for improvement, escalating these to the management team, and putting actions in place to bring about improvements in relation to residents' care and support, and their home.

There was a risk register in place and the provider had implemented a number of risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. Although the risk register and risk assessments were subject to regular review, there were some that required further review, including the

control measures and risk rating. The inspector found that there was a COVID-19 focus in the risk register and risk assessments and some more work was required on identifying other IPC related risks. However, the inspector did find that there was information available in residents' plans and in information folders in the centre in relation to other IPC risks.

Staff in this centre, including the person in charge, had completed additional IPC training. There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. There was a senior staff nurse identified as an IPC champion in the centre. They had clearly defined roles and responsibilities and were completing IPC audits in each of the areas regularly. They were following an audit schedule to ensure that they covered relevant areas relating to IPC monthly. Areas covered in these audits included, the environment, equipment, hand hygiene, spillages, waste management, and laundry management. The IPC champion escalating IPC concerns to the clinical nurse managers and the person in charge for their action and following up to make sure the required actions were complete. A number of improvements had been brought about as a result of their monthly audits such as, the creation of new cleaning logs and checklists, the purchase of new pillows and mattresses, the purchase of new furniture, the implementations of a new colour coded flat mop system, and the use of different cleaning products in the houses.

IPC and COVID-19 were discussed regularly at staff meetings. There was a contingency plan in the centre which was used in conjunction with a number of other documents to fully guide staff practice in relation to their roles and responsibilities relating to IPC. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. Regular agency staff were covering the required shifts to cover both planned and unplanned leave. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

## Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. There was evidence that residents were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, some improvements to documentation and the premises.

Residents had risk assessments, care plans, and procedures in place relating to infection prevention and control risks. Residents' specific support needs and vulnerabilities to infection were clearly identified as were the steps that staff could

take to support them. Staff who spoke with the inspector were found to be aware of residents' support needs and the procedures to follow. Some further risk assessments were required to identify which residents presented with health conditions that made them vulnerable to infection, and who required specialised equipment which required protocols for their use and cleaning.

Residents were being provided with information on IPC in an easy-to-read format and discussions were being held at residents' meeting about IPC. The agenda for residents' meetings included topics such as IPC, COVID-19, food safety, maintenance of the houses, health and safety, and cleaning. The IPC folder had some easy-to-read information on areas such as, antibiotic use, cleaning, universal precautions, waste management and food safety

Residents' observations were recorded regularly. There were contact details for medical and allied health professionals available in residents' plans and in contingency and outbreak management plans in the centre. Consideration had been given to antimicrobial stewardship, and further work was planned in this area. A number of times during the inspection, staff were observed to encourage and remind residents to wash their hands between tasks and to wear a mask if they wished to when they were going out in their local community.

Throughout the inspection staff were observed to adhere to standard precautions. They had completed a number of IPC related trainings such as, hand hygiene, standard precautions and the use of personal protective equipment (PPE). A small number of staff required some refresher trainings and these will be detailed under Regulation 27. There was a system in place to check and record if residents, staff and visitor's had any signs or symptoms of infection. There were stocks of PPE available and systems for stock control. Details on how to access PPE and other stocks were detailed on the centre's contingency plans.

The centre was found to be clean, and for the most part well maintained. There were some areas where improvements were required in relation to the premises such as the peeling of surfaces in one kitchen, a damaged kitchen worktop and some damaged furniture which was found to be affecting the ability to fully clean and disinfect these areas. Overall, there were adequate arrangements in place for cleaning and disinfecting the premises. There were policies, procedures and guidelines in place for cleaning including systems to ensure that cleaning equipment was stored and cleaned properly. Each of the houses had a deep clean completed by an external company quarterly.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. There were colour coded chopping boards, and different coloured cloths for different cleaning tasks around the house. There were pedal operated bins and paper towels available in bathrooms and at sinks in the house. The provider had just implemented a colour coded flat mop system in the houses.

There were washing machines and dryers available in the houses and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate. There were also systems for laundry

management in the event of an outbreak of infection in the centre.

## Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control and these were detailed in the main body of the report. However, some improvements were required to ensure that residents and staff were fully protected from the risks associated with infections. These included the following:

- There were some pieces of furniture across the three houses that were damaged which was affecting the ability to clean and disinfect them.
- There was a kitchen where press doors were peeling and the countertop was damaged which was affecting the ability to clean and disinfect them.
- The annual and six monthly reviews by the provider did not contain sufficient detail in relation to IPC in the centre.
- The HIQA self assessment which was being completed regularly in the centre was not picking up on areas for improvement in line with the findings of the provider's own audits and reviews.
- The IPC policy required review to ensure it was fully guiding staff in relation to area/organisation specific IPC procedures and practices.
- Some general and individual risk assessments required review, and some additional ones were required for some residents.

The inspector acknowledges that they were shown documentary evidence during the inspection to show that kitchen press doors and counter tops had been requested and that new furniture had been ordered for the houses.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Community Houses Tallaght OSV-0004364

Inspection ID: MON-0036026

Date of inspection: 17/10/2022

## 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:</p> <p>1. There were some pieces of furniture across the three houses that were damaged which was affecting the ability to clean and disinfect them.            Replacement furniture was on order prior to the inspection date, this included a new couch set in one house, replacement dining table and chairs and wall units/storge cupboards. All of which have been delivered and the old piece’s of furniture removed by the vendor.            Audits are completed by the IPC link nursing assessing items of furniture with a specific focus on infection control. Any items deemed to be a risk in terms of IPC are replaced and removed as soon as possible. Furniture is also assessed by staff working in the houses and the Community Clinical Team on daily/weekly/monthly rounds and the same principles apply if an items is deemed to require replacement on IPC or Health and Safety ground, it is done so as required with a timeframe appropraite to the risk involved.</p> <p>2. There was a kitchen where press doors were peeling and the countertop was damaged which was affecting the ability to clean and disinfect them.            An estimate for the replacement of the countertop, press doors &amp; handles, kick boards, sink &amp; taps, splashback area was sought and the quote was approved for funding on the 14-10-2022; awaiting dates for the scheduled works to be completed.</p> <p>3. The annual and six monthly reviews by the provider did not contain sufficient detail in relation to IPC in the centre.            The role of the IPC link nurse for the service commenced in May 2022 with a number of the audits and actions being completed in Q 3 &amp; 4 of 2022. It is expected that this will be reflective in the Annual Review for 2022 and the next schedule six monthly review, both reviews are due to be carried out in January 2023 to relfect the actions completed by</p>	

the service in Q3 & Q4 of 2022. It was discussed with the Community Team, IPC Link Nurses and the broader clinical team for SSIDs that an emphasis on IPC should be included in all aspects of review including the services weekly and monthly walkabouts, staff meetings, residents meetings, six monthly and annual reviews as well as in the monthly IPC audits completed. The PIC will ensure this action is completed following the findings from this inspection. The Service Provider, PPIM and PIC were aware of the areas for improvement as required through the auditing systems in place but it was not reflected in the supporting documentation. The PIC will ensure this is included in the upcoming reviews.

4. The HIQA self assessment which was being completed regularly in the centre was not picking up on areas for improvement in line with the findings of the provider's own audits and reviews.

The PIC is responsible for completing the HIQA self assessments on a quarterly basis. On review of these assessments following this inspection it was agreed by the PIC that they were failing to capture some aspects of works required in the assessment tool, however it was being picked up in other assessments/auditing tools. The PIC when completing the HIQA Self Assessment tool will ensure to accurately reflect the required works and link the HIQA self assessment with other auditing systems to ensure an accurate report of the service progress is reflected and identified areas for improvement are captured and an appropriate action plan is formed.

5. The IPC policy required review to ensure it was fully guiding staff in relation to area/organisation specific IPC procedures and practices.

The Service IPC policy is scheduled for review with the policy committee/clinical team to include a focus on procedures to guide staff on actions required for specific tasks in regard to IPC. The improvements in this policy will ensure staff have a clear guidance on required tasks to ensure they are meeting the required IPC standards. The IPC link nurses for SSIDs will be included on this review to ensure all aspects of IPC are considered and captured in the review. The PPIM has a scheduled meeting with the ADON for the Quality Safety Service Improvement Division CH06 with a focus IPC practice. The agenda for this meeting is in regard regulation 27, the service policy review and service practices/procedure in relation to IPC.

6. Some general and individual risk assessments required review, and some additional ones were required for some residents.

The PIC will liaise with the Community Clinical Team and IPC link nurse when reviewing the service level and individual risk assessments to ensure there is an appropriate focus on IPC. The PIC will consult with the DON/PPIM and ADON when reviewing the service level assessments. This review is currently underway with aim for completion in December 2022.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/06/2023