



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

Issued by the Chief Inspector

Name of designated centre:	Youghal Community Houses
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0004645
Fieldwork ID:	MON-0038189

About the designated centre

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

The designated centre provides full time residential services to ten residents in a large coastal town in Co. Cork. The service is provided to adults with an intellectual disability and mental health concerns. The designated centre comprises of three bungalows located within the community. Within each bungalow, there is a kitchen/dining room, utility room, sitting room, 4 bedrooms and two bathrooms. The designated centre is staffed by social care workers, with access to nursing staff provided as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

10

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 October 2022	10:00hrs to 18:45hrs	Deirdre Duggan	Lead
Tuesday 25 October 2022	10:00hrs to 18:45hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards. This inspection was completed during the COVID-19 pandemic, and the inspectors adhered to infection control and prevention guidance, including the use of appropriate personal protective equipment (PPE).

The inspectors saw, and residents told inspectors, that this centre was a good place to live and that residents were well cared for and enjoyed a good quality of life in this centre. This inspection found that overall IPC was managed very well in this centre. Some improvements, mainly in relation to the documentation kept in the centre, were required to ensure that all measures had been taken to safeguard residents from infectious diseases.

The centre comprise of three detached four bedroom bungalows, all with the same layout. Two of these were located next door to each other in a quiet residential neighbourhood and the third was located nearby, close to campus facilities. Overall, parts of this centre were seen to be visibly clean and well maintained. Both communal areas and bedrooms were seen to be kept very tidy and it was evident that most areas of the centre were being cleaned on a regular basis. It was noted that the utility rooms in each house did require some attention to ensure they were properly clean and some clutter was noted in these rooms.

Hand sanitisers were available throughout all units of the centre and hand washing facilities were available for staff and residents of the centre. Overall, staff were seen to use PPE appropriately throughout the day although a staff member was observed to be wearing a mask incorrectly on one occasion.

The inspectors met with all ten of the residents in this designated centre during the inspection . Residents and staff were welcoming to inspectors and from what inspectors saw and heard it was clear that residents were happy in their homes. Some residents were attending scheduled appointments and taking part in planned and independent activities at the time of the inspection. Most of the residents in this centre communicated independently with the inspectors, and some residents communicated with support from staff that knew them well and had a good awareness of their communication styles. All residents were seen to take an active part in the running of their homes and the inspectors observed that residents contributed to the cleaning and upkeep of their homes and bedrooms as was their preference. Some residents told the inspectors that staff supported them to launder their own clothes and keep their bedrooms clean and tidy.

Residents spoke very positively about their homes and the staff that supported them. Residents were observed to be very familiar with the management and staff of the centre and communicated openly with them. Inspectors observed that interactions between residents and the staff members that supported them were

positive and based on mutual respect and understanding. Residents were observed to move freely about their homes and some residents were seen to leave and return to their homes independently throughout the day. A resident was supported to attend a planned appointment by staff in the centre on the day of the inspection and was observed to prepare for this independently.

Kitchen appliances, floors and surface areas were noted to be kept very clean and there was no significant build-up of dust or dirt. In this centre, residents were provided with some of their meals from the kitchen facilities of a campus located nearby. A staff member was observed to use a food probe while preparing and serving food for residents to ensure that it was heated to a safe temperature. Upholstery and soft furnishings in the centre were seen to be clean and well maintained and bathroom, toilets and shower rooms were suitably fitted out to allow for adequate cleaning. Pedal bins were located in key areas of the centre such as kitchens and bathrooms.

Overall, this inspection found that residents in this centre were generally afforded very good protection against infectious agents. However, there were some improvements to be made to ensure that infection prevention and control (IPC) practices and procedures within the designated centre were at all times consistent with relevant national standards.

Capacity and capability

Overall this centre was seen to be providing a responsive and good quality person centred service to residents. There was a clear management structure in place for this designated centre and it was seen that there were good organisational structures and supports present. On the whole, local management systems in place provided good protection to residents from infectious agents. However, the oversight of some infection control procedures did require some improvements to ensure that residents were protected at all times from infection in a manner that was consistent with relevant national standards.

