



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

Issued by the Chief Inspector

| | |
|----------------------------|----------------------|
| Name of designated centre: | Peacehaven Trust |
| Name of provider: | Peacehaven Trust CLG |
| Address of centre: | Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 March 2022 |
| Centre ID: | OSV-0003690 |
| Fieldwork ID: | MON-0035629 |

About the designated centre

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

Peacehaven trust provides full-time residential care and support for 17 adults with mild or moderate intellectual disabilities across three locations on the east coast of Co. Wicklow. Each house is close to a variety of local amenities and residents have access to private transport to support them to access their community. Each resident has their own bedroom and has access to communal rooms including a choice of sitting area, kitchens, laundry rooms, gardens, private spaces, adequate storage, waste disposal, and private transport. Care and support is provided for residents as required within the context of a 24/7 service. The staffing team consists of a person in charge, care managers, social care workers and relief staff.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 17 |
|--|----|

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 |
|----------------------------|-------------------------|----------------|------|
| Wednesday 16 March 2022 | 10:15hrs to 16:30hrs | Jennifer Deasy | Lead |

What residents told us and what inspectors observed

The inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection, and met with several of the residents who lived in the centre.

The inspector observed residents as they went about their day, including care and support interactions between staff and residents. Some residents spoke to the inspector in more detail of their experiences of living in the designated centre and of the measures in place to protect them from acquiring a healthcare-associated infection.

Peacehaven Trust designated centre is comprised of three large houses located in a busy town close to many local amenities. Each of the houses was visited by the inspector on the day of inspection. The inspector saw that all residents had their own bedroom with en-suite facilities. Each house also had a kitchen and dining area, sitting rooms, utility room and garden access.

On arrival at each house, the inspector was met by a member of staff who took the inspector's temperature and checked for symptoms of COVID-19. The inspector saw that staff were wearing appropriate personal protective equipment (PPE) in line with the latest national guidance. There was adequate availability of hand sanitising points in each of the houses. The inspector saw that each house also had a supply of disposable face masks and hand sanitiser at the front door for visitors. There was a system in place to ensure the safe disposal of used PPE on exiting the centre.

Some residents were at day services, health appointments or accessing the community on the day of inspection. The inspector had the opportunity to meet with four residents and speak to them about their opinion of infection prevention control practices in Peacehaven Trust. Residents were informed regarding measures to protect themselves from acquiring an infection. They had good knowledge of hand hygiene and cough etiquette. One resident told the inspector that they were choosing to continue to wear masks in the community in order to protect themselves. The resident showed the inspector that they had two disposable surgical masks in their bag and explained that they always carried a second one as a "back-up" in case the first one should break.

Residents told the inspector about the impact of COVID-19 on their lives and, in particular, that they had missed out on community activities and seeing their families and friends during periods of restrictions. Residents spoke positively about the increased community access in line with the lifting of restrictions in recent months. They described being able to access their local amenities including the church, clubs and shops. Residents spoken with said that they were happy living in

the designated centre.

The inspector completed a walk through of each of the houses with the local service manager. The inspector saw that the houses were generally clean and well maintained although there was dust and cobwebs noted on some windowsills and in higher areas such as the corners of ceilings. Residents had their own bedrooms which were decorated in line with their personal preferences. Each resident also had their own en-suite bathroom facility. There was inconsistency in the standard of hygiene maintained in resident en-suites. The inspector was informed that residents were encouraged to clean their own bathrooms with support from staff if required. However, the inspector saw that improvements were required to this system in order to ensure that hygiene levels were adequately maintained in all bathrooms.

Each of the houses had access to a kitchen that was clean and well maintained. There were good hygiene practices observed in kitchens and utility rooms including the use of colour coded mops and cloths. Staff had access to alginate bags for safe laundering of soiled linen and to a spills kit, if required. The provider had implemented measures to disinfect frequently touched areas three times daily. Common areas were also disinfected using a disinfectant spray each night.

