



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

## Issued by the Chief Inspector

Name of designated centre:	The Laurels
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0004763
Fieldwork ID:	MON-0035442

## About the designated centre

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

This designated centre comprises of two separate houses where a full-time residential service with integrated day service is provided to two residents over the age of 18 years. The houses are a two-storey semi-detached house and a single-storey bungalow in different locations but both are located within the suburbs of the busy town. The service provided is individualised to each resident and is tailored to meet their specific needs. The model of care is social. The service is open seven days a week and the residents are supported by a staff team comprised of social care workers and support staff. The needs of the residents are complex and the support and care provided is informed and guided by a range of multi-disciplinary inputs sourced internally and, from community and hospital based resources. Management and oversight of the service is delegated to the person in charge supported by a social care worker. Residents are facilitated to identify what services and supports they want in place through a person centred planning process.

**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 31 March 2022	10:00hrs to 17:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was focused on Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's *National Standards for infection prevention and control in community services (2018)*. The inspector found the provider had implemented and continued to implement such procedures and infection prevention and control was part of the daily management and routines of the centre. Some very minor improvement was needed to demonstrate full compliance with Regulation 27.

This inspection was undertaken with due regard for the ongoing requirement for measures to prevent the accidental introduction and the onward transmission of COVID-19. Given specific infection control matters arising in the centre on the day of inspection the inspector conducted the inspection from one of the two houses that make up this designated centre. One resident lives in each house and each resident is supported by one staff member.

On arrival at the house the inspector saw signage for visitors advising them of controls to reduce the risk of introducing infection into the house. These controls included the checking of body temperature, the declaration of any symptoms and the completion of hand-hygiene. The inspector complied with these controls. There was a conveniently located sanitising station and a stock of PPE (Personal Protective Equipment) in the main hallway. All areas of the house including bedrooms, communal area, kitchen, utility and bathrooms were visibly clean. The house was well-ventilated, homely but free of clutter that may have hindered effective cleaning. However, the provider did need to review the storage currently available for cleaning equipment as it created the potential for cross-infection and contamination.

On the basis of infection prevention and control rationale the inspector met with one resident. In addition, one resident lives somewhat independently and autonomously and chooses to engage or not with visitors to their home. This resident did not engage with the inspector. All lines of enquiry used during the inspection were inclusive of both houses and both residents. The resident was in communication with the person in charge during the inspection. The resident was worried about their cat who was missing. The relationship between the staff team and the resident was evident in the shared concern and the steps taken by staff to find the resident's missing cat. Further enquiries were made later in the day as to whether the resident wished to meet the inspector but the resident was preoccupied with their concern for their cat. In the context of the residents assessed needs meeting the inspector would have placed an additional burden on the resident. The resident was invited to and was agreeable to completing a HIQA (Health Information and Quality Authority) resident questionnaire so as to elicit their views of the service they were provided with. Following the inspection the inspector was updated and advised the resident was delighted and relieved as their cat was found safe and well. The completed questionnaire was also returned to the inspector. The resident reported that they

were happy, happy with the amount of choice and control they had in their daily life, felt safe and could talk to the staff team or the person in charge if they were concerned about anything. The resident did express a request for more personal storage space and the person in charge confirmed that this would be progressed for the resident.

The resident the inspector met had communication differences and engaged with the inspector primarily through facial expression, gesture and some words. The resident had good comprehension and gave the inspector a warm smile in welcome. The inspector had met the resident previously. The resident was happy for the inspector to enquire as to the well-being of their family as this connection was very important to both the resident and to their family. The resident indicated by gesture that they were happy for the inspector to be in their home and to enter their bedroom as part of the inspection process. The resident had a planned clinical appointment that morning. The inspector noted how staff gave the resident a number of options as to what they would like to do after the appointment. The resident made their choice and clearly articulated their preference to staff. The resident looked very well and records seen confirmed there were good arrangements in place for maintaining resident health and well-being and resident quality of life.

Given the occupancy and staffing arrangements in the centre the inspection was facilitated by the person in charge and the social care worker. They both described the leadership, governance and management needed to ensure residents were provided with a safe and high-quality service where they were protected by effective infection prevention and control practices. The person in charge told the inspector that infection prevention and control policies, procedures, outbreak plans and quality assurance systems were currently under review. However, the practice observed and described was evidence based and reflected the standards and current public health guidance. For example, all staff on duty wore an FFP2 mask and there was clear current guidance for staff in how to respond to any suspected or confirmed COVID-19 amongst the staff team or residents.

The provider had appropriate staffing arrangements including contingencies for responding to any staff absence. The majority of staff had worked with both residents for a long time and their knowledge and familiarity of residents' needs was evident in discussions and in records seen. For example, some assessed needs placed residents in the very high risk category for risk from COVID-19. This risk was recognised and reflected in the support and care provided.

The person in charge described how the staff team sought to protect both residents from the risk of infection while ensuring resident choice, independence and autonomy was also respected and promoted. The person in charge said that this could be challenging at times but residents were spoken with, given the information that they needed to make good decisions, to understand the risk and to stay safe. When restrictions were necessary these were in line with local and national guidance and designed to protect residents and others from the risk of infection.

