



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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Kilkenny
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 July 2023
Centre ID:	OSV-0005054
Fieldwork ID:	MON-0039416

About the designated centre

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

Cairdeas Services Kilkenny is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to eight adults, both male and female, with a disability. The centre comprises of two houses located close to a town in Co. Kilkenny which provided good access to local services and amenities. The first house is a detached bungalow which comprises of a kitchen, dining room, sitting room, conservatory, office, sensory room, bathroom and four individual bedrooms. The second house is also a detached bungalow which contains a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. The centre is staffed by a person in charge, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 19 July 2023	11:00hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

On the day of the inspection, the inspector visited both houses within the designated centre. The first house was a detached bungalow which consisted of a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. There was a large garden to the rear of the centre. The exterior of the property required some attention, for example garden furniture required cleaning and or painting. The designated centre was decorated in a homely manner with pictures of residents and people important in their lives.

The inspector used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. On arrival to the centre, the inspector was greeted by the person in charge who directed the inspector to a hall table which contained a visitors book, PPE and hand sanitiser. Over the course of the inspection the inspector met two residents who lived in this centre and one resident who was visiting the centre. One resident was engaged in their personal care routine when the inspector arrived. The resident returned to bed and listened to music as per their request. While the resident was open to meeting the inspector they choose not to speak with them. Over the course of the inspection the resident was heard seeking staff and staff were observed to respond promptly to the resident's needs. The person in charge informed the inspector that the other residents were attending day services at the time of inspection. At the time of the inspection, there was no restrictions on visitors. A resident from another service visited during the inspection and was welcomed to the centre.

The inspector visited the second the house in the afternoon. One resident was home at the time and was observed watching a music channel. The resident used non-verbal cues to communicate and was observed smiling when the inspector engaged with them. The second house is also a detached bungalow located on the outskirts of a village. The inspector completed a walk around of the property with the compliance officer.

The inspector observed some premises issues outstanding. For example, holes in bathroom tiles, worn surface areas, stained flooring, rust and or flaking paint on radiators, water marks and dirt evident on windows and damaged and or worn surfaces on soft furnishings.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection and enjoyed a good quality of life, improvements were

required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. 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

Overall the inspector found that the registered provider was for the most part implementing systems and controls to protect residents and staff from the risks associated with healthcare associated infections. The designated centre had a clear management structure in place. The centre was managed by a full-time person in charge. The person in charge was supported by the senior management team. There was evidence of regular quality assurance audits of the quality and safety of care taking place including the annual review and unannounced six monthly audits. The previous audit carried out in May and June 2023 found that improvements were required in Regulation 27: Protection Against Infection.

On the day of the inspection, the inspector found that there were appropriate staffing levels in place to meet the needs of the residents. In the first house, three staff were in place during the day. In the second house, two staff were available during the day. The staff team comprised of nursing staff, social care workers and care assistants. The centre was operating with one vacancy. The inspector was informed that the provider was actively recruiting to fill this vacancy.

Staff who spoke with the inspector were aware of their roles and responsibilities in relation to infection prevention and control. Staff had completed a number of infection prevention and control related training programmes. This included hand hygiene, infection prevention and control, standard precautions and the use of PPE. A number of staff members were due refresher training in these areas.

The staff team practices were guided by the provider's policies and procedures. National guidance had been updated prior to the inspection, the provider advised the inspector that they were in the process of reviewing policies and procedures to reflect such changes. The current infection control policy in place was available to staff through an online system. Improvements were required to ensure information present in the centre for staff was consistent with information available through the on-line system and best practice guidelines.

Quality and safety

Overall, with regards to infection prevention and control, the inspector found that improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident that the management team and staff were endeavouring to provide a safe service to residents.

On the day of the inspection, the designated centre was for the most part observed to be clean and tidy. Clear guidance was required for staff members with respect to cleaning practices. For example, cleaning of equipment such as baths, chairs and slings. The inspector observed high areas of the centre which required review including high vents in a number of bathrooms which had a build up of dust.

Colour coded systems were used to prevent cross-contamination with respect to mops. Improved signage for mops in one area was required. The storage of cleaning equipment was inappropriate and required further review. For example, mop buckets were observed to be stored damp and in one location a mop bucket was observed steeping in a bucket, this posed a risk of cross-contamination. In places, pedal operated bins were not in place which did not allow for the safe disposal of PPE and waste items.

The inspector reviewed the centres cleaning schedules which were found to require a number of improvements. While at surface level, most of the the designated centre appeared as reasonably clean on the day of inspection. Schedules did not include the cleaning of all aspects of the centre. For example, schedules did not include the cleaning of some of the residents' equipment, for example mobility aids, chairs and hoist slings. In addition, a number of items in the centre did not allow for adequate cleaning and posed an infection prevention and control risk given their make up or due to damage. For example, office desks, bathroom flooring, living room furniture and a kitchen counter top.

Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Cleaning schedules were not comprehensive and did not include all areas of the designated centre.
- Due to the condition of some items of equipment the inspector was not assured that effective cleaning could take place.
- Specific guidance was required for the cleaning and checking of mobility equipment.
- There were identified gaps in the training and competencies of staff.
- Information present in the centre for staff needed review to ensure it was in

line with best practice.

- The storage of cleaning equipment required review. For example, mop buckets stored upright and posed a risk of cross contamination.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Cairdeas Services Kilkenny OSV-0005054

Inspection ID: MON-0039416

Date of inspection: 19/07/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Cleaning Schedules have been updated to include all areas of the centre and equipment• New office desks have been ordered for both houses, radiators are scheduled to be replaced or painted. Mobility rails will be replaced, counter tops & flooring will be replaced and windows are scheduled to be cleaned.• Guidance documents to be developed to provide clear guidance in line with best practice on the cleaning and checking of mobility equipment within the centre.• Staff to complete refresher training for hand hygiene, PPE and infection prevention/control. This will be overseen by the PIC.• The storage of cleaning equipment has been reviewed, flat head mops are being purchased to replace the previous mop system in place.• Hard copies of updated IPC guidance and information is now available in an allocated folder within the centre.	

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	30/11/2023