



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

Issued by the Chief Inspector

Name of designated centre:	The Brook
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0004871
Fieldwork ID:	MON-0035439

About the designated centre

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

The Brook is a centre run by Brothers of Charity Services Ireland located in a mature residential area on the outskirts of the town. The service provides both residential and day support to a maximum of three residents over the age of 18 years. The centre comprises of two houses located in close proximity to each other: one resident lives in one house and two residents share the other house. The support provided responds to individual requirements and needs from a part-time service to a full-time residential placement and, support for higher physical and healthcare needs. The model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a social care worker in each house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 1 March 2022	10:00hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was unannounced and 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). Overall, the inspector found the provider had implemented such procedures and infection prevention and control was part of the daily management and routines of the centre. However, some improvement was needed to demonstrate full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018).

This inspection was undertaken with due regard for the ongoing requirement for measures to prevent the accidental introduction of COVID-19 to the centre. On arrival at the centre the inspector saw ready signage for visitors advising them of necessary controls such as the checking of body temperature and the declaration of any symptoms of infection. The inspector complied with these controls.

The inspector had the opportunity to visit both houses and to meet with the three residents and their staff team. The assessed needs of the residents included communication differences but each resident engaged with the inspector in their own way. One resident was very interested in what the inspector was doing in the house and how long the inspector would be staying. The inspector saw that the resident knew what their planned schedule was for the day and there was a very easy rapport between the resident and staff as they settled into the routines of the day. The resident was looking forward to going swimming with support from staff. Another resident returned with staff following a planned visit to the dentist and greeted the inspector with the warmest of smiles.

The inspector saw the provider had completed the property improvement works committed to at the time of the last HIQA (Health Information and Quality Authority) inspection. This included the widening of a bedroom doorway to improve accessibility and the creation of a new en-suite bathroom for one resident. Staff asked the resident if it was okay for the inspector to see their new bathroom. After some consideration the resident said that it was. The resident told the inspector that they loved their new accessible bathroom. These additional facilities helped to support infection prevention and control as previously both residents living in this house and their staff team shared the main bathroom.

The designated centre is comprised of two houses. In the afternoon the inspector visited the second house where one resident received a part-time service. Again the resident greeted the inspector with a smile and was delighted to be wished a happy birthday. The house was nicely decorated to mark this recent event. The resident was relaxed in their home and with the staff on duty. Staff spoke of how they offered the resident choice by perhaps offering two items so that the resident could

pick their preference.

Residents had continued access to home and family and were returning to activities that they enjoyed. This was supported by the process of risk assessment and reasonable controls to keep residents and others safe from the risk of preventable infection. While residents may not have provided explicit detailed feedback on what life was like for them in this centre, how safe they felt from the risk of infection or how life had changed for them in response to COVID-19, all three residents presented as happy and content in their homes, with the staff on duty and with the person in charge who was known to them.

The inspector did not meet with any resident representatives but saw from records that they were in regular contact with staff and were also invited by the provider to provide explicit feedback on their experience of the service. The feedback on file was positive.

Staff spoken with were very familiar with the needs and routines of the residents and were knowledgeable on infection prevention and control matters. For example, staff clearly understood the different face masks that could be used as appropriate to the activity. Staff described the importance of good and regular hand-hygiene. Staff understood the difference between the different types of disposable gloves available in the centre and the indications for their use.

It was evident from records seen that resident health and well-being was protected and benefited from the care and support that was provided. For example, the provider promoted and monitored vaccination uptake by staff and residents against COVID-19 and seasonal influenza. There were clinical care plans designed to protect residents from the risk of preventable infection such as care plans for maintaining skin integrity, for maintaining voluntary movements and for safe eating and drinking. Antibiotic usage was monitored and records seen indicated improved health and reduced usage.

Therefore, there was much evidence of good infection prevention and control practice based on HIQA standards, national and local guidance. The provider had integrated the monitoring of infection prevention and control measures into its quality assurance systems. However, based on these HIQA inspection findings these systems were not effectively identifying matters that were impacting on the provider's ability to demonstrate full compliance with the regulations. These matters were increasing the risk for environmental contamination and cross-infection. There was also some inconsistency between both houses. These findings will be discussed in more detail in the body of the report such as the impact of sharing facilities with another service.