The provider had assurance processes in place for monitoring infection prevention

and control practice. The person in charge was open to the limitations of these and saw the benefit of having different auditors so as to reduce the risk of familiarity. The person in charge had during a very recent infection prevention and control audit identified areas for improvement and was in the process of correcting some of these such as the need for additional storage in one en-suite bathroom.

Overall, the inspector found this was a well-managed service where infection prevention and control practice was evidenced based and part of the daily routines of the centre. The improvement that was needed to demonstrate full-compliance and to better assure the good practice found will be discussed in the body of this report.

The next two sections of this report will describe the governance and management arrangements in place and, how these arrangements ensured and assured the quality and safety of the service provided to residents by ensuring a high level of compliance with Regulation 27: Protection against infection.

## Capacity and capability

This was an effectively managed and overseen service. The inspector found solid evidence of leadership, management and oversight and good knowledge of infection prevention and control policy and procedures. There was clarity on roles, responsibilities, accountability and reporting relationships. While some minor improvement was needed, it was evident from these inspection findings that protection against infection was part of the daily operation and oversight of the service.

The person in charge and the social care worker clearly described for the inspector the working of the local and senior management structures. It was evident from these discussions that protection against infection was seen as a shared responsibility by management and staff. For example, while the relevant policies and procedures were currently under review the person in charge described how senior management kept oversight of and shared with her any changes to local and national policy and guidance. This information was then shared with the social care worker and with the staff team. All staff had access to a shared document space where they could locate the guidance that they needed. Information was also circulated to each staff member by email. The inspector saw that infection prevention and control, any changes in practice and learning from outbreaks was also a standing agenda item at the staff meetings which were regular.

Staff had access to a recently amended out-of-hours and on-call system. Persons participating in these systems were equipped with the knowledge to give advice on any infection prevention and control matter arising. The details of the on-call system and the rota were prominently displayed in the staff office. Throughout the house the inspector saw a range of prominently placed infection prevention and control material such as how to correctly complete hand-hygiene, guidance on possible

signs and symptoms of respiratory tract infections, guidance for staff on the completion of environmental cleaning and disinfecting and, the completion of laundry. It was evident on the day of inspection that staff were familiar with and followed the required reporting and escalation pathways.

The provider had a range of quality assurance systems for monitoring infection prevention and control arrangements. These were currently under review and it was intended to look at for example, possible duplication and overall effectiveness. The six-monthly reviews required by the regulations had been adapted to include infection prevention and control, quarterly site reviews were completed, the lead worker representative completed their reviews and there were "spot-checks" of infection prevention and control practice. Health and safety audits reviewed areas such as general waste management and pest control. The person in charge described how they had to be somewhat opportunistic as to how these systems were applied in one house given the independence and autonomy requested and facilitated for one resident. Quality assurance systems were identifying areas that needed to improve and there was evidence of action taken or in progress. For example, the procedures mentioned above were put on display following a recent infection prevention and control audit.

The person in charge described how the majority of the staff team had supported both residents for a long-time. Generally there was one staff member on duty and staff were reported to work well together to facilitate leave and to cover any unplanned absence that may arise. Staff familiar with the needs and routines of both residents were also available if needed from a nearby designated centre. The person in charge was committed to providing each resident with the consistency of support that they needed. These staffing arrangements and this consistency were evident in the staff rota and in the plans for responding to any outbreak of infection.

The provider had agreed and prescribed for staff the minimum range of infection prevention and control training they had to complete and how often it was to be completed. This training included hand hygiene, infection prevention and control and how to correctly put on and take off PPE. Training records demonstrated that all staff working in the centre had completed recent accredited refresher training in these topics. In addition, staff had completed a training module facilitated by HIQA on Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*.

Some fit-testing for staff of FFP2 masks so as to assure their correct and safe use had been completed. However, some fit-testing had been deferred and this needed to be rescheduled.

The provider monitored and promoted COVID-19 vaccine uptake among staff and residents. The person in charge was vigilant and attentive to the ongoing potential for outbreaks of infection.

## Quality and safety



Based on what the inspector saw, read and discussed the management and oversight of this service and the support and care provided each day, sought to protect both residents from infection while respecting resident individuality, autonomy and rights. Some minor improvement was needed to assure the good practice found.

The inspector reviewed one personal plan and saw that staff maintained good oversight of resident health and well-being and resident quality of life. The inspector saw from the plan that residents were referred to and had access to the services and the clinicians that they needed such as their general practitioner, physiotherapy, occupational therapy, dietitian, neurology and other hospital based services. Where appropriate, residents had control over their own healthcare and attended their own hospital appointments. However, staff provided supportive and collaborative care and there was an agreed level of staff oversight. Staff monitored resident well-being each day for possible signs of infection and were attuned to the importance of overall resident presentation rather than focusing solely on the monitoring of body temperature.

Staff responded promptly where there was any indication of possible illness. Representatives were consulted with and kept informed as appropriate. The inspector reviewed a detailed "hospital passport" that contained a broad range of information should the resident require admission to the acute hospital services.

