



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

Issued by the Chief Inspector

Name of designated centre:	Annalee View Respite Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	27 February 2023
Centre ID:	OSV-0008086
Fieldwork ID:	MON-0038634

About the designated centre

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

The centre provides respite care services for up to five adults or five children on a 24 hour basis. Respite breaks are offered to residents for a period of two to seven days, and children and adults are accommodated on alternate weeks. The centre can accommodate residents with complex needs, and support is provided by a team of nurses and healthcare assistants. The centre is a five bedroomed property located on the outskirts of a large town, and has a large garden with playground area and parking. The centre has it's own wheelchair accessible bus, and residents are supported to avail of activities in the centre, as well as outings in the community. The team is managed by a full-time person in charge, and admission to respite services are planned in consultation with community health personnel and some voluntary agencies.

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
Monday 27 February 2023	11:00hrs to 18:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This inspection was completed over one day, and the inspector had the opportunity to sit with residents after they arrived to the centre in the afternoon, for a stay in this respite centre.

On arrival to the centre, the inspector observed there was personal protective equipment (PPE) available, and hand sanitising facilities for residents, staff and visitors use. There was also a procedure whereby staff and visitors symptoms were checked on arrival, and visitor records were maintained.

From speaking with the person in charge and staff members, observing practices, and reviewing the facilities and policies in the centre, it was evident that the provider had satisfactory arrangements in place to ensure residents were supported with safe and effective infection and prevention and control (IPC) practices. Some improvement was required in risk management and the oversight of maintenance issues in the centre.

The centre was located on the outskirts of a town, and local amenities were available within walking distance. The centre was a two storey detached property, and could accommodate up to five residents for respite breaks. The centre accommodated adults and children, and respite breaks were arranged so that adults stayed in the centre on one week, and children on the opposite week. Five residents could stay in the centre at any one time, and the person in charge told the inspector approximately 97 residents availed of services in the centre.

Residents had their own bedroom, with their photo on the room door, when they stayed in the centre; this helped residents know which bedroom was assigned to them. There was enough storage in each of the bedrooms for residents to store their clothes and personal belongings. Assistive equipment such as hoists, handrails, and adapted shower equipment was also available for residents' use.

A fully fitted kitchen was provided as well as a separate dining room, and a utility room. To the front of the premises, a large garden had seating areas, and an enclosed playground.

The inspector met four residents on the evening of the inspection. This was the first night of their stay, and residents were planning to get a takeaway meal. While the inspector was not familiar with the communication preferences of the residents, the staff explained that, residents generally preferred to settle in on their first night in respite, and go out on community activities later in their stay. Residents met together and decided what they would like to do during their stay in respite, and from a review of minutes of meetings, the communication preferences of residents were facilitated during these meetings. For example, a resident communicated using typed words, and had chosen their preference to have a takeaway. For other residents, pictures were used to help them communicate their choice of activities,

for example, going shopping, gardening, going out for a coffee or ice-cream. Transport was provided so that residents could go out in the community, and a staff member told the inspector that some residents really liked going to a nearby nature trail.

There was a warm and welcoming atmosphere, and residents seemed happy in the centre, and in the company of staff. Staff helped residents settle into the centre, for example, a staff member was helping a resident to unpack their belongings in their room, and another staff was observed chatting to a resident about their stay.

Good communication was maintained with residents' families, and information about residents' wellbeing was sought before residents came to stay in the centre. This ensured that staff could provide continuity of care, and identify changes in the support residents may need while staying in the centre. A pre-admission check was also completed with residents' families 48 hours before residents came to stay in the centre as part of IPC risk control measures.

Overall the inspector found residents were supported with a good standard of care and support, which took into consideration the need to protect residents from a risk of healthcare acquired infections.

The next two sections of the report describe the governance and management arrangements, and how these arrangements impacted the quality of care and support residents received.

Capacity and capability

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to IPC. The inspector met four residents in the afternoon, following their admission to the centre for a stay in the respite centre.