The next two sections of this report will also 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 good compliance with Regulation 27: Protection against infection.

Capacity and capability

While improvement was needed, it was also evident from these inspection findings that protection against infection was part of the daily operation and oversight of the service and was seen as a shared responsibility by management and staff. Better application of its own quality assurance systems would have supported the provider to identify and address many of the findings of this inspection.

The person in charge had overall responsibility and accountability for the implementation and oversight of infection prevention and control procedures in the centre. The person in charge was supported in this by the social care worker in each house one of whom was also the lead worker representative for the service. The person in charge described the processes for sharing information and updates with the staff team. This was a collaborative process that reflected the overall working of the governance structure and shared responsibilities. The provider continued to facilitate a monthly COVID-19 specific forum. Senior management attended this and collated and shared updates such as changes to national infection prevention and control guidance with the person in charge. The person in charge then updated the social care workers who in turn ensured each staff member read and familiarised themselves with these changes. Staff spoken with also described this communication pathway and understood their individual responsibility to update themselves on changes and new practice. The inspector saw that infection prevention and control was also a standing agenda item at local staff meetings and regional management meetings.

Generally the practice described and observed was up-to-date, for example in relation to supporting residents to have access to family and home. However, there was some retired guidance in the COVID-19 folder and there was some variation in practice with provider policy, for example with the frequency of monitoring staff temperatures.

The provider had prescribed for the staff team the suite of infection prevention and control training each staff member had to complete. This included refresher training in hand hygiene, infection prevention and control precautions and how to correctly put on and take off personal protective equipment (PPE). Based on records seen and staff spoken with all staff had completed any training required of them. Staff were also completing the HIQA training module on the National Standards for infection prevention and control in community services (2018). The provider was providing sessions for staff on the fit-testing of the higher specification FFP2 face masks.

Staff spoken with were knowledgeable and described evidence based infection prevention and control practice. Staff were familiar with the plan for responding to any outbreak of infection and the challenges that could be encountered if a resident had to isolate in their bedroom to control the spread of infection. There was a contingency plan for this. Staff had access to an out-of-hours on call system that was equipped to respond to any infection prevention and control queries that staff

may have.

The report of the most recent internal service review indicated there had been challenges to maintaining adequate staffing levels in one house. The person in charge confirmed there had been some natural turnover of staff but advised the inspector replacement staff and a relief staff panel had been successfully recruited. Staff acknowledged the practical support received from the person in charge who had worked some direct support shifts in the house. The staff rota reflected the staffing levels and arrangements described and residents generally received an individualised service each day from approximately 10:00hrs to 21:00hrs. The inspector saw staffing arrangements were flexible, for example to facilitate early morning clinical appointments.

The format of the internal service reviews had been adapted to include monitoring of infection prevention and control practice. In addition, the person in charge completed spot-checks of infection prevention and control practice such as monitoring staff adherence to good face mask practice. There were other infection prevention and control specific reviews, lead worker representative reviews and the person in charge was completing the HIQA Regulation 27 assessment tool. These reviews were identifying some issues to be addressed for example, gaps were noted in the recording of cleaning completed. However, the inspector reasonably concluded that these quality assurance systems should have identified many of the issues identified by this HIQA inspection but they had not. This compromised the provider's ability to assure and continuously improve its infection prevention and control systems. Findings identified by this HIQA inspection will be discussed in the next section of this report but included the failure to identify the risk for cross infection and contamination where facilities were shared with another service.

Quality and safety

Based on what the inspector saw, read and discussed the general operation of this service and the support and care provided sought to protect resident's from infection while ensuring residents had a good quality of life connected to home, family and their community. However, there was scope for improvement to reduce the risk of environmental contamination and cross infection.

The person in charge confirmed that residents did not have needs such as reduced immunity that placed them at higher risk from infection. Residents were however vulnerable as they were limited in their ability to understand the risk and to protect themselves from the risk of infection. The inspector saw from records that this did not preclude staff from talking with residents about the risk and how to stay safe. Staff described and the inspector saw how staff prompted residents to complete hand-hygiene for example after personal care and before eating or, staff completed the task with residents.

