



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Services Tus Nua
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0007383
Fieldwork ID:	MON-0039063

About the designated centre

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

Comeragh Services Tus Nua consists of a bungalow located in a rural area. The designated centre provides a full-time residential service for a maximum of three male residents with intellectual disabilities, between the ages of 40 and 65. Each resident has their own bedroom and other facilities in the centre include a kitchen, a dining room, two sitting rooms, a staff office and bathroom facilities. Residents are supported by nursing and care assistant staff.

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
Thursday 20 April 2023	10:30hrs to 15:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The was a follow up inspection to review the providers actions in relation to a previous targeted infection prevention and control (IPC) inspection (that had occurred in 2022. It was found that significant improvements had occurred in relation to the monitoring and day-to-day practice in relation to IPC. Some minor improvements were required, but for the most part the provider had identified this through their auditing and oversight systems.

There were three residents living in the centre on the day of inspection and the inspector met briefly with all three residents. Residents appeared happy and comfortable in their home throughout the inspection day. On arrival at the centre, two residents were in bed and one resident had left the centre to attend their day service. The residents present had specific assessed needs in relation to their changing cognitive abilities. It was found that the service was adapting to ensure their needs were being met. The assistant team leader explained that residents liked to spend time in bed in the mornings and this was facilitated. When residents were ready to get up for the day, staff were observed to support them in a kind and caring manner. Residents were fully supported with their morning routine.

The inspector observed one resident having their breakfast. At this time they were holding a specific item. The staff member present explained that the resident no longer had the ability to engage in the activity with the item they were holding. However, staff understood it was important to the resident to engage with the item in ways that were meaningful for their current ability. The staff present had a clear understanding of the residents' changing assessed needs. Also at this time, staff were seen to sit with the resident and have their morning snack with the resident. When staff where engaging with the resident they were seen to frequently smile.

One resident got up later in the day. The staff team explained that this resident had a poor sleep pattern and often required to rest during the day. They were relaxing on their recliner chair while listening to their preferred music. The third resident arrived as the inspector was leaving. They exited the vehicle and appeared very happy to be back home. They frequently smiled at the inspector when being spoken too and stated that they had a good day. The resident readily took direction from staff at this time.

The staff present spoke about the activities that the residents enjoyed such as attending reflexology, music therapy, bird feeding, walking, sensory activities, music, movies, family visits, picnics, walks and drives. Activities provided to the residents were in line with each residents' specific needs, for example, two residents received day services from home and a the third resident, that preferred a more active timetable, attended day service five days a week. The residents dictated the

pace and types of activities and this was facilitated by the staff team.

The inspector completed a walk around the premises at the beginning of the inspection day. The premises comprises a three bedroom bungalow with a kitchen, living area, a bathroom and toilet. Two rooms in the centre had been identified as a staff office and a storage area. The initial impression of the house was that it was homely and well kept. It was overall kept very clean. The house was surrounded by a garden and had a shed at the back of the property. Areas of the garden were un-kept and a staff member communicated that there were plans in place to complete works in the garden.

The staff team consisted of a nurse, social care leader and a care assistants. There was a full-time person in charge in place. The person in charge was also responsible for another designated centre. The person in charge was supernumerary to their staff teams. The person in charge was supported by an assistant team leader.

On the morning of the of the inspection, the inspector observed that staff when working in close proximity to residents for certain tasks wore appropriate personal protective equipment (PPE) such as gloves and aprons. In line with the updated guidance, face masks were no longer being worn by staff. There was ample supply of all types of PPE available for staff use as required.

The inspector noted that residents appeared comfortable living in their home on the day of inspection Some minor improvements were required to ensure that infection prevention and control measures were in line with best practice and reduced the risk of healthcare-associated infections. The next two sections of the report will discuss findings from the inspectors 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 provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, some minor improvements were required in staff training, recording of cleaning and the cleaning in some areas of the centre. For the most part the provider was implementing systems and controls that kept residents and staff safe from the risk of infection.

There were clear lines of authority and accountability within the centre. There was a full-time person in charge in place. The person in charge was supported by an assistant team leader in the centre and a senior regional manager. Both the assistant team leader and the person in charge facilitated the inspection. The IPC needs were clearly identified by both these staff members and they had sufficient

knowledge and resources to ensure the IPC needs of the centre were being met.

