



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

## Issued by the Chief Inspector

Name of designated centre:	Turlough Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005883
Fieldwork ID:	MON-0038280

## About the designated centre

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

Turlough Services is a designated centre run by Brothers of Charity Services Ireland CLG. The centre provides residential care for one male and one female resident, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one house located a few kilometres from a village in Co. Galway. Residents have their own bedroom, shared bathroom, sitting room, kitchen and dining room, utility .. A well-maintained garden is also available to residents to use as they wish. Staff are on duty both day and night to support the residents who reside here.

**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
Tuesday 25 October 2022	10:30hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

On the day of inspection the staff member on duty checked the inspectors temperature, identification, ensured that they were wearing a face mask and completed hand hygiene. The inspector noted that the staff member was wearing a face mask and completed hand hygiene initially and regularly during the course of the inspection.

The inspector met with the two residents living in the centre while carrying out the inspection. The residents were able to communicate that they were happy in their home, through some words and expressions. The inspector observed one resident relaxing in the sitting room watching tv and another resident had gone out shopping with staff. The staff members appeared to know the residents very well and met all their needs throughout the day. A staff member prepared lunch for the resident who remained in the house and offered different choices to the resident and prepared their preferred lunch. In the afternoon the other resident returned from shopping and both residents went out for dinner together and a drive.

The residents enjoyed meaningful activities in their day including drives, meals out, beach trips and holidays. The residents enjoyed going to the local cafe, take-away and music concerts. They enjoyed walks locally with staff for exercise and also going shopping. The residents had weekly meetings with staff around activities and planning their meals for the week. The residents' preferences were noted and food was bought accordingly for the weekly meals. The meetings discussed advocacy, residents' rights, safeguarding and infection prevention and control.

Residents bedrooms were personalised with photographs, bed linen and curtains chosen by the residents. It was apparent that the residents had been consulted with regards to the decoration of their bedroom.

Overall, the centre was clean and there was a regular cleaning schedule and an enhanced cleaning schedule in place. There were bottles of hand sanitizer available and there was adequate supply of personal protective equipment for staff use. The infection prevention and control (IPC) guidance document provided to staff included product information that informed staff of the dilution and decanting methods of the cleaning products. The staff members were familiar with protocols around infection prevention and control and how to minimise the risk of infection. There were posters in the house explaining for residents the importance of hand hygiene, social distancing and the wearing of a face mask. It was apparent that every effort was made to support the residents understanding of infection prevention and control and to enhance their independence. There were areas for improvement in terms of cleaning and storage of coloured mops which will be discussed in the subsequent

sections of the report.

The centre had a vehicle which could be used by the residents to attend outings and activities and there was a cleaning protocol in place for the vehicle.

Throughout the inspection staff members discussed and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. Overall, the premises was clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

The provider was in compliance with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place.

There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability. Management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The centre had recently changed from a respite centre to a residential service however the case holding inspector had not been informed, an updated Statement of Purpose was submitted on the day of this inspection to address the matter. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre. Staff spoken with were aware of the reporting pathways available to them in terms of issues regarding infection prevention and control. The person in charge was supported in their role by the area manager.

The inspector reviewed staff duty rotas and noted that the staffing levels in the centre were in line with the assessed needs of the residents and with the statement of purpose. The rotas indicated that there was continuity of care provided by a regular staff team. The staff team were aware of their responsibilities in terms of maintaining good IPC practices and safeguarding residents from the risk of preventable infection.

The person in charge had ensured staff had access to training in relation to infection prevention and control. The inspector reviewed the training matrix and noted that all staff had completed training in infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. Staff the inspector spoke with explained that they had attended on line training with HSEland. Staff had completed the

training as outlined in the providers' guidance document.

There was evidence of family members having visited the service and there was a policy and procedure in relation to this. A small store room was being considered for redecoration in terms of having a private space for residents to entertain visitors.

There was a range of guidance documents in relation to infection prevention and control available to staff, including the National Standards for infection prevention and control in community services (2018). There was an 'Outbreak Management Plan' available which outlined clearly the processes in the event of an outbreak. There was guidance for staff in relation to residents requiring to self isolate in a group home, increased use of personal protective equipment and, enhanced cleaning of areas if a resident tested positive for infection. There was both in-house advice available to staff from the person in charge and also specialist advice could be sought from public health professionals in the Health Service Executive (HSE). Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and, the Health Information and Quality Authority.

