



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh View Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	23 February 2023
Centre ID:	OSV-0004961
Fieldwork ID:	MON-0039238

About the designated centre

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

The statement of purpose describes the service as providing full time residential care for up to 14 adult residents, with a diagnosis of intellectual disability and additional care needs by virtue of autism and age related needs. Nursing oversight is available to the residents, with one of the three houses having nursing supports provided each day. Residents are also supported by a team of social care workers, care assistants and programme assistants. There are a number of specifically tailored day services attached to the service which residents can access as they wish and retirement is also supported. Residents are accommodated in three residential houses with between four and six residents living in each house. The houses are suitable to meet the current and changing needs of the residents. The centre is located in a coastal town with easy access to the local community and amenities. The care and support provided was found to be in accordance with the statement of purpose and the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 23 February 2023	10:20hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27: Protection against infection and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27. As this inspection took place during the COVID-19 pandemic, precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE), regular hand hygiene and symptom monitoring.

On the day of the inspection, the inspector met with all 13 residents that lived in the designated centre. The designated centre comprised of two community houses located in a seaside town, and one house located in a congregated, campus-style setting. Overall, residents communicated to the inspector that they were happy in their homes, that they felt safe and that they were happy with the supports provided to them by staff members.

The inspector met with residents living in the house that was located in a campus setting on the morning of the inspection. Residents living in this house enjoyed a slower pace each morning. Therefore, they did not attend their day services until mid-morning. Residents chatted with the inspector as they showed the inspector around their home, including their bedrooms. Residents' bedrooms were decorated with personal items that were important to them. Although the campus had a central kitchen and laundry facilities for residents, residents living here chose to purchase and prepare all their meals in their home. Residents also had facilities which they used to launder their clothing in their own home. One resident was observed changing their bed sheets as they chatted with the inspector, which they did on a weekly basis.

There were plans to decongregate, and move the other residents living in other designated centres in this campus setting to homes in their local community. However, this house was not included in plans to decongregate. The premises of this house, although overall quite clean, was noted to require modernisation, and was quite a large house considering that it only provided residential services to three residents. The registered provider informed the inspector that the future plans for this centre would be discussed with residents and management. The inspector advised that they would seek follow-up regarding this, after the inspection had taken place.

In contrast, the two community houses were decorated to a high standard. Both houses were located next-door to each other, and some residents had recently transitioned from one of these houses to the other house. These transitions were in response to their health and support needs following a change in staffing skill-mix, as nursing staff was now provided by day in one of the two houses. The inspector met with these residents and they communicated that they were happy with the

move, with some residents showing the inspector their new bedrooms. Residents discussed choosing the colour they had their new bedrooms painted, and new furniture and decorative items they had bought for their new room. Residents knew that they could visit their friends in the neighbouring house if they so wished.

It was evident that all residents were supported to engage in community life, and access local amenities of their choosing. Residents spoke about visiting family and friends, shopping trips and local Cafes they liked to visit. On the day of the inspection, some residents went out for lunch and visited a religious grotto in line with their faith and religious beliefs. Residents also spoke about activities they were involved in including reflexology, yoga, art and cookery. Throughout the inspection, residents were observed relaxing and watching television, knitting and using the computer to research areas of interest. When residents wanted time to retreat and relax, they were supported to do so in the communal areas, or in their private bedrooms as they wished.

With respect to infection prevention and control, there was evidence of good levels of cleanliness, and clear protocols and systems in place to ensure residents were protected from potential sources of infection. Throughout the inspection, staff members were observed wearing PPE in line with its intended purposes. Staff members continued to wear surgical face masks to protect residents from COVID-19. Residents in one of the centre's houses had recently experienced an outbreak of COVID-19, and these residents were now recovered and happy to have returned to their day services.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against Regulation 27: Protection Against Infection.

Capacity and capability

The designated centre had clear lines of authority and accountability. All staff members working in the centre reported directly to the person in charge, who had carried out this role for a number of years. Shortly before the inspection took place, a notification had been submitted to the HIQA outlining that the person in charge would finish in this role approximately three weeks after the inspection had taken place. At the time of the inspection, recruitment for a new person in charge was underway. On-call management arrangements were also in place outside of usual working hours.

