



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

Issued by the Chief Inspector

Name of designated centre:	Forest Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 January 2022
Centre ID:	OSV-0007817
Fieldwork ID:	MON-0035845

About the designated centre

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

Forest Services provide residential accommodation to six residents who have a moderate to severe intellectual disability and or autism or mental health difficulties. Support can be provided to individuals who may present with complex needs such as medical, mental health and or sensory needs and who may require assistance with communication. This service can accommodate male and female residents from the age of 18 upwards. The centre is a large detached bungalow with a range of communal space and bathrooms. The centre is on the grounds of an estate complex on the outskirts of a rural village where a range of amenities are available. The grounds offer wood trails and walks. Residents at Forest Services are supported by a staff team which includes a team leader, nursing staff, and care staff. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 January 2022	10:00hrs to 16:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was a unannounced thematic inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector met and spoke with staff who were on duty and met with six residents who lived in the centre. The inspector also observed residents in their home as they went about their day, including care and support interactions between staff and residents.

Upon entering the designated centre, the inspector was directed to sign into a visitors' log and to perform hand hygiene, temperature check and don a FFP2 face mask. The staff on duty confirmed that there was currently no one in the centre with COVID-19.

The centre is a large detached bungalow with a range of communal space and bathrooms. The communal areas were in the centre of the building and three residents resided on one side and three resided on the other side, one resident had their own self contained apartment within this. The centre is on the grounds of the main campus where a range of amenities were available. The residents moved to this building as an interim measure while their home was having extensive renovation and upgrade works carried out. The work is nearing completion and the residents hope to return to their home in the coming months.

On arrival at the designated centre it was noted that some residents were preparing to leave to go for a walk in the local area. During the early part of this inspection, the inspector had time to review the centre, primarily from an infection prevention and control perspective. It was noted that various signs were on display throughout the premises encouraging social distancing, hand washing and face mask wearing. In the entrance lobby it was seen that a hand gel dispenser was present with further hand gel dispensers in place throughout the centre. All such dispensers had hand gel inside them but when the inspector viewed the underside of such dispensers, it was noted that they required cleaning. The wall and the floor underneath the dispensers were stained with hand sanitiser which dust and grime had stuck to. The centre was warm and homely however the floors and skirting required cleaning. The shower guard in one of the bathrooms had lime scale and mould on it and required cleaning, staff committed to ensuring this was cleaned. Some areas required repair and maintenance to ensure surfaces were conducive to effective cleaning such as the flooring which was worn in areas and the kitchen drawers on which the surface was damaged. One resident was observed mobilising in a comfort chair, the leather on the back of the chair was torn and had tape placed on it, this meant infection prevention and control could not be maintained. The inspector was shown documentation which indicated that a new chair had been ordered for this resident and it was to be delivered in the coming weeks. It is important to highlight that this building is due for renovation once the residents move back to their home and larger issues such as defective flooring will be addressed once the residents move out as it would be hugely disturbing for them at this point. However there was

insufficient guidance in place currently to direct thorough cleaning of the environment and equipment and the person in charge and staff committed to addressing this deficit in cleaning protocols.

The inspector met with all six residents and tried to ascertain what the lived experience was for them. Residents in this centre had high needs and while they interacted somewhat with the inspector they primarily indicated through gestures, smiles and vocalisations that they were happy with the care provided to them. The residents were observed having tea with staff and laughing and joking positively with them, while responding to and supporting their wishes. One resident was observed enjoying the relaxation room and others were watching tv or listening to music. There was a very pleasant atmosphere in the centre and residents seemed very relaxed and content. The staff were observed to support one resident with hand hygiene and this appeared to be a process that happened regularly as the resident was very comfortable with it.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

Residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. Staff were observed to interact with residents in a kind and respectful manner.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was plenty of space for residents to meet with visitors in private if they wished.

The centre had a vehicle which could be used by residents to attend outings and activities. There was a cleaning protocol in place for the vehicle and cleaning records reviewed showed that contact surfaces were cleaned after each use. The vehicle was supplied with disinfectant wipes, hand sanitiser and a supply of face masks.