The local management and staff team were familiar with residents and their needs, including possible isolation arrangements, and inspectors saw that on the whole, residents would be adequately protected in the event of an outbreak of an infectious disease. However, in the event of an outbreak of an infectious disease occurring when residents were not supported by familiar management and staff there was no clear guidance in place. Contingency plans were in place at an organisational level to protect residents and ensure continuity of care for residents in the event of an outbreak of the COVID-19 virus. These plans however, were not localised and did not take into account the isolation arrangements for residents based on their own individual circumstances although local management and staff were aware of the arrangements if there were an outbreak of an infectious disease.

The person in charge was present on the day of this inspection. This individual was

supported in their role by two clinical nurse managers as well as social care staff and care assistants. The inspectors had an opportunity to meet with one of the clinical nurse managers who was on duty on the day of the inspection. It was evident that this individual maintained a strong presence in the centre and was very familiar with the support needs of the residents living in the centre. Residents were seen to be comfortable in the presence of the management of the centre and it was evident that they knew the management team well. Some staff members were also met with on the day of the inspection and they told the inspectors that the management of the centre provided good support and were responsive to any issues that arose. There was evidence that staff attended supervision meetings and that there was ongoing informal supervision of staff taking place.

Staff working in the centre were responsible for completing cleaning duties as required. A sample of staff rotas viewed showed staffing was seen to be in line with the statement of purpose of this centre. Staffing was sufficient to ensure that appropriate IPC precautions could be taken in the centre. Nursing expertise was available to residents if required and IPC expertise at provider level was available to support staff if required. Staff training had been completed in a number of areas such as hand hygiene, breaking the chain of infection and donning and doffing PPE. Training records viewed indicated that most staff were appropriately trained but that some staff were due training or refresher training in some areas related to IPC. Also, the person in charge did not have oversight of all of the training records on the day of the inspection, such as records relating to agency staff members. Some further information was provided to the inspectors following the inspection as requested.

An annual review and a six monthly unannounced audit had been completed in respect of the centre and these included some information and review of the IPC arrangements and identified actions to be taken to promote continued improvement of the service. The provider had in place a suitable IPC policy that contained relevant guidance on areas such as the management of linen and laundry and waste management procedures. Guidance available to staff in the centre included information about the prevention and management of a number of infectious agents. The person in charge told the inspector about the arrangements in place to provide suitable equipment and supplies to the centre in the event of an outbreak of infectious disease. Audits of IPC in the centre had been completed and had identified some issues, such as some maintenance that was required. Issues identified were considered and acted upon.

Some of the documentation in place in the centre required updating. For example, the 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool' had been completed in the centre. While this document had been reviewed, some of the information in it had not been updated. Similarly some risk assessments relating to IPC required review to ensure that they contained the most up-to-date information.

Some further consideration was also required to ensure that all possible precautions were taken to protect residents and staff from infectious agents. The inspectors were told that the previous week two staff members had become unwell while on active duty and had left the centre. There were no additional precautions, such as a

deep clean, taken to prevent the ongoing transmission of a possible infectious disease following the departure of these staff. It was noted however, that regular cleaning of high touch areas was part of the daily cleaning schedules in place in this centre and from what the inspectors saw on the day of this unannounced inspection, these schedules were being adhered to insofar as possible by all staff. This meant that although some potential risk factors associated with acquiring or transmitting an infection had not been fully mitigated against, the arrangements in place did provide some protection to residents and staff and no residents or other staff were reported to have become unwell at that time.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and high quality supports were provided to the residents living in this centre on the day of this inspection. It was seen that these high quality supports provided by a dedicated staff team meant that overall, residents were protected from infection in this centre.

A core team of familiar staff supported residents. This meant that in the event that a resident presented as unwell, staff would be aware of any changes in their usual presentation and would be able to identify this in a timely fashion. The inspectors were told that in the event that a staff member was on unplanned leave or staff had to attend an appointment with a resident, this could impact on the daily cleaning tasks being completed as per the schedule in place. Overall however, inspectors saw on the day of this inspection that the centre was being regularly cleaned to a high standard.

There were trained COVID-19 swabbers available on the management team to test symptomatic residents in their homes if required. A staff communication book and a COVID-19 folder were used to ensure that all staff were aware of any changes that occurred in the centre or any changes to protocols or public health advice. Staff spoken to reported that training was well organised and that the quality of training provided to staff was of a high standard.