There were governance and management arrangements in place to ensure the provision of safe and effective IPC practices; however, improvement was required in the oversight of maintenance issues at a provider level, and in relation to risk management. Wardrobes were due to be replaced in all bedrooms, and this issue had been identified as a requirement by the person in charge at the last inspection in July 2022. The inspector found the paint on wardrobe doors was flaking, and the internal storage was not conducive to effective IPC cleaning. While funding had been approved, and the inspector found all reasonable measures had been taken by the person in charge to ensure this work was completed, the work remained outstanding on the day of inspection. Furthermore, the provider had been made aware of this issue, through the centre's quality improvement plan, and this issue had been identified as a high risk by the person in charge on the plan.

Risk management also required improvement specifically regarding a known risk related to vaccinations. While the provider had identified the risk, the management

plan was no longer applicable, and the provider had not responded in developing effective operational risk control measures.

The provider had developed a contingency plan which outlined the centre's IPC governance arrangements, as well as testing, collecting specimen samples, an outbreak management plan, and an outbreak response. The person in charge outlined the procedure in the event a resident or staff was suspected of having COVID-19.

There were procedures in place for a range of IPC measures including environmental cleaning, managing spills, managing laundry and waste management. Up-to-date public health guidance was available, as well as the National Standards for Infection Prevention and Control in Community Services (Health Information and Quality Authority, 2018).

The person in charge and a staff member were nominated as the COVID-19 lead persons in the centre. Their responsibilities included ensuring the practices in the centre were in line with policies, and to monitor these practices. At a service level the provider had appointed an IPC team, including the senior nurse managers and clinical nurse specialists in IPC. Monthly information sharing meetings were held with the IPC team and persons in charge, and the inspector reviewed minutes of two recent meetings. Areas such as care bundles, contingency plan updates, the outcomes of IPC audits, staff training, and environmental monitoring had been discussed.

There had been IPC audits carried out on a quarterly basis, and the inspector reviewed audits from January 2023 and October 2022. Actions had been developed and completed, for example, a PVC wall covering had been replaced in a bathroom; however, an ongoing issue of rusted mirrors, identified at the last inspection, and in the October audit, remained outstanding on the day of inspection. A HIQA self-assessment had been completed in December 2022, and no actions were identified as required at that time.

A six monthly unannounced visit by the provider in August 2022 had identified a number IPC measures that required attention. The inspector found all areas related to IPC had been addressed by the day of inspection.

IPC risks had been assessed, and in most cases the control measures were implemented. For example, risk management plans related to visitors, staff shortages, and exposure to infectious diseases, clearly set out the control measures to mitigate risk to residents, staff and visitors, and measures were found to be in place on the day of inspection, including appropriate use of personal protective equipment (PPE), hand sanitising facilities, information on IPC displayed, staff safety pause, and staff training. However, as mentioned some improvements was required to ensure the risk measures related to vaccinations were current.

The provider had sufficient staff in place to ensure the needs of residents were met and IPC measures were implemented. There was a nurse and two healthcare assistants on duty during the day, and a nurse and a healthcare assistant on duty at night time. During the week residents went to day services or to school, and staff

carried out a range of cleaning tasks during this time, including deep cleaning three times a week, on the days residents were discharged from the centre.

The provider had identified the training needs of staff, and staff had completed a range of IPC training and training specific to the needs of residents. These included hand hygiene, environmental cleaning, bloods spills, standard and transmission based precautions, respiratory hygiene, donning and doffing PPE, flu vaccination, aseptic technique, and food hygiene. Additional training specific to the centre included the use of respiratory equipment and percutaneous endoscopic gastrostomy (PEG) feeding, and training was scheduled for the use of a new environmental cleaning procedure.

Staff were also kept informed on new IPC developments, as well as practice reviews, during staff team meetings. For example, a new contingency plan was discussed at a recent staff meeting, and reminders regarding the requirements for effective hand hygiene and environmental cleaning, as well as highlighting the availability of vaccinations had also been outlined.

There had been no outbreak of COVID-19 in the centre since the last inspection. The inspector spoke to two staff members who said they had good support from the person in charge, and could raise concerns if needed about any IPC risks and measures in the centre. The person in charge worked full-time in the centre, five days a week, and was responsible for the supervision of care and support provided to residents. An on call nurse management system was available out of hours and at the weekend.