The centre had recently had a case of COVID 19 and it was noted that there had been suitable practices implemented in line with the providers guidance on infection, prevention and control and national guidance. It was evident from these inspection findings that management and staff saw infection prevention and control as central to their roles, an integral part of providing safe, effective care and support for residents on a daily basis. Overall the premises was clean, staff were seen to be

diligent in performing hand hygiene and in wearing appropriate face masks, however there were areas for improvement.

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 generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018), however, some improvements were required in order to fully comply.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in their role by the area manager and team leader. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that there was continuity of care provided by a regular staff team. The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. Staff on duty were monitored regularly for signs and symptoms of COVID-19 daily.

The management team had provided training for staff. The training matrix reviewed identified that all staff had completed training in various aspects of infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. There was a training schedule in place however it was unclear how often and which Infection Prevention and Control (IPC) training staff were to do. There were five trainings listed in the providers guidance document however some staff had completed other training in March 2020 but not since. The original policy which was out of date did state that training in IPC was to be completed every two years but the current addendum to the policy stated staff must complete specific IPC training regularly. A COVID-19 lead worker was identified and had completed training with the Health and Safety Authority with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought the attention of the management team. Staff spoken with confirmed that they had attended a combination of on-line

training and in house training.

Staff had access to a range of guidance documents in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018). While the provider had an infection prevention and control policy dated May 2021, it lacked guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the frequency of training staff and which training in relation to IPC was required. However, the infection prevention and control policy had been superseded by an addendum outlining guidelines for services for the protection and management of COVID-19 which provided guidance to direct management of laundry specific to the protection and management of COVID-19. There were outbreak control management guidelines and a COVID-19 management response plan in place to further guide staff. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

While the centre appeared clean, there was no documented enhanced cleaning schedule in place to guide practice. The cleaning checklist in use did not guide staff in the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. There were colour food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use.

The provider had some systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audit completed at the end of 2021 had not identified any issues regarding IPC. The annual review had been completed for 2020 and the inspector was assured that a review of 2021 was currently in progress. There was an action plan in place to address maintenance and upgrade to some parts of the building such as a patch of damp in one residents bedroom and in the hallway.

The person in charge confirmed that they had access to support and advice in relation to infection, prevention and control as needed from their line manager, from the centralised COVID-19 response committee. This committee was specifically set up by the provider to provide support, guidance and, case review of specific matters arising in services. There was evidence of communication and correspondence between the centre and this committee. The person in charge also confirmed that they had access to an infection control specialist within the organisation and to public health specialist advice in the HSE.

Quality and safety

The inspector found that the services provided in this centre were person-centred in nature and residents were well informed, involved and supported in the prevention

and control of health-care associated infections. It was apparent that residents had been supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats and the inspector found that posters promoting hand washing and sanitisation were visible throughout the centre. However there were some areas for improvement such as repair to kitchen drawers surface, furniture and to the provision of comprehensive guidance to direct thorough cleaning and disinfection of the facility.

A walk through of the centre was completed by the inspector in the company of a senior staff member. Overall the centre was clean however some areas required cleaning such as the hand gel dispensers and surrounding area and the floors. Some repair and upgrade was required to ensure surfaces were conducive to effective cleaning and to enhance infection control. These areas included some damaged walls that required repair and repainting, rusted toileting chair in bathroom, a shower guard in one of the bathrooms had lime scale and mould on it, torn upholstery on one comfort chair, and defective kitchen drawer and flooring.

There were good arrangements in place for the laundry of residents clothing and centre linen. The person in charge had good practice in relation to the flow of linen in and out of the laundry room, soiled linen was transported in alginet bags and there was a clean linen basket for clean clothes out of the laundry room. There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste, with a 72 hour wait period before waste disposal collection. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were effective arrangements in place for the management of maintenance issues and staff members reported that maintenance issues were promptly resolved in the centre.

Staff were observed to take temperatures at regular times during the day. Staff outlined that there were no aerosol generating procedures such as nebulising within the centre although they were aware of the protocols around such procedures. There was dedicated area for donning and doffing of personal protective equipment (PPE) and a procedure in place for this also. There were paper hand towels used in the bathrooms and these were disposed of appropriately. There was adequate supplies of PPE and staff were observed to wear the appropriate FFP2 mask and practice hand hygiene regularly. There was a COVID -19 contingency plan as part of the guidance document provided to staff and this was utilised fully when the centre had a recent confirmed case.