The resident's personal plan included the assessment of their health care needs.

This included any needs that would have predisposed the resident to the risk of infection; the plan outlined the care and support needed to keep the resident well and safe. For example, there were care plans for ensuring residents could eat and drink safely and plans for preventing and detecting known predispositions for infection. Staff spoken with were attuned to and described how a resident may indicate by gesture or their general demeanour to staff that they were unwell. The care provided was informed and overseen by the multi-disciplinary team including the general practitioner, community based nursing resources, occupational therapy, speech and language therapy and behaviour support. On the day of inspection residents were seen to be provided with dental care and physiotherapy. Records such as reports from these clinicians supported the effectiveness of the care provided in ensuring residents enjoyed good health. The review of medicines and their effectiveness was included in the monitoring of resident health and well-being. The medicines prescription was updated in response to any changes made. Antibiotic usage was monitored and records seen indicated improved health and reduced need for antibiotic intervention.

Staff monitoring of resident well-being included the monitoring of resident temperature to detect possible signs of infection. However, there were regular unexplained gaps in the monitoring records seen by the inspector.

The person in charge described how reasonable controls ensured residents had safe access to family, home and community based activities that they enjoyed. Two residents returned home each week. Controls to ensure that this could be done safely included collaboration between families and staff such as advising staff of any illness or symptoms of illness that might mean it was not safe to go home or to return to the centre. There were no restrictions on visits and visitors were reported to readily comply with any infection prevention and control measures in place. The inspector saw that other visitors such as contractors were also asked to comply with measures to prevent the accidental introduction of infection to the centre. Any controls that were in place were as advised by national guidance and centre specific risk assessments. The person in charge remained vigilant to the risk of infection. This vigilance was evident in the purposeful sample of risk assessments seen by the inspector, the fluctuating nature of controls and the assessed level of residual risk for infection.

As previously stated staff were knowledgeable and understood their responsibility to protect residents and themselves from the risk of infection. Staff were observed to wear the correct face masks and to perform hand-hygiene between tasks such as on entering the house and after providing direct support to residents. Staff were seen to put on the correct level of PPE as appropriate to the task. However, this inspection identified issues that had the potential to impact on the effectiveness of infection prevention and control within the centre. The issues identified increased the risk of environmental contamination and cross infection.

For example, the laundry and the cleaning store were facilities that were shared with another service that was operated independently to the designated centre. The laundry facilities were not used by the other service but the general area was used as a kitchenette. There was no evident means of completing hand-hygiene in this

room. For example, the inspector saw no soap and no hand sanitising products. There was a wet, heavily stained cleaning cloth on the sink. Mops and buckets from the centre and from the other service were stored adjacent to each other. Mops and buckets from the centre were stored dry (as recommended) the others were not. The person in charge confirmed that the risk for contamination and cross-infection where facilities were shared was not risk assessed.

The provision of the accessible en-suite had reduced dependence on the main bathroom. However, it was still a shared facility used by one resident, staff and visitors to the centre. The resident's toiletries were stored openly in the bathroom, the toilet roll was not in a holder and therefore was a frequently touched item. Towels and products for resident use ideally should be brought to the bathroom as needed. Staff used basins in the course of delivering some personal care to a resident. The waste wash water was not emptied down the wash-hand sink but the basins were washed after use in the wash-hand sink.

Staff did not have appropriate storage for their personal items such as their coats and jackets. These were hanging in the main communal area over an armchair. A resident was seen to touch these items.

A sling used during resident manual handling was washed but was placed to dry on a radiator in the kitchen.

Staff confirmed that they had good access to PPE, cleaning and hand-sanitising products. These were generally visible in both houses. However, two wall-mounted hand sanitising units used by the inspector were not working. There were alternative products available. However, one of these had evidently been decanted from a larger container, the outside of the bottle was not clean and it was dated as filled in 2020. There was no evident cleaning or hand-sanitising products in the staff office on the day of inspection.

