



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

Issued by the Chief Inspector

Name of designated centre:	Ohana
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 November 2022
Centre ID:	OSV-0007781
Fieldwork ID:	MON-0036426

About the designated centre

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

Ohana is a designated centre for two residents, over the age of 18 years, who receive a service from Saint Patrick's Centre Kilkenny. The provider describes the aim of the service "To provide intentional supports for People with disabilities; enabling them to live full and inclusive lives by contributing and enriching the fabric of their local communities." The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The centre affords high supports in two apartments with the support of a person in charge, nurse, social care worker and health care assistants on duty throughout the day.

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 29 November 2022	13:30hrs to 17:00hrs	Tanya Brady	Lead
Tuesday 29 November 2022	13:30hrs to 17:00hrs	Miranda Tully	Support

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).

This inspection was completed by two inspectors and took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured the use of appropriate personal protective equipment (PPE) during all interactions with residents, the staff team and management over the course of this inspection.

On arrival at the centre the inspectors were directed to a designated area for signing in. In this area there were masks available and hand sanitiser to ensure all visitors to the centre complied with best practice in relation to infection prevention and control (IPC) measures.

The inspectors 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. The inspectors had the opportunity to meet and speak with all staff who were on duty on the day of inspection and to spend time with the person in charge. While staff were found to be knowledgeable on how to keep residents and themselves safe from infection there were barriers preventing them from engaging in inappropriate practices such as hand washing. These were areas that had been previously identified during a previous inspection of the centre where staff using a kitchen sink to wash hands did not have access to suitable hand drying facilities.

Over the course of the inspection the inspectors met with the two residents who live in this centre. One resident had just returned from an outing when the inspectors arrived to the centre. They were seen to move freely throughout their home and to have preferred areas to relax and engage in activities. The staff supporting the resident outlined to the inspectors that routine was important to the resident and explained the schedule of activities that was in place to the resident should they wish to engage with them. Later one of the inspectors spent time with the resident in this apartment and were welcomed into their home.

The second resident was out in the community and returned to their home briefly greeting the inspectors on their arrival. The resident enjoys movement and physical activity and on the day of inspection as their garden was being renovated they were unable to access it, therefore the staff had arranged for additional activities that the

resident enjoyed in their community.

The designated centre comprises two single occupancy apartments next to each other in a residential area of a small town. Each apartment had a garden, one of which was in the process of having works completed on the day of inspection. There were systems to ensure residents were aware of the infection prevention and control measures that may be used in the centre. Resident's meetings were occurring regularly and the provider's newsletter was shared with residents and the contents discussed including infection prevention and control.

While the inspectors noted that residents appeared comfortable living in their home on the day of inspection, 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 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

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that systems in place were not consistent or effectively monitored to ensure compliance with the Regulation 27. A number of improvements were required in the centre to reduce the risk of healthcare-associated infections. Improvements were required in relation to the completion of provider's audits along with ensuring staff induction for those staff who are not part of the core team of the centre.

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 also had responsibility for one other designated centre. To ensure there was always a full staffing compliment in place agency staff were utilised within the centre. On a review of a sample of rosters there appeared to be sufficient staff in place to meet the needs of the residents with the gaps in the roster filled by agency staff. An induction checklist was in place for completion with agency members before they completed their first shift in the centre. Inspectors reviewed inductions completed and noted gaps in records maintained. For example a record for an agency staff on duty on the day of inspection could not be located for review during the inspection.

There was a program of training and refresher training in place for all staff. The

inspectors reviewed the centres staff training records and found that with regards to infection control, not all staff had up-to-date training. Refresher training was required in areas such as hand hygiene and in the 'donning and doffing' of PPE.

The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place and a number of infection control procedures to guide the staff team. A standard operating procedure was available in areas including transmission based precautions. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a suspected or confirmed case of COVID-19. The record reviewed had not been updated since 14/2/22 and required review to ensure adequate detail was included. For example arrangements for bathroom use during the event of a suspected or confirmed case of COVID-19.

The providers' most recent annual review was completed in September/October 2022. The provider had not completed a six monthly unannounced review of the safety and quality of care and support as required by the Regulation since February 2022. Audits completed had identified actions required to come into compliance, including maintenance of the environment and equipment replacement or repair. While some works required were in progress on the day of audit such as garden maintenance and furniture replacement, a number of actions remained outstanding at the time of this inspection. For example, the replacement of an item of equipment which was torn and in use in a resident's bathroom had not been completed despite being identified in June 2022.

Quality and safety

With respect to infection prevention and control measures in place, the inspectors 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.

Residents were being provided with accessible information about infection prevention and control in the centre and had access to information and to advocacy services to support them to be involved in decisions. There was a risk register in place that was found to be both resident centre specific and the risk ratings relating to infection prevention and control related risks were found to reflect the effectiveness of the control measures in place in the centre. Some improvements relating to the risks associated with allergy and safe eating, drinking and swallowing management were required. There were systems in place to ensure residents could access health and social care professionals in a timely manner, with emergency numbers available in the centre's contingency plan.