It was clear that residents had been supported to understand why infection prevention and control precautions were in place and had been facilitated with opportunities to keep up-to-date in this regard. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector found that posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and residents. There were regular meetings with residents which included infection prevention and control

items such as reminders and updates on COVID-19.

From discussions with staff and observations in the centre, it was evident that staff understood the importance of infection prevention and control, had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for signs and symptoms of COVID-19 on a daily basis. Staff members spoken with during this inspection demonstrated a good awareness of infection prevention and control, of the COVID-19 symptoms, how to respond if a resident developed symptoms and who to escalate any concerns to.

While the house was found to be clean, there was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. Staff informed the inspector that there was a dedicated housekeeping staff but they were off currently and that cleaning was currently the responsibility of all staff on duty. While the cleaning checklist in place listed areas of the centre that were to be cleaned three times a day, it did not include all areas and all equipment to be cleaned and or disinfected. It did not include guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms.

Residents' health, personal and social care needs were met throughout the COVID-19 pandemic, residents continued to have access to General Practitioners (GPs) and a range of allied health professionals. Residents were supported to access vaccination programmes and national screening programmes. The provider had put in place a process to support residents make an informed decision when offered a COVID-19 vaccine. All residents had availed of the COVID-19 vaccine programme. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018) but some action was required for the provider to be fully compliant.

-The infection prevention and control policy dated May 2021 lacked guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the frequency of training staff and which training in relation to IPC was

required.

-There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place did not include all areas and all equipment to be cleaned and or disinfected. It did not include guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There was no clear guidance in relation to the frequency of cleaning equipment such as cloths or mop heads.

-Repair and maintenance was required to some areas of the centre to ensure surfaces were conducive to effective cleaning and in order to enhance infection control. These areas included, damaged walls that required repair and repainting, rusted toilet support chair, torn upholstery on a comfort chair, defective kitchen drawer surface.

- Cleaning was required to the floors, had gel dispensers and surrounding areas and shower guard in bathroom.

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 Forest Services OSV-0007817

Inspection ID: MON-0035845

Date of inspection: 25/01/2022

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	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"> • In order to come into compliance with Regulation 27 the following actions have taken place: • All Hand Sanitizers stations have been cleaned of grime and dust built up. • A deep clean of the Designated Centre has taking place. • The deficit of having our regular household staff member off has been rectified as they are back on duty Monday to Friday. • The shower Guard with lime scale and mould has been cleaned and disinfected. • A new comfort chair and wheelchair is on order for the Resident and the current chair was reviewed but an external company whom said it would not be possible to repair the damaged area on the current chair. • A leak inspection company identified the potential root problem externally to a damp spot one wall and have carried out repairs to stop the dampness. • Several walls and doors that were damaged from walkers have been repaired and repainted. • The Team Leader issued has guidance in place around cleaning with a daily and weekly cleaning schedule to ensure the thorough cleaning and disinfecting of the environment and equipment. • We are in the process of developing an Infection Prevention and Control Cleaning Guidance manual for staff and once completed we will go through it and its contents with staff at a staff meeting in order to improve and enhance Infection Prevention and Control Practices. • To enhance staff knowledge on Infection Prevention and Control some additional training has been arranged for staff to attend. • For 2022 Staff working in the Designated Centre they will carry out the trainings listed below in relation to Infection prevention and control and update training two yearly: HIQA National Standards for Infection Prevention and Control in Community Services: Putting Standards into practice. 	

AMRIC (Antimicrobial Resistance & Infection Control) Hand Hygiene.

AMRIC (Antimicrobial Resistance & Infection Control) Personal Protective Equipment.

- It is planned that renovations and further repairs will be carried out to surfaces and cabinets in this Designated Centre when the Residents return to their home which is currently having extensive renovations carried out which is hoped will be completed by the end of April 2022.

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	01/05/2022