



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcoskan House
Name of provider:	Three Steps Limited
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0003712
Fieldwork ID:	MON-0039777

## About the designated centre

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

The designated centre is registered to provide residential care supports for up to four residents 18 years and under. The centre is comprised of one large detached house and is located in a rural North West County Dublin setting. The building is set on a large landscaped site and contains a generous entrance hallway, a large kitchen and dining space, a utility room, a boiler room, three living or sitting rooms, a conservatory and sun area, a staff office, four resident bedrooms, a staff sleep over room, a multi-sensory room, two main bathrooms, and a medication room in a small upstairs space which also coupled as an additional sleepover room for staff. The outdoor spaces of the centre included a large garden area to the front and side of the property with a large driveway which provided space for the parking of vehicles. There is a full-time person in charge appointed to manage the centre and they are supported in their role by a staff team which is comprised of two team leaders and social care workers.

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

Number of residents on the date of inspection:	2
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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
Thursday 13 April 2023	10:00hrs to 16:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place a number of arrangements which were consistent with the National Standards for infection prevention and control in community services. However, there was some maintenance and upkeep required to a range of areas and surfaces throughout the centre. This impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted. There were governance and management systems in place. However, although monitoring of the services were undertaken these were not adequate as the effective cleaning of areas could not be assured, from an infection control perspective.

The centre comprised of a large two storey, six-bedroom house. It is located in a rural setting on its own spacious grounds and within driving distance of a range of local amenities. The centre is registered to accommodate up to four residents under the age of 18 years. There were two vacancies at the time of inspection and consequently only two residents were living in the centre.

The inspector met briefly with both of the young people on the day of inspection. One of the residents was reluctant to engage with the inspector but the other resident conversed with the inspector and told her that they were happy living in the centre and that staff were kind and good to them. Both of the residents were on their Easter holidays from school and appeared to be enjoying the break from school work. One of the residents was observed to go out for a chiropody appointment, followed by lunch out with staff while the other resident went to the gym and completed some shopping. Both residents were observed to be comfortable in the company of staff and staff were observed to appropriately respond to their verbal and non-verbal cues. One of the residents presented with some behaviours that challenged which could be difficult to manage in a group living environment. However, overall it appeared that incidents were well managed and were being monitored for impact on the other resident.

Both of the residents had a school placement. However, one of the residents had restricted hours and completed school work and individualised work with staff in the centre on days not in school. Overall, both residents were considered to get along reasonably well together and enjoyed having some of their meals together. It was reported that their preference was to complete activities separately as they had different interests and hobbies. Initial plans were in place for both residents to transition to a new adult placement once their respective school placement finished and or they turned 18 years. New placements for both residents had not yet been confirmed. One of the residents had already turned 18 years but was still in their

school placement.

The centre was found to be comfortable and accessible. However, significant maintenance and upkeep was required in a number of areas. The following was observed: worn and chipped paint on walls and woodwork; worn and broken flooring, for example, in the front hall, corner of games room and kitchen. There was also worn and broken surface on some furniture including sofas in the sitting room and conservatory, This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Each of the residents had their own bedroom. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. The bedrooms had been personalised to the individual resident's tastes. It was noted that one of the residents bedrooms had a minimalistic feel which it was reported was this residents preference. Pictures of each the residents and important people in their lives and other memorabilia were on display. Murals with inspiring phrases were displayed on some walls.

Cleaning in the centre was the responsibility of the staff team. There were cleaning schedules and daily sanitisation checklists in use. However, it was found that these were not consistently completed. Dust and visible dirt were observed in a number of areas such as the skirting boards and walls in the hall, kitchen and sitting room. A mould like substance was observed on a wall in one of the residents bedrooms and in the utility and laundry room. These areas appeared to be well ventilated. The inspector found that there were adequate resources in place to clean the centre. Staff spoken with were clear about the cleaning requirements and procedures but did indicate that the behaviours of some of the residents negatively impacted upon efforts to maintain the centre.

The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that overall they were happy with the care and support being provided in the centre. The provider had completed a survey with some of the relatives as part of its annual review. These indicated that overall relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

The majority of the staff team had been working in the centre for an extended period. However, there were three whole-time equivalent staff vacancies at the time of inspection. These vacancies were being covered by a regular small number of agency and relief staff. This provided some consistency of care for the residents. Recruitment was reportedly underway for the positions.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

## Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. However, it was noted that the provider had failed to address the significant amount of maintenance required in the centre to ensure effective infection prevention and control arrangements.

The centre was managed by a suitably-qualified and experienced person. The person in charge holds a degree in social care and a diploma in people management. They had more than four years management experience. The person in charge was in a full-time position and was responsible for one other centre within the same geographical area. The person in charge was supported by a deputy manager and two team leaders. Both the person in charge and deputy manager had full protected hours for their roles. The person in charge presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reports to the director of care services. The person in charge and service manager held formal meetings on a regular basis.

