



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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Cheshire - Leonardsville and Abbey Close
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	28 November 2022
Centre ID:	OSV-0003437
Fieldwork ID:	MON-0036434

About the designated centre

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

St. Patrick's Cheshire - Leonardsville and Abbey Close is located in a market town and consists of three one storey terrace style houses in a community housing estate, a group of eight apartments surrounding a landscaped courtyard and another detached one storey dwelling. The units which make up this centre are all self-contained and each can provide a home for one resident meaning that the maximum capacity of residents living in this designated centre is 12. Each resident has their own bedroom and other facilities throughout the units which make up this centre include living areas, kitchens and bathroom facilities. The designated centre provides full-time residential services for residents of both genders, between the ages of 18 and 65 and those who have physical and sensory disabilities or neurological impairments that require a medium to high level of support. Staff support is provided by nurses, care workers and care support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 28 November 2022	09:30hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included wearing face masks and regular hand hygiene. On arrival at the centre the inspector was brought into a building which had a designated area for signing in. In this area there were masks available and hand sanitiser to ensure all visitors to the centre complied with best practice in relation to infection prevention and control (IPC) measures.

On the day of inspection, eight residents were living in the designated centre. The inspector had the opportunity to meet with six of these residents and the majority of the residents were happy to engage in conversations with the inspector. In addition to speaking with residents, the inspector completed a walk around of all parts of the designated centre, spoke with members of management and the staff team and completed documentation review. All of these elements of the inspection process were utilised to determine the level of compliance with Regulation 27 and the associated national standards.

The centre, comprises two separate units. Within each unit there are individual apartments. Every resident had their own individual apartment. In the first unit, there are eight, one bedroom apartments. Five residents were living in this part of the designated centre. In each individual apartment there was one en-suite bedroom and an open plan living and dining room. Each apartment was very much individualised to each person's preferences and needs. The facilities for washing the residents' clothes was located in a separate building. One apartment was dedicated to staff use and the other two apartments were empty. All apartments on surface level were visibly clean. However, due to general wear and tear in some areas within the apartments, meant that effective IPC measures could not be consistently adhered to. Storage was also an issue in some apartments which also meant that IPC measures in relation to storage of linen, bedding and other types of equipment was not in line with best practice. Storage of mops was also impacted by this.

In addition to the eight one-bedroom apartments, there was one, two-bedroom self-contained apartment situated in a separate building. There was no resident living in this part of the designated centre. The resident that had been living there had transitioned to a different self-contained apartment within the designated centre in August of this year. The person in charge had informed the inspector that this part of the centre was closed, however, it was still registered as part of the designated centre on the day of inspection. On a walk around of this part of the centre, the condition and presentation of the building was extremely poor. No part of this building would have met basic requirements to ensure IPC measures could be

effective. Immediate assurances were sought from the provider in relation to the removal of this part of the building from the designated centre.

In the second unit of the designated centre, there were three two-bedroom apartments. There were three residents living here, one resident in each apartment. Again, this part of the centre was on surface level clean, well kept and individually decorated. Each resident had their own washing machine and dryer located in the kitchen areas of the home. Some good practices in terms of accessibility of the premises was noted, such as doors that opened automatically and counter tops that could be height adjusted for residents that used wheelchairs.

On the walk around of the designated centre the inspector met with six residents. Residents were in their apartments at this time. All residents warmly welcomed the inspector into their home and consented to the inspector viewing different aspects of the apartment. On entering each apartment the staff member would knock and ask consent to enter each resident's living space. All residents spoken with were overall happy with their living space. One resident did express some dissatisfaction with elements of their equipment and space within the apartment and readily expressed these views to the house-coordinator. The compliant was responded to respectfully and the resident's concerns were listened to and responded to as best as possible. The house-coordinator spoke about how this compliant would be dealt with through the appropriate policies in place. The resident was reassured appropriately during this time.

