



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

Issued by the Chief Inspector

Name of designated centre:	Deise Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0004962
Fieldwork ID:	MON-0035743

## About the designated centre

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

The centre was registered in 2015 to provide long-term care to 18 adults, both male and female, with primary a diagnosis of mild to moderate intellectual disability, autism and behaviors that challenge. Separate accommodation is provided for males with one for females. There are three day service allied to the centre which are tailored to the residents' different needs and preferences with supported employments options available. The centre consists of three spacious, comfortable, detached houses in a coastal location and with easy access to all local facilities and amenities. Residents were supported by staff members on a 24/7 basis.

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

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 October 2022	09:05hrs to 15:30hrs	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.

This inspection took place during the COVID-19 pandemic and therefore 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 this inspection, the inspector met with six of the 17 residents that lived in the designated centre. The designated centre comprised of three community houses in a seaside town. The residents living in two of the houses were attending day services at the time of the inspection. The inspector reviewed the complaints log and minutes of residents' weekly meetings in each of these houses. These documents demonstrated that overall, residents were happy with the supports provided in their home.

The inspector completed a full walk-around in the three houses. Overall, residents' homes were clean, however the bathrooms throughout the designated centre required review and attention. It was observed that in one house, residents' bathrooms required refurbishment. As a result of general wear and tear, areas of the bathrooms were difficult to clean. Therefore, shower areas were observed to be accumulating dirt and grime in areas. There were plans to upgrade the bathrooms in one house, however these had been put on hold. One particular bathroom was significantly stained and unclean. Arrangements were made to clean this bathroom on the day of the inspection. Management advised that they would prioritise the refurbishment of residents' bathrooms and showers following the findings of this inspection. In four residents' bedrooms and bathrooms, the inspector observed poor levels of hygiene and cleaning. This required attention, given that these residents were assessed as being independent in meeting their intimate care needs. This was also cleaned immediately by staff, once identified by the inspector.

It was evident that residents actively participated in cleaning their home, in line with their abilities. As part of the weekly resident meetings, residents chose a cleaning chore that they would take responsibility for each week. Once agreed with all residents, a cleaning schedule was devised. In the laundry area of one house, basins and cleaning cloths had been left out, ready for residents to clean their bedrooms on return from day services.

Residents in the third house had mainly retired, and were supported each day in their home. Staff spoken with told the inspector that previously, they had provided residents with a busier activity schedule. However, residents had requested activities

were provided at a more relaxed pace. This choice was respected. Residents were observed watching television, having a cup of tea and chatting with staff members. Residents expressed their happiness in their home.

It was evident that residents were supported to pursue their interests. One resident spoke about going to work experience each week. It was evident that they enjoyed this, and used the opportunity to meet with friends for lunch while there. Another resident went clothes shopping each week which they enjoyed. Residents participated in menu planning and grocery shopping, with staff support. This ensured that residents could choose snacks and meals that they enjoyed.

A swimming contest was due to take place at the weekend, which residents were participating in. Although one resident lived in the centre on a part-time basis, arrangements had been made so that they could meet up with those they lived with at the competition. Staff members told the inspector that there was sufficient staff on duty, and they had appropriate access to transport to facilitate community involvement for residents.

Overall, it was evident that residents were happy in their home. However, improvements were required to the up-keep of the premises, and to ensure effective cleaning was carried out in residents' bathrooms and bedrooms.

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 reported directly to the person in charge. On the day of this unannounced inspection, the person in charge was on planned leave. In line with management arrangements, another manager was overseeing the centre in absence of the person in charge. This person facilitated the inspection of the designated centre. On-call management arrangements were also in place outside of usual working hours.

The staff team comprised of social care workers, care assistants, programme assistants and a staff nurse. A staff supervision schedule was in place. Supervision records were observed to be comprehensive in nature. It was evident that as part of the supervision process, the roles and responsibilities of staff members were clearly outlined. This included their role in relation to infection prevention and control.

Regular meetings were held with the staff team. Infection prevention and control was a standing agenda item at these meetings. There was evidence that staff members had raised issues about residents' bathrooms in October 2021. This had not yet been completed, however quotes had been sought to carry out these works

and to deep clean the bathroom areas in March 2020.

It was evident that staff members had been supported to participate in training in infection prevention and control, breaking the chain of infection, COVID-19 and hand hygiene. There was evidence that the person in charge, who was also a hand hygiene assessor and trainer, had provided updated training to staff at team meetings.