The provider completed regular infection prevention and control audits and issues that were identified had been completed on the day of inspection. The provider had ensured that an annual review of the care and support of residents had been carried out although it was in relation to the respite service as opposed to the residential service. The review covered areas such as infection, prevention and control, safeguarding, incident management and medicines management. The residents family representatives had been asked for their views in relation to the service however it did not say how these views were ascertained and the same comment was carried forward from the previous year and also through previous six monthly unannounced audits. There was evidence of staff team meetings having been held and also a schedule of staff supervision.

The person in charge and staff members were fully aware of their responsibilities in terms of reporting a suspected or confirmed case of infection to the Chief Inspector. There were clear pathways for reporting within the service and good guidance in the event of an outbreak.

## Quality and safety

Overall, the inspector found that the service provided in this centre was to a good standard, was person-centred and the residents had been kept updated about infection prevention and control and COVID-19. From discussions with residents they appeared to have a good understanding of infection prevention and control and about public health restrictions, social distancing and wearing a face covering. There was information visible in the centre about infection prevention and control and COVID-19 in accessible formats. The inspector observed that posters promoting

hand washing, cough etiquette and social distancing were visible in the centre.

During a walk through of the centre the house was noted to be homely and clean overall. The bedrooms, bathrooms, floors and surfaces such as window boards, kitchen cupboards and counter tops were clean. The utility area and washing machine were clean and there were coloured mops in use for each designated area. However the inspector noted on the day of inspection that the system of drying and storing mops was not in line with the providers own policy and good infection prevention and control and required review. This matter was addressed on the day of inspection. There was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The Infection Prevention and Control policy outlined what products to use and the formula for dilution. There were paper towel dispensers in the bathroom and the hand sanitiser bottles were full and clean. There were no aerosol generating procedures in use in the centre however staff were aware of the protocols around such procedures. A sharps box was available if required. There was adequate supplies of PPE and staff were observed to wear the appropriate mask and practice hand hygiene regularly.

There was a cleaning checklist in place for the house vehicle which indicated that contact surfaces were to be cleaned after each use.

There were good practices in place in relation to the laundering of residents clothes and house linen. Staff members used water soluble bags to manage soiled clothing or linen. The staff washed the residents clothing separately at a high temperature using the appropriate products as outlined in guidance documents. Cleaning products as instructed in the COVID-19 guidance document were used for floors and surfaces and diluted as per instructions.

There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste. Waste was stored in an appropriate area and was collected fortnightly by a waste management company.

Staff were vigilant in regards to cleaning routines and ensuring good standards of infection prevention and control in their daily practice. They were fully aware of the importance of infection prevention and control and of their responsibilities in terms of ensuring daily cleaning routines were completed in order to prevent healthcare-associated infections. Staff were noted to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff members spoken with during this inspection demonstrated a good awareness of infection prevention and control, of COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

There was a risk management system in place and risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents of isolation in their bedrooms and risk of reduced staffing numbers.

Residents' health care needs were met throughout the COVID-19 pandemic. It was evident from the documents reviewed that the residents had been supported to



attend appointments with their general practitioner (GP) and other clinicians. The residents had been informed of COVID-19 vaccinations and infection prevention and control and had made the decision to take the vaccine.

## Regulation 27: Protection against infection

The provider was in compliance with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

For example, the guidance documents the provider had available provided guidance in a number of areas including staffing arrangements, cleaning and disinfection of the centre, staff training and reporting pathways. Staff spoken with were aware of this guidance.

There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The house was clean throughout, well maintained and homely. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. There was a vehicle cleaning checklist in place. There was an enhanced cleaning checklist in place in the event of an outbreak.

There were adequate supplies of PPE and staff were observed to wear appropriate face masks and were also observed to regularly complete hand hygiene.

Residents were supported to understand the risk of and how to protect themselves against the risk of infection.

Judgment: 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	Compliant