The inspector had the opportunity to meet with two residents that had recently moved into their apartments, one resident had transitioned internally from one part of the designated centre to another part, and the other resident had moved in from the community. They both expressed that they were very comfortable in their new homes. One resident expressed how their life had now opened up and they were getting the opportunity to engage in activities and events that were very important to them. They stated they had a very active and busy life at the moment and were very happy with the quality of life afforded to them within the designated centre.

On speaking with residents, they spoke about music events, visiting family and friends, activities in the community such as eating meals out, attending concerts, holidays, day service, parties and range of other events and activities that were important to them. From speaking with residents it was evident that they self-directed their days in line with their specific assessed needs. They were active in community life and this was very much encouraged and facilitated by the staff team. Residents expressed that they were satisfied with the support they received. They openly spoke with the staff present in a familiar manner and all residents seemed comfortable when in the presence of staff.

The current staff team consisted of a full-time person in charge, an assistant manager, three house coordinators, care staff and a staff member who completed cleaning duties. The person in charge was also responsible for another designated centre and was supernumerary to their staff teams. On the day of inspection, there were vacancies for staff nurses. The provider was actively recruiting for these roles and had selected two individuals to commence in early December. A nurse was

assigned to complete specific duties including, IPC oversight and, therefore due to staff vacancies the person in charge was assigned to complete some specific duties and clinical oversight. In addition to this some residents were accessing community care as required, such as public health nursing.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare-associated infections and COVID-19. The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that systems in place were not consistent or effectively monitored to ensure compliance with the Regulation 27. A number of improvements were required in the centre to reduce the risk of healthcare-associated infections.

There were clear lines of authority and accountability within the centre. There was a full-time person in charge in place. The person in charge also had responsibility for one other designated centre. The person in charge was supported by an assistant manager and house- coordinators. The person responsible to lead on the clinical, IPC and COVID-19 needs of the centre was allocated to the staff nursing team. There was currently a vacancy for this role. As stated recruitment for this role was in process. To ensure there was always a full staffing compliment in place agency staff and a relief panel were utilised within the centre. Agency staff were always on duty with a member of the staff team. On a review of a sample of rosters there appeared to be sufficient staff in place to meet the needs of the residents.

The inspector reviewed the providers systems for oversight in relation to the quality and safety of care including the monitoring of the IPC needs within the centre. There were some good practices and some areas of improvement noted. The provider completed regular national calls with senior members of the team. The notes and presentations were available for staff to review. Different topics such as policy updates and COVID-19 trends and updates were discussed during these meetings. There was a COVID-19 contingency plan in place in the event of an outbreak. Staff meetings occurred on a regular basis and different topics in relation to IPC were discussed. There were two unannounced provider audits completed

over the last 12 months. There was minimal reference to the IPC oversight within these reports and no review of IPC within the providers most recent annual review. Clinical site visits occurred where the clinical needs of the residents was reviewed. These reports identified that IPC audits were not as frequent as needed due to the absence of the IPC lead. An IPC audit had occurred in June 2022, however, it did not identify many areas of improvement and noted that the majority of aspects reviewed were fully compliant. These areas included resident rooms, en-suite facilities, communal areas and catheter care. This was not in line with the current findings on the inspection day.

The provider had an infection prevention and control policy, in addition to this there was an up-to-date policy on the management of COVID-19 and other respiratory type illnesses. On review of the policy there appeared to be no clear guidance on laundry management. Due to the specific assessed needs of the residents within this home this was essential. Effective laundry management formed part of the control measures to high level health related risks.

A number of staff required refresher training in areas including infection control, hand hygiene and donning and doffing Personal Protective Equipment (PPE). The staff team were assigned to separate locations. One staff team had completed training in aseptic techniques and the other staff team had not. Of note, the staff that had not completed the aseptic technique training were implementing care that required this level of IPC training.

Quality and safety

Overall, with regards to infection prevention and control, the inspector found a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident that the management team and staff were endeavouring to provide a safe service to residents. Residents appeared comfortable in their home.