Staff were observed for the most part to adhere to standard precautions during the inspection. As already indicated improvement was required relating to the provision of hand washing facilities for staff. There was a lack of dispensers for hand sanitiser, including near the areas in which medicines would be handled. Inspectors observed that staff either had to use a kitchen sink where no suitable facilities for drying hands was available or use a bathroom where the door was locked meaning staff had to use multiple touch points to access the sink. They had also completed a number of infection prevention and control related trainings. For example, they had completed an introduction to infection prevention and control training, and trainings on the use of PPE, hand hygiene, food safety, and breaking the chain of infection. Refresher training in some of these areas was required for a number of staff. This was of significance as these core staff were used to support agency staff and to complete their induction training.

The residents' home appeared comfortable with each apartment decorated with residents' preference in mind. On the day of the inspection, the designated centre was observed for the most part to be clean and tidy however cleaning and maintenance works were required. Dirt was evident on the floor, woodwork and bed linen within a bedroom, internal cupboards and surfaces required cleaning in one kitchen and staining was observed on a floor in a bathroom area. Flooring in parts had gaps which prevented adequate cleaning and painting was required to areas such as bathrooms. The inspectors reviewed the centres cleaning schedules which were found to require improvements. Gaps were evident in records maintained and there was no evidence of oversight.

Colour coded systems were used to prevent cross-contamination with respect to mops and sweeping brushes. In places, pedal operated bins were not in place which did not allow for the safe disposal of PPE and waste items.

Regulation 27: Protection against infection

While the inspectors identified a number of areas of good practice in the centre, overall, the inspectors 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:

- Completion of provider six monthly unannounced audits to review the safety and quality of care and support provided including infection prevention and control.
- The inspectors noted a number of gaps where staff had not signed if cleaning tasks had been completed. Oversight of cleaning required improvement to ensure tasks are completed.
- It was not evidenced that agency staff were informed of their roles and responsibilities in relation to residents' infection prevention and control needs

prior to working in the designated centre.

- The centre contingency plan required review to ensure it was specific to the needs of the centre and to the resident's assessed needs.
- Works were required to the premises to ensure adequate cleaning could be completed as required.
- Improvements were needed in relation to the facilities provided for hand washing to ensure effective hand hygiene practices could be utilised at all times.
- Staff required updated training in a number of areas in relation to IPC measures.

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 Ohana OSV-0007781

Inspection ID: MON-0036426

Date of inspection: 29/11/2022

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>Following actions have been taken since the inspection took place in Ohana:</p> <ul style="list-style-type: none"> • The PIC informed the team immediately after the inspection took place about the identified areas of improvement (via email and personal conversations). • Team Meeting was held on the 16.12.2022 to discuss progression of actions and findings from the inspection. • Deep leaning was completed in both apartments immediately after the inspection. • Maintenance requests were logged on ViClarity immediately for action (e.g. repair of floor boards, review of radiator pipes/gaps, etc.). Whilst work has been carried out the PIC has identified further gaps in flooring and is following up with H & S department. • Towel holders were purchased for Ohana 11 and installed. Action for Ohana 12 in progress. Disinfection of bathroom key and door handles in Ohana 11 will be included in the cleaning schedule. • IPC audit and follow up from last audit was completed by H & S department. PIC has also requested advise and recommendations regarding cleaning products and cleaning of equipment for staff team. PIC awaiting a date for further support. • Cleaning schedules are under review. PIC has agreed with staff team to further review the cleaning schedules for Ohana and develop more apartment specific schedules for Ohana 11 and 12. • Additional deep clean has been implemented during night times (e.g. presses, fridges, etc.). PIC completing spot checks to ensure oversight of completion. • PIC delegating further oversight and follow up with SCW and Nurse in Ohana. • Completion of 6 monthly provider audit is scheduled within the new SPC provider audit schedule for latest 30.1.2023. All SPC functions will be involved in completing provider audits in 2023 (including IPC, Health & Safety, HR, Finance, etc.). • PIC is further reviewing the Contingency Plan for Ohana to include the measures successfully taken recently with COVID-19. The updates will be completed by 15.01.2023. • Across SPC service all agency staff members are now receiving induction on commencement in a designated centre. Also regular agency staff working in SPC already 	

are receiving the new SPC agency/relief induction. Handover from agency staff to SPC employees is also ensured in the morning time to keep people safe.

- Ohana staff team are currently completing their HSEland training as required. Since the inspection took place further training has been completed. The PIC has highlighted outstanding training with staff members via team meeting and is also highlighting the requirements in their Quality Conversations. All team members will have their mandatory HSEland training completed by 20.1.2023.

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	20/01/2023