Auditing and review was a regular practice in the designated centre. Audits included reviews of the premises and cleanliness in the centre. There was evidence that auditing led to action and quality improvement. However, the inspector was not assured that delaying the refurbishments of bathrooms was appropriate given the level of uncleanliness of some parts of the centre observed on this inspection. Assurances were provided by senior management during this inspection that this work would be prioritised.

A contingency plan had been developed to guide staff on the actions to be taken in the event of an outbreak of COVID-19 in the centre. This centre had experienced an outbreak of COVID-19 infection. During this time, the person in charge tracked the number of cases as they arose. The organisation had an outbreak management team who convened when significant COVID-19 outbreaks occurred. The COVID-19 lead in each designated centre, including this centre, attended these meetings. This ensured learning with respect to outbreak management and COVID-19.

## Quality and safety

It was evident that staff members were aware of the needs of residents, and infection control matters. However, significant improvements were required in cleaning of residents' private bathrooms and the up-keep of these areas of the premises.

A walk-around of the designated centre identified that residents' bathrooms required more robust cleaning arrangements, and refurbishment. Mould was observed on the ceiling of one resident's bathroom. Rusting was observed on handrails, radiators and shower chairs used by residents, which meant that these could not be deep cleaned. In the communal bathroom in two of the houses, the inspector observed jugs which were used to assist in bathing residents. Both jugs were stained, with one being significantly unclean. These were removed by staff immediately.

With the exception of residents' bathrooms, the designated centre was observed to be clean. Communal areas in each of the three houses were decorated with photographs, residents' personal items and artwork. Flooring in the hall and entrance way were being replaced in one of the designated centre's houses on the day of the inspection. Residents were looking forward to seeing the finished results when this was completed.

Residents were supported to have regular house meetings where infection prevention and control was a standing agenda item. Discussions included hand hygiene and general infection prevention and control practices. Easy-to-read information was available to residents. For some residents, these easy-to-read documents had been amended to include the photographs of the resident, and information about key aspects of their care and support. This included information about infection control matters such as COVID-19, catheterisation and hand washing after activities such as using the bathroom and sneezing.

Care plans had been developed to guide staff on the supports required by residents in the event that they had a suspected/confirmed COVID-19 diagnosis. These plans contained information regarding self-isolation specific to each individual resident.

Residents were supported to receive visitors in their home. Many residents also went home to spend time with family and friends at the weekend. Such visits were supported in line with residents' wishes. However, risk assessments in the centre required review to ensure they aligned with relevant guidance on visiting arrangements.

## Regulation 27: Protection against infection

Overall, the inspector found that the centre was not demonstrating an appropriate standard of infection control practices. Improvements were required to promote increased levels of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- Residents' bathrooms required cleaning and refurbishment. Whilst many areas in the centre were found to be clean, four areas in particular were not. Poor hygiene standards, levels of cleaning and faecal matter stains were observed in these residents' bathrooms and bedroom areas. This was immediately cleaned by staff members once identified by the inspector.
- Improvements in oversight and managerial supervision were required to ensure audit findings were fully implemented and the centres hygiene and cleanliness levels were high in all parts of the centre to ensure best practice with infection, prevention and control standards.
- Mould was observed on the ceiling of one resident's bathroom.
- Jugs used to bathe residents were found in two communal bathrooms. These were observed to be stained and dirty.
- Rusting was observed on handrails, radiators and shower chairs used by residents, which meant that these could not be deep cleaned.
- Risk assessments in the centre required review to ensure they aligned with relevant guidance on visiting arrangements.

Judgment: Not compliant





## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

# Compliance Plan for Deise Residential Services OSV-0004962

Inspection ID: MON-0035743

Date of inspection: 13/10/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The following actions have already been taken:</p> <ul style="list-style-type: none"><li>• Deep cleaning of all residents bathrooms has been carried out and arrangements put in place to ensure that regular cleaning takes place</li><li>• Mould has been removed from an area where it was identified and cleaning regime in place to ensure that there is no re-occurrence.</li><li>• Arrangements have been put in place to monitor cleanliness levels and to ensure that issues identified during audits are addressed as promptly as possible</li><li>• Jugs have been removed from communal bathrooms</li><li>• Risk assessments have been updated with regard to COVID 19, including visiting arrangements</li><li>• Residents receive ongoing hygiene training and reminders with regard to good personal hygiene practices.</li></ul> <p>The following works are in progress:</p> <ul style="list-style-type: none"><li>• All handrails and shower chairs where rusting was observed will be replaced. Radiators where rusting was observed will be replaced or repainted as appropriate by 1/12/2022</li><li>• Works to completely re-furbish one resident's en-suite bathroom will be completed by 31/12/2022.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/12/2022