As stated previously the centre comprises two units which encompass either one or two bedroom individual apartments. Each resident had their own en-suite bathroom. Every apartment was individual in decoration and presentation. Residents had important items such as musical instruments, photographs, pictures and personal items on display. On the walk around it was noted that the majority of apartments were well kept and clean. Some aspects of en-suite bathrooms required more attention to detail in terms of maintenance and repair. Some radiators and mirrors had rust present, there was laminate missing from storage doors and some staining on floors. Due to the condition of some areas of the home the inspector was not assured that effective cleaning was taking place in line with best practice in infection

control measures.

As stated previously the availability of suitable storage was comprising some elements of effective IPC management. For example, in one resident's en-suite bathroom, pillows, blankets and other soft furnishings were being stored on the resident's shower tray. Mop buckets and mop heads were placed in bathrooms and hallways and there was no system in place to ensure they were stored in line with best practice.

As described previously, one, two- bedroom apartment within the designated centre did not meet any the requirements for IPC best practice and standards. There was no resident living in this part of the designated centre on the day of inspection. There was a significant malodour present, all paintwork was significantly marked and chipped, there was laminate missing from kitchen presses and the premises was visibly dirty. The house-coordinator confirmed that this part of the premises was not being cleaned on a regular basis. On discussion with management present they stated that this part of the centre was closed, however, the provider had not notified the Chief Inspector that this was their intention. This process commenced on the inspection day.

For five residents in the centre there was a separate area dedicated to laundry. This room contained separate washers and dryers and there was PPE present and facilities for hand washing. There was no guidance or policy available in relation to laundry management. A number of residents within the centre had very significant healthcare needs that posed a significant risk to themselves and others. A control measure within a red-rated risk assessment indicated that laundry was completed in a specific manner. When asked, the staff team were unsure of this control measure and needed to seek further information. Clear guidance was needed for staff in the form of policies and guidance to ensure best practice in relation to laundry management and infection control practices.

Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Oversight of measures in the centre required improvements. Although one six monthly audit had identified some improvements in relation to IPC measures specifically in relation to premises condition, additional oversight was required to ensure auditing and review systems were self-identifying all areas of concern and fully reviewing the centres levels of compliance with national standards and national guidance.
- Staff required updated training in a number of areas in relation to IPC

measures, hand hygiene and donning and doffing PPE and aseptic techniques.

- Improvements were required in policies, procedures and staff guidance around laundry management.
- At surface level, the majority designated centre was noted as visibly clean on the day of inspection. Cleaning schedules were overall comprehensive and included the regular cleaning and deep cleaning of the centre.
- One part of the designated centre was not in optimal condition which meant the relevant IPC standards were not being met.
- Due to the condition of some areas of the home the inspector was not assured that effective cleaning could take place.
- Mop systems required reviewed as there was no clear system in place to ensure mops were stored in an effective manner to reduce IPC risks
- Storage of specific items required improvement to ensure best practice in relation to the IPC needs of the centre.

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 St. Patrick's Cheshire - Leonardsville and Abbey Close OSV-0003437

Inspection ID: MON-0036434

Date of inspection: 28/11/2022

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"> • A review of the current provider oversight measures will be undertaken to ensure that audits and self-assessment reviews accurately reflect the centres level of compliance with national standards and guidance. Feb 28th 2023. • Outstanding training for staff in relation to IPC measures ie hand hygiene, donning and doffing and aseptic techniques is currently being undertaken as a priority. Jan 31st 2023 • Individual laundry management plans and procedures will be drawn up to guide staff in best IPC management practice particularly in the shared laundry in Leonardsville Jan 31st 2023 • A change of use /variation notification has been made to HIQA in respect of the old nurses home formerly home to a service user who no longer lives there • Application has been submitted and additional requested form to Vary Condition 1 to be submitted by end of Jan 31st, 2023 • Minor maintenance works for wear and tear issues will take place to ensure effective cleaning can take place Feb 28th, 2023 • Guidelines have being drawn up for the cleaning & storage of mops to comply with IPC standards Completed • Storage of items in bathrooms have been reviewed and only required equipment will be 	

kept there All other clothing and bedding items will be stored elsewhere. Completed

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	28/02/2023