Quality and safety

Overall the inspector found arrangements were in place to protect residents from the risk of healthcare acquired infections. The centre was clean, and an emphasis was placed on ensuring the risk of transmission of healthcare acquired infections were minimised through effective environmental cleaning during, and between stays, for residents in this centre. Staff were knowledgeable on the requirements to protect residents from infection, and implemented practices to ensure IPC was part of the everyday provision of care for residents availing of respite in the centre.

The person in charge told the inspector that some residents could independently manage IPC precautions such as hand hygiene, and other residents required support from staff. Staff checked in with residents about their symptoms on arrival to the centre, and information on COVID-19 was available for residents in an accessible format. Residents meetings were facilitated as residents were admitted to the centre for a break, and from a review of minutes it was evident that residents were given the choice on how they wished to spend their time in the centre. Information had also been shared with residents at these meeting on IPC precautions such as COVID-19, hand hygiene and the use of PPE.

Residents' needs had been assessed and plans were in place to guide the practice in the provision of care and support for residents while they stayed in this respite service. For example, detailed intimate care guidelines outlined the preference of residents, and their support needs, in managing personal hygiene, and some clinical procedures. Risks relating to residents' healthcare needs and IPC had been assessed, and measures in plans took into consideration the care needed to promote residents' wellbeing and to keep them safe from healthcare acquired infections while staying in the centre.

Staff described the procedures for monitoring for infections, and the actions to take in the event a resident was suspected of having an infection. Staff also described the IPC measures currently in use in the centre including the use of PPE, enhanced cleaning, post-discharge cleaning, and symptom monitoring. Food was stored and prepared in hygienic conditions, and cooked food temperatures were checked prior to serving meals. Records of fridge temperatures were maintained, and the freezer activated an alarm if the temperature was not in line with optimum levels.

There was a system in place to respond to emergencies, for example, if a resident became acutely unwell while staying in the centre, and both staff described the emergency procedures to be implemented.

Overall the centre was clean and well maintained. The person in charge showed the inspector around the centre. On the day of inspection, residents had been discharged from the centre, and four residents were admitted in the afternoon. The inspector observed that staff were carrying out a deep clean of the centre over a number of hours, and all areas of the centre were clean on the day of inspection. The inspector reviewed records of cleaning in the centre, and in the main all records were complete. The person in charge outlined that cleaning records required to be updated and streamlined, and this was due to be discussed at the staff meeting on the following day. The centre vehicle was cleaned after each use, and a weekly safety check was completed by staff, with all records found to be complete. Colour coded mops were in use in the centre, and staff showed the inspector the guide for use of these mops. Suitable storage was available for cleaning equipment and mops when not in use.

Suitable arrangements were in place for hand hygiene, and hand sanitising facilities were available throughout the centre. Staff were observed to wear face masks once residents arrived to the centre, and there was ample supply of PPE available in the centre.

Suitable arrangements were in place for waste management and pedal bins were available throughout the centre. General waste was collected by an external company. While there was no clinical waste currently generated in the centre, the person in charge described the arrangement for removal of clinical waste if needed. Suitable arrangements were in place for the management of laundry and residents used linen was individually laundered. Spill kits were available and a staff member described the purpose of these kits.

While there had been no outbreak of COVID-19 in the centre since the last

inspection, HIQA had been notified of a suspected case at the time. The inspector found there were satisfactory arrangements in place to respond to a suspected or confirmed case of COVID-19 in the centre, including self-isolation, the use of enhanced PPE, discharge of residents, an IPC response team and on call nurse management support.

Regulation 27: Protection against infection

Overall satisfactory arrangements were in place for IPC in the centre, in line with public health guidelines, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). Some improvements were required in the following areas:

- the oversight of maintenance in the centre at a provider level
- risk management specifically related to a known risk around vaccinations.

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 Annalee View Respite Centre OSV-0008086

Inspection ID: MON-0038634

Date of inspection: 27/02/2023

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>To ensure compliance with Regulation 27: Protection against infection the following actions have been undertaken;</p> <ul style="list-style-type: none"> • All maintenance issues relating to Infection Prevention Control concerns are captured in the Centres Quality Improvement Plan which is monitored at Person in Charge and Senior management level. Any actions that cannot be closed off within the agreed time frames are formally escalated to the Registered Provider for intervention to ensure close out of item. • Risk assessment are completed and updated for all unvaccinated staff to include control measures and management plans. 	

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	27/03/2023