There was some evidence that infection prevention and control had been prioritised by the registered provider. The person in charge was identified as the infection prevention and control lead for the centre. The provider had also identified an infection prevention and control link practitioner and general nurse who supported the implementation of infection prevention and control policies across the organisation. A review had been completed and recorded any post-outbreaks of COVID-19, which considered what had worked well, areas for improvement and possible causes. The last outbreak of COVID-19 in the centre had been more than 15 months previous. Overall, the risk of acquiring or transmitting the infection had been controlled in the centre. There was a COVID-19 contingency and outbreak plan in place.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed. Scenario modelling and potential action plans were in place in the event of an outbreak.

Audits and checks were completed in the centre which considered infection

prevention and control. These were found to be comprehensive in nature and that they had identified a number of the issues referred to in this report. An annual review of the quality and safety of care and six-monthly unannounced visits had been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. However, there were three whole-time equivalent staff vacancies at the time of inspection. It was noted that these vacancies were being filled by a regular small number of agency staff.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the Health Service Executive should it be required and contact information relating to these supports were documented in the centre.

## Quality and safety

The residents appeared to receive person-centred care and support. Residents were age appropriately informed, involved and supported in the prevention and control of healthcare-associated infections. However, as referred to above the significant maintenance was required in the centre impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted.

Residents were provided with age appropriate information and were involved where appropriate in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control was discussed at regular intervals with individual residents and at residents meetings. Residents were supported and encouraged to clean their hands on arrival back to the centre from being out in the community.

There were arrangements in place for the laundry of residents' clothing and linen. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. The provider had a small maintenance team in place across the organisation. All maintenance requests were recorded.

There was a COVID-19 contingency and outbreak management plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. The



provider had an infection prevention and control link practitioner within the organisation who supported the implementation of infection prevention and control policies and procedures, and acts as an advocate and support for the staff team. There was an infection prevention and control policy, procedure and guideline in place dated December 2021. This included information on standard precautions, management of an outbreak, handling of waste, environmental hygiene and laundry management. A review had been completed post a previous outbreak in the centre. This considered the potential source, potential cause and effectiveness of infection control arrangements. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Posters promoting hand washing were on display. Environmental audits were undertaken at regular intervals. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff.

### Regulation 27: Protection against infection

The provider had failed to address identified maintenance required in the centre to ensure effective infection prevention and control arrangements. Significant maintenance and upkeep was required in a number of areas, including: worn and chipped paint on walls and woodwork; worn and broken flooring in the front hall, corner of games room and kitchen. Worn and broken surface on some furniture, including sofas in the sitting room and conservatory. This meant that these areas could be more difficult to effectively clean from an infection control perspective. Cleaning schedules and daily sanitisation checklists in use were not consistently completed. Dust and visible dirt were observed in a number of areas, for example, skirting boards and walls in the hall, kitchen and sitting room. A mould like substance was observed on a wall in one of the residents bedrooms and in the utility and laundry room. There were three whole-time equivalent staff vacancies at the time of inspection.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Kilcoskan House OSV-0003712

Inspection ID: MON-0039777

Date of inspection: 13/04/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Centre Manager reports all maintenance issues to both the Service Manager and the Operations Manager. The Operations Manager maintains a service wide maintenance log. The maintenance logs for each centre are reviewed service wide at a monthly meeting. Service Managers, Operations Manager, Operations team and the Director of Care attend these meetings. All works are discussed and planned for completion.</p> <p>The Centre Manager has reviewed the paint work required in the Centre and a request was submitted to the Service Manager and Operations Manager on 18/05/2023.</p> <p>The Centre Manager has reviewed the flooring in the Centre. This issue has previously been raised and is currently on the maintenance log for completion.</p> <p>The Centre Manager has reviewed the Centre furniture and has requested replacement furniture as required.</p> <p>The Centre Manager has reviewed the process for ensuring that cleaning and sanitization is completed daily. The cleaning and sanitization checks have been added to the operations folder which the care team will check and complete daily. This task has also been added to the Shift Transfer and Planning actions to be checked off by the shift leader and Centre Management daily.</p> <p>Professional cleaners attended on 17/05/23 and completed a deep clean of the entire Centre. Any rooms that had signs of a mould like substance were treated. Ongoing three monthly deep cleans are scheduled to continue on the centre.</p> <p>The Centre roster is based on the staffing requirements needed for three young people, two young people on 1:1 staffing ratio, and one young person on a 2:1 staffing ratio.</p>	

There are currently two young people living in Kilcoskan, and the Centre is currently fully staffed to meet the needs of these young people.

## 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	31/08/2023