



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres Lodge
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	03 May 2022
Centre ID:	OSV-0005741
Fieldwork ID:	MON-0036253

About the designated centre

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

Greenacres Lodge is a residential service run by RehabCare. This centre can support up to four female and male residents aged over 18 years with a diagnosis of an intellectual disability, and who require moderate to high levels of support. This service comprises of one house in a rural location on the outskirts of a village in Co.Clare. Transport is provided to access local amenities, such as, shops, churches, restaurants and pharmacists. All residents have their own bedrooms and access to shared communal areas and large garden space. Staff are on duty both and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 May 2022	09:30hrs to 16:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

An infection prevention and control thematic inspection was carried out to review the provider's compliance with Regulation 27, this was an unannounced inspection.

On arrival at the centre, the inspector met the person in charge who completed the necessary sign in and checks, including identification and temperature check. The person in charge and other staff members met on the morning were all wearing FFP2 face coverings and ensured the inspector was wearing the correct face mask and completed hand hygiene. The inspector met with all four residents on the day of inspection when they returned from day activities.

Greenacres is a four bedroom bungalow, one of the bedrooms has an en suite while the remaining bedrooms share a bathroom. Greenacres has two sitting rooms and a sun room that allows for space to relax and listen to music or watch tv. There is also a communal kitchen. Outside, there is a garage that stores all utility appliances and storage and a large garden where residents can enjoy access to a swing set and an outside dining area.

On the morning of inspection, the residents were leaving for day service as the inspector arrived. The inspector took the opportunity to review documentation and do a walk through of the centre. Overall, the centre was clean, however, there was defective flooring in several rooms and the windows were of poor quality. The person in charge showed the inspector documented evidence that new flooring had been ordered and the name of the builder installing same. New windows were on order for the entire house and the inspector viewed the order confirmation from the window company. The provider had recently put in a new kitchen which was clean and bright. The cooker and the cooker hood were dated and the surface on the cooker was scratched and corroded and was not conducive to the maintenance of good infection prevention and control. The cooker hood required cleaning and the grates on it were covered in grease. In the sitting room, the leather surface on the sofa was worn and ripped and again could not be cleaned to the required standard. The flooring in the main bathroom in the house was very defective as there was adhesive stuck to it which collected grime and dirt, the bathroom was scheduled for a complete refit in the coming months. The provider had applied for planning permission to convert the garage at the side of the house and this had just been received. The intention is to complete the bathroom refit at the same time as the garage conversion while the builder is on site. This conversion is proposed to accommodate two residents from the main house.

The residents returned from day service in the afternoon and the inspector had the opportunity to meet and interact with all four residents. The residents were very pleasant and acknowledged the inspector through eye contact, gestures and hand touches. They engaged in the routine of getting a snack and drink when they returned home, some making their cup of tea with support from staff which was done very respectfully. The residents appeared very content in their home and in

the company of staff and staff were observed to support them in a kind and caring manner, taking their time and not rushing the residents. It was very apparent that they knew the residents very well and were very responsive to their needs.

From reviewing documentation and talking to staff, it was evident that the residents had a good quality of life and had meaningful activities in their day. Daily records indicated that the residents engaged in a wide variety of activities in the community such as swimming, cinema trips and playground activities. A music therapist visits Greenacres weekly to provide music sessions for all the residents to engage in. Family members come to visit each week on different days subject to their suitability.

It was apparent that residents' rights were promoted in the centre as there were easy-to-read posters on display throughout the centre demonstrating good hand hygiene, cough etiquette and social distancing. There was also information regarding advocacy, how to make a complaint and details about the confidential recipient. Once a week in Greenacres, staff facilitate residents' meetings where each resident chooses their activities and meals for the coming week.

The centre had a vehicle for residents to attend activities and social outings. This was cleaned after each use as per the protocol reviewed and was noted to be clean on the day of inspection.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider did not meet the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services (2018)*.

There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specified roles, and detailed responsibilities for all areas of service provision including lead worker representative and compliance officer. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre, although the designated lead worker representative supported them with infection prevention and control. The provider had ensured that management systems were in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. There were clear reporting lines in terms of who to escalate matters regarding infection prevention and control. For example, the requirement for replacing windows and

flooring had been noted through the provider's audit process and was escalated to the lead worker representative and then the local services manager who sought approval for the work. Quotes from different builders were sought and a builder agreed upon.

The inspector reviewed the actual and planned staff rota and found that there were adequate staff numbers on duty on the day of inspection provided by a core team of regular staff. There were four staff by day and two staff by night. The centre was staffed by the person in charge, team leader and care staff and past rotas indicated that this staff level and mix was maintained. The staff skill-mix was in line with the assessed needs of the residents and the statement of purpose and function. The staff team undertook the maintenance of infection prevention and control within the centre and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. They were observed during the inspection performing hand hygiene and were observed to take temperatures of both staff and residents.

Staff outlined to the inspector the training they had undertaken and were fully aware of their responsibilities in terms of maintaining good infection prevention and control in the centre. The training matrix reviewed by the inspector indicated that all staff had completed training in breaking the chain of infection, hand hygiene and infection prevention and control in community settings.

Staff had access to a range of guidance documents in relation to infection prevention and control including the *National Standards for infection prevention and control in community services* (2018) and the RehabCare COVID-19 Local Response Plan document which outlines protocols for continuity of care in the event of a COVID-19 outbreak. These documents outlined guidance for the protection and management of COVID-19 and gave direction around areas such as building preparedness, enhanced hygiene, communication plan, isolation plan, staff arrangements and reporting structures. Guidance referenced the national guidance published by the Health Service Executive (HSE), the Health Protection and Surveillance Centre (HPSC) and the Health Information and Quality Authority (HIQA).