PPE such as face masks, aprons and hand sanitiser were in plentiful supply, as were appropriate cleaning products and products were seen to be in date. A colour coded system was in use to identify what cloths and mops to use for specific areas of the centre and prevent cross contamination. The manager on duty in the centre on the day of the inspection outlined to inspectors plans to improve the storage arrangements for some cleaning equipment such as mop buckets and mops. Guidance was in place in relation to the use of alginate bags for laundering soiled linen and a supply of these were available to staff in the event that they were

required.

Some issues were identified that required attention. For example, baseboards in the kitchen units of one building were seen to have water damage which could prevent effective cleaning and as mentioned previously utility rooms required general de-cluttering and cleaning. Some gaps in tiling were noted where ovens had been replaced and some chipping was noted of a kitchen worktop. The inspectors were told that works were already scheduled for most of these areas.

Inspectors reviewed a sample of healthcare plans in place and found these were overall of a high standard. There were no specific IPC concerns identified for any of the residents in this centre such as known bacterial colonisation or the use of specialised equipment for residents.

Records relating to residents meetings that were held in the centre were viewed. One part of the centre was seen to have IPC as a standing item on the agenda for these important forums for residents. Another area of the centre did not include IPC as a standing agenda item but there was evidence that sometimes IPC was discussed with residents in this part of the centre, such as following an outbreak of COVID-19. Some residents spoken to had a good awareness of IPC precautions and the public health guidance in place but did tell inspectors that they weren't aware of any easy-to-read or accessible information available to them in the centre although one resident did speak about the signage relating to IPC that was on display throughout all areas of the centre. The inspectors were told that some residents actively informed themselves of current events including the COVID-19 pandemic through the use of media such as television, radio and newspapers as was their preference.

Regulation 27: Protection against infection

Good practice was identified in relation to infection prevention and control measures in place in the centre. However, some areas of improvement were required to ensure that infection prevention and control practices and procedures within the designated centre were consistent with relevant national standards at all times.

- Contingency plans were not localised.
- Not all IPC risks were identified and fully mitigated against in a timely manner
- Some staff refresher training was overdue and the person in charge did not have access to training records for all staff, such as agency staff.
- Some documentation in the centre required updating and review.
- Some maintenance was required:
 - Clutter and dust noted in utility rooms
 - Some minor retouching of painting required in a residents bedroom where an item had been removed from the wall
 - A headboard in a residents bedroom was stained
 - Rust staining was evident around the fittings in a shower room and in

the corner of a shower unit

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 Youghal Community Houses OSV-0004645

Inspection ID: MON-0038189

Date of inspection: 25/10/2022

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>Please see the following for dates works were completed in each of the Community houses as highlighted by HIQA IPC inspection 25/10/22</p> <p>Issues identified and rectified:</p> <ol style="list-style-type: none"> 1. Contingency plans for infectious disease outbreak completed and insitu in each IPC folder. Date completed 03.12.22 2. IPC Risk assessments updated. Date completed 05.12.22 3. IPC training for agency staff, the agency have confirmed that all staff have the required IPC training. Date completed 26.10.2022 4. Kick/base boards & space between cupboards and floor. Date completed 29/11/22 5. Space between cooker and tiles in the locations. Date completed 30.11.2022 6. Extractor fan cleaned. Date completed 26.10.2022 7. Flooring in bedroom's identified replaced. Date completed 03.12.22 8. Cleaning schedule update to include extra cleaning after infection. Date completed 26.10.22 9. Kick cupboard, corner pieces replaced. Date completed 6.12.2022 10. Cleaning schedule update to include extra cleaning after infection. Date completed 26.10.22 	

11. Rust staining around the shower. Date completed 09.11.22

12. Headboard in bedroom stained same has been deep cleaned as the individual has requested to keep same- it has been added to the cleaning schedule. Date completed 12.12.22

13. Deep clean have been carried in the house. Date completed 12.12.22

Outstanding Maintenance required

Clutter and dust in utility rooms additional shelving/ presses agreed with Housing body to be completed by 28.02.2023

Painting retouching , in sitting room & hall in one house to be completed by 31.03.2023

Touch up painting required in one bedroom, where picture was removed to be completed by 31.03.2023

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	31/03/2023