Resident manual handling needs were currently under review. This review included a recent occupational therapy assessment of the resident's needs and of the suitability of the design and layout of the house. The person in charge assured the inspector that any recommendations made would be progressed such as the widening of doorways some of which were noted to be scuffed and marked from the use of a wheelchair.

The social care worker described how staff consulted with both residents in ways that were reflective and respectful of their individual needs and abilities. This included verbal discussion supported as needed by the use of visuals using the resident's personal tablet. Staff explained the risk that presented from infection, any intervention that was needed such as rapid antigen testing and the controls in place to protect residents and others from infection.

The risk that presented to resident health and the controls in place were reflected in the purposeful sample of risk assessments reviewed by the inspector. For example, there were risk assessments and controls so that residents could safely access home, external services and community based facilities and activities. The inspector saw that staff and residents were advised where possible to plan activities and locations so that crowds and busy times were avoided. Staff took PPE and hand-sanitising products with them when leaving the centre so that they could support residents to complete hand hygiene. The person in charge and the social care worker were very informed of any risks arising, the controls in place and any planned additional controls. For example, a fourth COVID-19 vaccination was

planned and awaited for one resident given their very high risk status.

There was no evidence of unreasonable controls or restrictions though management and staff remained attentive and vigilant to the ongoing risk of infection. There was evidence of regular and consistent contact with family where this was an important part of the resident's life.

As stated in the opening section of this report the standard of environmental hygiene in the house visited by the inspector was high. The design and layout of the house supported infection prevention and control. For example, the resident had their own fully accessible bathroom and there were three further bathrooms available in the house. This provided staff with ample facilities for performing hand hygiene. Additional sinks were available in the kitchen and in the utility.

Arrangements appropriate to the size and purpose and function of the service were in place for waste and laundry management. Staff had access to the equipment that they needed including a kit to use in the event of a blood, body fluid spill. There was no shared equipment in use between residents.

However, some issues were identified by this inspection that had the potential to impact on the effectiveness of the good infection prevention and control practice evidenced. Some findings created a risk for cross-infection and contamination.

For example, the storage arrangements for environmental hygiene equipment and excess stocks of personal care items were not appropriate. This was a general storage area for a range of items including gardening equipment.

Wall mounted dispensers did not state what product was contained in the dispenser. The same type of dispenser was used to dispense either soap or a hand-sanitising product. One dispenser did not appear to be working correctly.

A proprietary dispenser for hand-towels was needed in one bathroom.

All bins in use in the house such as those for disposing of used hand-towels were not pedal operated.

Water soluble bags were not used solely for distinguishing and managing soiled and potentially infectious items.

Storage to remove items off the floor of the residents en-suite and to ensure appropriate storage was needed.

Staff used a range of domestic type products for cleaning and disinfecting. Staff maintained a record of the cleaning that was completed and understood the difference between cleaning and disinfecting. However, while sodium hypochlorite based products were recommended in infection prevention and control policies seen by the inspector there was none in the house.

## Regulation 27: Protection against infection

The provider had adopted and implemented procedures consistent with *the National Standards for infection prevention and control in community services (2018)* and these procedures were part of the daily management and routines of this centre. However, some minor issues identified on inspection had the potential to compromise the good practice found and to increase the risk of contamination and cross infection. These matters are listed in the main body of the report above and included for example, the storage arrangements for environmental hygiene equipment and ensuring bins for disposing of items such as used hand-towels were all pedal operated so that hands were not contaminated post hand washing. Fit-testing of FFP2 masks was outstanding for some staff.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for The Laurels OSV-0004763

Inspection ID: MON-0035442

Date of inspection: 31/03/2022

## 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>The following actions to ensure compliance with regulation 27: protection against infection and reduce the risk of contamination and cross infection have been taken as of 30/04/2022.</p> <ul style="list-style-type: none"> <li>- Current environmental storage has been reorganized to segregate cleaning equipment and excess stock of personal care items with a third area for other general items.</li> <li>- Wall mounted dispensers have been labelled as to their contents and all are in working order.</li> <li>- A dispenser for hand towels has been added to the remaining fourth bathroom.</li> <li>- Remaining bathroom bins have been replaced with pedal bins.</li> <li>- A system is in place for the management of kitchen linens requiring laundering which does not involve the use of water soluble bags.</li> <li>- A storage unit has been purchased and placed in the individuals en-suite and items not in use have been removed.</li> <li>- The stock of sodium hypochlorite for the house has been replenished</li> <li>- Training videos for the fitting of FFP2 masks have been circulated to staff who are awaiting a fit testing appointment.</li> </ul> <p>The following additional actions to further address issues which could compromise good practice and increase risk in relation to infection prevention and control are;</p> <ul style="list-style-type: none"> <li>- Purchase and installation of a more suitable outbuilding to accommodate environmental cleaning equipment and excess of personal care stock to be arranged by 31/07/2022</li> <li>- FFP2 fit testing to be completed by all staff members, scheduled before 31/05/2022.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/07/2022