The staff team comprised of care assistants, programme assistants, social care workers and nurses. Nursing staff had been provided by day in one of the centre's houses in response to the age profile, and increased level of health supports needs of residents. It was evidenced throughout the inspection that the number and skill-mix of staff members on duty was appropriate in line with the assessed needs of

residents, and also to meet the centre's infection control needs.

A contingency plan had been developed outlining the actions to be taken by staff members in the event of a suspected and/or confirmed case of COVID-19 in the centre. Residents recently impacted by COVID-19 spoke about self-isolating in their bedrooms and it was evident that they were aware why this action was required. Staff members spoke about arrangements including donning and doffing areas, waste management and monitoring of residents' symptoms at this time. It was evident that staff had alerted management in the centre when residents were first suspected of having COVID-19. There was also evidence of correspondence from management advising staff on duty of the contingency plan and where they could seek further information should this be required.

Members of the senior management team continued to hold regular meetings where they discussed and reviewed infection prevention and control practices and guidance for staff in the organisation. At these meetings, the management of outbreaks was discussed to identify any learnings or areas for improvement. It was also noted that at a recent meeting, discussions were held regarding staff training in hand hygiene and the provision of flu vaccination to all residents.

The organisation had an infection control policy. This policy provided clear guidance in areas such as standard precautions, the management of spillages, the use of PPE and information on notifiable diseases. This policy was available to all staff in the designated centre.

Quality and safety

It was evident that staff members were aware of residents' care and support needs, and infection control measures. It was also evident that residents had been provided with information about infection prevention and control to ensure that they had the knowledge and skills to protect themselves against potential sources of infection.

Where areas for improvement were identified, these related to building and premises issues including poor ventilation and the general up-keep of premises. For example, there was exposed piping throughout one of the houses, including in bathrooms beside the toilet areas and where waste disposal bins were located in the kitchen. These pipes had been painted however the paintwork had chipped and in areas some rusting was evident. Therefore, this impacted on the integrity of the piping and meant that they would be difficult to clean and sanitise. In some areas, minor staining was observed on the pipes. In another house, a number of windows in both communal areas and in a resident's bedroom were observed to have some mould evident due to poor ventilation. This had not been identified through provider auditing or review and required cleaning.

Otherwise, residents' homes were kept to a good standard. Cleaning checklists were in use, with an enhanced cleaning checklist available should there be a suspected

and/or confirmed case of COVID-19 in the centre. Where one of the houses was large and had a number of unused bedrooms and bathrooms, arrangements were in place to regularly run taps to prevent legionella. Equipment to carry out sluicing was observed in one house, however this was not in use due to the infection control risk posed by sluicing.

Residents engaged in weekly resident meetings where they discussed relevant issues and plans for their week. It was evident that it was used as an opportunity to provide information to residents, including updates on infection prevention control practices and COVID-19. All residents had been supported to complete training and learn new skills to include courses on cough etiquette and hand hygiene. It was evident that residents had a good awareness of infection control including COVID-19, self-isolation and mask wearing. Access to easy-to-read information was also available to residents in such topics if required.

Where residents had specific health care needs requiring additional support, these supports were provided to them. One resident required support and intervention to meet their intimate care needs. Where this intervention posed an infection control risk, there was a clear plan outlining how this procedure should be carried out. The plan included guidance for staff on how to prevent infection and the cleaning of relevant equipment. It was evident that staff members also had access to equipment to monitor the resident for infection, and when infection was identified they were supported to access their G.P (general practitioner). If required, antimicrobial therapy was prescribed by relevant health care professionals, and administered to the resident by staff members.

Regulation 27: Protection against infection

It was clear that residents had been supported to understand the impact of COVID-19, and the measures in place to protect them from potential sources of infection. Overall, care was provided to residents in a clean and safe environment. However, mould was beginning to form on a number of windows in one of the centre's houses. This required cleaning and review to prevent reoccurrence.

Exposed piping, including those located by waste disposal bins and toilets posed an infection control risk as rusting and chipped paintwork impeded effective cleaning. In some areas, these were observed to be stained. These were not included on the centre's cleaning checklist.

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 Comeragh View Residential Services OSV-0004961

Inspection ID: MON-0039238

Date of inspection: 23/02/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The exposed piping has been reviewed. A plan has been put in place for appropriate remedial works to be carried out to address the exposed pipework. Works are expected to be completed by 1st July, 2023</p> <p>The cleaning checklist template has been updated to include specific areas.</p> <p>Mould found on some windows has been addressed.</p>	

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	01/07/2023