Overall, the inspector found that the centre was operating at a high standard for infection prevention and control practice and that the registered provider had implemented measures to protect residents from acquiring a healthcare-associated infection.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that the registered provider had implemented effective governance and management procedures to mitigate against the risk of residents acquiring a healthcare-associated infection. The inspector saw that infection prevention and control was prioritised by the registered provider. The provider had created an infection prevention and control action plan which set out specific, measurable and time-bound actions for the provider to achieve in 2022 in order to comply fully with the National Standards for Infection prevention and control in community services (HIQA, 2018). This action plan was overseen by an infection prevention and control committee who met monthly and monitored implementation of actions. There was a designated infection prevention and control (IPC) lead in the centre who monitored and reviewed the provision of care and conducted regular audits to ensure that the IPC policy and procedures were being implemented.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. The provider's IPC policy was

comprehensive in scope and clearly detailed the procedures for the management of infection related risks. There were also clear procedures on the management of COVID-19 including a COVID-19 outbreak management plan, resident symptom checklist, staff symptom checklist and cleaning guidelines. The provider's policies, procedures and guidelines were informed and updated by the latest public health guidance.

Staff spoken with were very knowledgeable with regard to their roles and responsibilities in reducing the risk of residents acquiring a healthcare-associated infection. It was clear to the inspector that staff had good knowledge of standard precautions and understood the need to support residents to understand and adhere to best practice in areas such as hand washing. All staff had completed online training in infection prevention and control, HIQA standards in infection control, food hygiene and hand hygiene. The inspector saw that all staff had completed online training in personal protective equipment (PPE) however 11 staff required refresher training in this module.

The provider had implemented measures to consolidate learning acquired in online IPC trainings. Practical audits and exercises were completed weekly in areas such as hand hygiene and donning and doffing of PPE. Weekly spot checks were completed by the provider to ensure that staff were wearing PPE in line with most recent guidance. IPC was regularly discussed at staff meetings and there was evidence that staff were frequently directed to review the IPC policy when changes or updates had been made to this.

The provider had completed a review of a suspected COVID-19 outbreak in the centre in 2021. This review was undertaken as a learning exercise and was being used to inform future practice in the area of IPC. The review identified areas of good practice and areas for improvement. An action arising from this review included that the provider planned to introduce outbreak management drills in order for staff to practice the procedures to be implemented in the event of a suspected or confirmed case of COVID-19.

A review of the staff roster demonstrated that the centre was adequately resourced. The inspector was informed that there were no staff vacancies. The COVID-19 outbreak management plan clearly detailed the staffing contingency arrangements to be implemented in each house of the designated centre should staff become unwell.

Quality and safety

The inspector found that the services provided in this centre were person-centred in nature and that residents were well informed, involved and supported in the prevention and control of healthcare-associated infections in their home. It was clear, from talking to residents, that they had been supported to understand why infection prevention and control precautions were taken. There was accessible

information available in the centre in relation to hand hygiene and cough etiquette. COVID-19 and infection prevention control was discussed at resident meetings and residents were informed and knowledgeable regarding COVID-19. The provider's infection prevention and control action plan identified the development of additional accessible information in IPC as a further action for 2022.

A walk through of each house was completed by the inspector with the house service manager. The houses were generally clean throughout and maintained to a high standard. There was a comprehensive cleaning schedule in place in each house. Staff were knowledgeable regarding the cleaning procedure and the equipment and products to be used both to clean and disinfect. Environmental cleanliness audits were completed regularly by the care manager and these were reviewed by the person in charge. However, the inspector saw that there were no arrangements in place for regular cleaning of hard to reach areas. For example, a roof window cavity in a resident bathroom was observed to have a significant amount of mould and dust contained within. Additionally, there was some build-up of dust, dead insects and minor damp around windowsills in some sitting rooms and bedrooms. The inspector also saw that one resident bedroom had no draw cord on their blinds. This meant that the resident was required to pull the blind in order to close it resulting in the blind becoming stained and dirty over time.