As part of the response plan, the person in charge had put individual cleaning lists in each room in the house so that there were clear expectations outlined for the staff team. There was also an enhanced cleaning regime which included sanitising frequently touched surfaces, such as door handles, mobile phone, and house keys. The cleaning schedule was signed and there were no gaps in the cleaning sign sheet and it was evident in the walk through that the house was clean. There was clear guidance provided around cleaning, method and equipment used and which products to use and their dilution formula. There were colour-coded food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and which colour was used for what food product. There were colour-coded mops available and guidance provided around laundering them, staff were clear on which colour to use in which area.

The provider had an online compliance check document in place to maintain

oversight of infection prevention and control practices in the centre. The most recent check had been completed in October 2021 and indicated that the windows, floors and bathroom need to be refurbished.

There was appropriate guidance available to the team and the person in charge from a local services manager and internal infection prevention and control staff within the organisation and HPSC and the public health department.

Quality and safety

Greenacres Lodge was not compliant in Regulation 27: Infection Prevention and Control, due to the defective flooring and windows in the house and the need to refit the main bathroom. However, the inspector found that the care provided in the centre was of a good standard and residents were informed about infection prevention and control measures and every effort was made to communicate in an easily understood format through posters and discussions at the resident meetings. The residents were supported to practice good infection prevention and control in terms of hand washing and social distancing.

When the inspector did a walk through of the centre they noted that the house overall was visibly clean, warm and homely. The windows however were defective and were not conducive to good ventilation. The floors were defective throughout the house, but were particularly bad in the sitting room and the main bathroom. The flooring and windows were on order and the inspector saw the documentation around this, they were to begin work as soon as building materials could be sourced. The leather sofa in the sitting room was torn and needed to be replaced. The cooker and hood required to be replaced as they were dated and defective and the cooker hood grates could not be cleaned.

There were adequate supplies of personal protective equipment in the centre and all staff were observed to wear the appropriate FFP2 mask as per guidance. There was a system in place for leaving and entering the building in event of an outbreak, staff entered through the back door where there was a designated area for donning and doffing and exited through the front door where there was a double bagged bin available for masks and gowns. The hand gel dispensers were noted to be full and were clean and there were paper towels in every bathroom. There were colour-coded chopping boards and colour-coded mops available and a cleaning protocol in place for their use and disinfecting. There were no aerosol generating procedures in use in the centre, such as nebulising and there was a sharps box available if required. The COVID-19 Local Response Plan gave appropriate guidance to staff around the reporting procedures, isolation protocol and staffing arrangements in the event of a confirmed case of COVID-19.

The person in charge invited the inspector to review laundry practices, the laundry room was in the garage at the back of the house. Laundry practices required improvement in terms of separating clothing and transporting them in clean baskets.

The provider had a waste management company which regularly collected the waste, clinical waste was managed appropriately in the house in that it was double bagged and put in the bin for 72 hours. The correct cleaning products and dilution were used on floors, counter tops and bathroom as outlined in the COVID-19 guidance document. There was a cleaning protocol in place for the house vehicle and it was cleaned after each use.

Staff members spoken with on the day of inspection were fully aware of their responsibilities in terms of infection prevention and control and were observed to put this into practice throughout the day. They were observed completing hand hygiene, temperature checks and social distancing and wearing face coverings. Risk management systems were in place around infection prevention and control and the inspector reviewed risk assessments relating to COVID-19 outbreak management, such as the inability of a resident to wear a face covering or ability to self-isolate.

Residents' quality of life had been maintained throughout the pandemic and since. All their health, personal and social care needs were met and they were facilitated to have general practitioner (GP) appointments and access to other health professionals. The residents were informed about COVID-19 restrictions and testing and vaccinations programmes and chose to avail of the vaccine.

Regulation 27: Protection against infection

The provider was not compliant with the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services* (2018).

- The centre had defective windows and flooring that required upgrade,
- The residents main bathroom had defective flooring; adhesive was stuck to the floor,
- The leather sofa in the sitting room was torn,
- The cooker was defective and the cooker hood grates were covered in grease,
- Laundry management practices required improvement in terms of separating laundry and using separate clean linen baskets.

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 Greenacres Lodge OSV-0005741

Inspection ID: MON-0036253

Date of inspection: 03/05/2022

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> <ul style="list-style-type: none">• The window order has been submitted and approved. Window Installation date is predicted to be 12th September 2022.• Quote for flooring has been received. New marmoleum flooring to be installed in main hall, front room, bedroom. Flooring Installation to be completed prior to the 31st July 2022.• Quote for bathroom upgrade has been received. Complete bathroom upgrade (wet room to be installed to include, new straight edge bath, open access shower, new floor, new wall tiles, new vanity ware). This is to be completed by the 30th Oct 2022.• New sofa delivered and old sofa removed from sitting room on the 17th May 2022.• New hob, cooker and extractor ordered and delivered. Installation of new unit for cooker and hob with counter tops to be installed 24th June 2022 by carpenter.• New Laundry system in place whereby Residents have allocated days for their laundry. Two allocated laundry baskets available per resident for clean and dirty laundry. Second washing machine and second dryer purchased to assist with more streamlined laundry system. Completed on the 20th May 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).

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	30/10/2022