There was a schedule of cleaning identifying for staff what was to be cleaned, how often it was to be cleaned and how it was to be cleaned. However, the inspector saw that the kitchen in one house would have benefited from more comprehensive cleaning. For example, the seal of the dishwasher was not clean and there was evident residue from cooking on the cooker hood and along the top of the kitchen cabinets. While the bin in the kitchen was pedal operated, the base of the bin was corroded with rust. There was some damage to the finish of the kitchen which would impact on effective cleaning of the surface.

Reasonably, the inspector concluded these were matters easily identified by effective internal quality assurance systems.

Regulation 27: Protection against infection

- Better application of its own quality assurance systems would have supported the provider to identify and address many of the findings of this HIQA inspection. This compromised the provider's ability to assure and continuously improve its infection prevention and control systems.
- While there were clear pathways of communication there was some retired guidance in the COVID-19 folder and there was some variation in practice with provider policy, for example with the frequency of monitoring staff temperatures.
- Resident temperature was monitored to detect possible signs of infection. However, there were regular unexplained gaps in the monitoring records seen by the inspector.
- The laundry and the cleaning store were facilities that were shared with another service that was operated independently to the designated centre. The laundry facilities were not used by the other service but the general area was used as a kitchenette. Based on these HIQA inspection findings these arrangements increased the risk of environmental contamination and cross infection. This was not identified and risk assessed.
- Resident toiletries were stored openly in the shared bathroom, the toilet roll was not in a holder and therefore was a frequently touched item. Staff used basins in the course of delivering some personal care to a resident. The basins were washed after use in the wash-hand sink.
- Better systems were needed for ensuring ready, convenient access and appropriate maintenance of products used for quick cleaning and disinfecting of items and for hand-sanitising.
- The kitchen in one house would have benefited from a more comprehensive cleaning.

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 The Brook OSV-0004871

Inspection ID: MON-0035439

Date of inspection: 01/03/2022

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 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. This will be ensured by:</p> <ul style="list-style-type: none"> • The PIC and service provider will review the current quality assurance systems with an external professional. This will ensure that infection prevention and control systems in the centre are further enhanced and improved. It is expected that this will support the PIC achieve the desired application of infection prevention and control practices and support the PIC to develop skills in identifying and addressing any IPC issues similar to those identified during inspection process. <p>(Planned Completion 30/05/2022)</p> <ul style="list-style-type: none"> • The risk posed regarding the adjoining day service to the designated centre has been escalated to senior management. This service will be relocated, with an alternative property having been identified. This transition is planned to take place prior to the end of Quarter 3 2022. <p>(Planned Completion 30/09/2022)</p> <ul style="list-style-type: none"> • In the interim, the PIC will review the risk of shared facilities and implement controls to manage and reduce the risk of environmental contamination and cross infection. As highlighted in the inspection, the PIC will ensure that the cleanliness of the kitchenette will be addressed and that hand sanitizer and hand wash is readily available to ensure staff can engage regularly in hand hygiene practices. Mops buckets and heads from the day service which were incorrectly stored, have been moved and are now stored appropriately. 	

(Complete)

- A deep clean will be carried out to address issues identified by the inspector in relation to the kitchen and the PIC will ensure these standards are adhered to going forward. Appropriate storage has been sourced for one resident's toiletries and to manage cross infection. Additionally, a toilet roll holder has been installed.

(Complete)

- The PIC, in partnership with an appropriately trained external professional will review the current practices relating to one resident's personal care, specifically the disposal of domestic waste. A protocol regarding contamination management will be devised and implemented. This protocol will be developed by the appropriate professional to ensure efficacy and ensure that the management systems in place are appropriate.

Planned Completion: 30/05/2022)

- The PIC will review the systems in place regarding the storage and accessibility of cleaning products and disinfecting items. The PIC will ensure that these requirements are disseminated to the team.

(Complete)

- The PIC and service provider will review the COVID 19 folder and retire older guidance to ensure practices are current. The PIC will endeavor to ensure the practices regarding temperature checks are appropriately in place and will be immediately actioned, and monitored going forward for both team members and residents.

(Planned Completion: 30/04/2022)

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022