Oversight and review systems were found to be comprehensive and identifying areas of quality improvement. Six monthly unannounced audits on behalf of the provider were taking place consistently over the past year in the centre. Actions from these audits were being reviewed on a regular basis by the person in charge and other senior members of the management team. The provider had completed the self-assessment tool issued by HIQA in 2020 to self-review compliance with the National Standards for infection prevention and control in community services (2018). In addition to this the provider had recently completed an annual review of the quality and care within the centre. These audits and reviews were identifying areas of improvement specifically related to IPC and were driving quality improvement in this area. The person in charge also regularly completed specific audits in relation to IPC.

The residents were supported by a staff team of social care workers and health care assistants. The person in charge was a qualified nurse. It was noted that sufficient staffing levels was in place to meet the assessed needs of the residents. Regular agency staff were used when required. The provider had increased the staffing levels within the centre. This was having a positive impact on the quality of care being delivered and ensuring IPC standards could be consistently met.

The provider had recently updated the infection prevention and control policy and was comprehensive in detailing the measures in place around the IPC needs of the service. The provider had developed a COVID-19 contingency plan and this was sufficiently detailed to guide staff practice and identified escalation pathways and measures to take in the event of an outbreak of COVID-19.

A small number of staff required refresher training in areas including infection control, hand hygiene and donning and doffing Personal Protective Equipment (PPE). Staff supervision was taking place in line with service policy and evidenced that infection prevention and control measures were regularly discussed/supervised

Quality and safety

The inspector found that there was evidence of good practice relating to infection prevention and control being adhered to in this centre. The centre was for the most part clean and staff were observed following cleaning schedules throughout the day.

The centre comprises a bungalow building located in a rural area in Co. Kilkenny. All residents had their own bedrooms. There was adequate communal areas available to residents. Aspects of the premises required minor maintenance works to ensure effective cleaning could occur in line with best practice. For example, some tiling was missing from a flooring and there were a gaps in a seals that attached flooring to walls. In addition, although the majority of the home appeared very clean some more attention to detail was required in some areas of the home. For example,

there was a build up of lime scale on a shower door.

Overall the cleaning schedules were comprehensive in nature and had been reviewed and adapted to ensure the majority of elements of the centre were cleaned on a regular basis. For example, basins used for personal care were identified on the schedule. Some minor improvements were required in this area. Tasks on the cleaning schedule were not always signed off by staff therefore it was unclear if effective cleaning was occurring as required.

On review of the risk assessments around infection prevention and control (IPC) measures there were a number of individual risk assessments in relation to the risks posed around contracting COVID-19. All of these risk assessments had not been updated on a regular basis and the control measures in place were in line with national guidance.

Overall the inspector found that the residents were kept up-to-date with information regarding infection prevention and control measures in place that related to their home. Discussions were held during resident meetings that included infection prevention and control and easy-read documents were available to support residents in their understanding of the measures in place and the reasons for them. The most recent resident meeting evidenced the discussion of the changing guidelines in relation to mask wearing within the centre. Staff were observed to encourage appropriate hand hygiene with residents in line with their assessed needs.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and was keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed.

However, some improvement was required in the following areas a number of which had been self-identified by the provider.

- Cleaning schedules were in place however, some areas of the centre, for example, areas within the bathroom, storage presses and laundry baskets required review. Cleaning schedules were not always signed off as completed.
- In the bathroom the seal around the flooring had come away from the wall which had the potential to allow dirt and debris to accumulate and this could not be effectively cleaned. There was some tiling missing from a floor in the sitting room. These minor areas of maintenance required improvement.
- Some staff required updated training in a number of areas in relation to IPC measures, hand hygiene and donning and doffing PPE.
- Storage of mops required review to ensure it was in line with IPC

requirements.

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 Services Tus Nua OSV-0007383

Inspection ID: MON-0039063

Date of inspection: 20/04/2023

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> <ul style="list-style-type: none">• Required improvements identified in this inspection relating to premises works have been scheduled for repair/replacement• The cleaning schedule has been reviewed and amended to clearly list all areas to be cleaned. As part of the review, the cleaning schedule has been consolidated to make it more user friendly in an effort to eliminate omissions of staff signatures. Cleaning schedules will be subject to regular oversight and monitoring by the Social Care Leader and PIC.• Storage of mops will be reviewed to ensure that this is in line with IPC requirements.• Staff have been reminded of the need to complete all mandatory IPC training and this is being monitored by the PIC and Service Manager.	

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	01/06/2023