The inspector found that there was inconsistency in the levels of cleanliness in resident en-suite bathrooms. Some bathrooms were well maintained and were very clean while others had evidence of mildew in the tiles and drains. The inspector saw that some bathrooms had stains on the floor around toilets and in the shower tray. The inspector was informed that, in line with provider's approach to encouraging residents' autonomy in managing their personal space, that residents were encouraged to exercise independence in the cleaning of their personal spaces including the bathrooms. The inspector was informed that staff did assist residents to clean bathrooms as required, however greater oversight was required of this process to ensure that bathrooms were maintained in a hygienic manner.

There were outbreak management and contingency plans in place which contained specific information about the roles and responsibilities of the various stakeholders in the organisation. The inspector saw that the outbreak management plan was regularly reviewed and updated in line with most recent public health guidance. The inspector also saw that this plan was signed by staff when each version was updated. Staff showed the inspector that the outbreak management plan was kept in an emergency box for staff to access quickly if required.

There were clear escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Staff spoken with were knowledgeable regarding the process to be followed in the event of a staff or resident becoming symptomatic. Staff showed the inspector that each house had access to an emergency trolley which was to be stationed outside a resident bedroom in the event of a resident isolating due to COVID-19. This trolley contained the required equipment and PPE to assist staff in supporting a resident in this event.

The inspector found that there was sufficient information in the centre to encourage

and support good hand hygiene. A sign at the front door advised visitors to use hand gel on entering the house. Staff were observed regularly cleaning their hands and wearing masks in accordance with current public health guidance. Staff and visitors were required to sign in and complete symptom and temperature checks. There were systems in place to take resident and staff temperature and symptom checks twice a day. Staff also took weekly antigen tests and were supplied with a stock of these by the provider.

Regulation 27: Protection against infection

The inspector found that the registered provider had a strong governance framework in place which supported oversight of the infection prevention and control practices in the designated centre.

Generally, practices were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

The provider was operating a person-centred service where residents were informed and knowledgeable regarding infection prevention and control.

Staff demonstrated comprehensive knowledge of infection prevention control in general and, as it related to their roles and responsibilities in the designated centre. This supported the delivery of safe and quality services in the centre. However, there were some areas which required attention by the provider in order to be fully compliant with the national standards. These included:

- Ensuring all staff were up-to-date in refresher training in personal protective equipment (PPE)
- Ensuring oversight of the standards of hygiene and cleanliness maintained in resident bathrooms
- Enhancing the cleaning practices and procedures for hard to reach areas such as roof window cavities
- Enhancing oversight of the cleaning of low frequency touch areas such as windowsills and corners of ceilings

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 Peacehaven Trust OSV-0003690

Inspection ID: MON-0035629

Date of inspection: 15/03/2022

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>Peacehaven, as already engaged in refresher training for staff for personal protective equipment, shall ensure that all staff have completed the required training – through HSElanD.ie ('Donning & Doffing PPE in Community Settings', as well as 'Donning & Doffing PPE in Acute Settings') by April 27th 2022.</p> <p>To ensure that standards of hygiene and cleanliness maintained in resident bathrooms are maintained, as well enhancing the cleaning practices and procedures for hard to reach areas such as roof window cavities; as well as low frequency touch areas such as windowsills and corners of ceilings, Peacehaven Trust will review with the Presbyterian Church in Ireland their Infection Prevention Control Policy, seeking new protocols for regular deep cleaning of each Peacehaven Trust property – which respects the integrity of resident’s privacy and independence, yet increases support to achieve the outlined standards. The review will complete by 31st May 2022, with an aim to have new protocols in agreed with the HSE (For cost implications) and operational by 30th June 2022.</p> <p>In the interim period (Before agreement with the HSE) PCI/Peacehaven will ensure additional quarterly management monitoring of resident bathrooms, as well hard to reach areas such as roof window cavities; as well as low frequency touch areas such as windowsills and corners of ceilings. Additional steam cleaning equipment shall be purchased to facilitate effective cleaning by 30th April 2022.</p> <p>The PIC shall ensure that residents identified as at risk from an infection/disease which can colonize part of their person/others has a support plan in operation for such conditions – to help both prevent and if needed to manage, when an outbreak occurs. This to be in place by 31st May 2022.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 30/06/2022 |