



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

Issued by the Chief Inspector

Name of designated centre:	Milford
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	21 February 2022
Centre ID:	OSV-0007872
Fieldwork ID:	MON-0035868

About the designated centre

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

Milford is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include bathrooms, a kitchen, a dining room, a living room, a utility room and a staff office. Residents are supported by the person in charge, nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 21 February 2022	10:00hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Overall the house provided for residents to live in was seen to be homely and clean. Facilities were present which promoted infection prevention and control but staff were seen not to be wearing the required face masks as per national guidance while the storage and management of colour coded cleaning equipment required review.

This inspection was focused on the area of infection prevention and control and on arrival at the centre's front door it was seen that a COVID-19 related sign for any visitors was clearly on display. A staff member answered the door in the presence of one resident and it was observed that the staff member was wearing a surgical face mask. This staff member took the inspector's temperature while a second staff member, who was also wearing a surgical face mask, directed the inspector to sign into a visitors' log for the centre. The inspector was then directed to the staff office.

Upon the inspector's return it was noted that both staff had replaced their surgical face masks with respirator face masks in keeping with national guidance. Shortly after this, a third staff who had been supporting a resident with personal care in a bathroom emerged from the bathroom and supported the resident to the centre's living room where other residents were present. It was also seen that this staff member was wearing surgical face mask rather than a respirator mask. When this staff member was next seen they were wearing a respirator mask and staff present were seen to wear such masks when interacting with residents and throughout the remainder of the inspection.

Four residents were living in this designated centre at the time of this inspection with one of these residents having moved into the centre since the previous HIQA inspection in April 2021. Not long after the inspection started, one resident left the centre with a staff member to go swimming in a nearby campus operated by the same provider. The remaining residents spent time in the living room listening to some Irish music with some seen to move through the communal areas of the house. Staff members were observed and overheard to interact with residents in a pleasant and warm manner during this time.

When the resident returned from their swimming, the four residents were supported to have a meal together before all leaving the centre together with two staff members via the centre's vehicle to go for a drive and attend some appointments. Some of the residents did not engage with the inspector during his time in the centre but it was noted that one resident seemed curious about the inspector and followed him at times. This resident was noted to smile on multiple occasions during the inspection and overall all residents seemed calm and relaxed in their home.

The house where the residents lived was reviewed by the inspector with a particular emphasis on infection prevention and control. While it was noted that the inside of the oven door did require some cleaning, overall the house was seen to be quite clean, well-furnished and well maintained. Efforts had also been made to make the

house homely with each resident having their own individual bedrooms while pictures were seen to be on display in the house which showed the residents celebrating Limerick's most recent All Ireland hurling final win.

Within the house facilities were in place which promoted infection prevention and control. For example, just inside the front door of the house was a hand gel dispenser which was seen to be operational. Another similar dispenser was seen to be in the kitchen area although this was empty when the inspector tried to use it. A staff member informed the inspector that there had been an issue in securing the correct type of hand gel for dispenser and that this had been raised some months prior. It was seen though that multiple other bottles of hand sanitiser and hand washing facilities were present throughout the house and before the close of inspection, the inspector was told that the correct hand gel supplies had been located for the kitchen dispenser.

Bins were also present throughout the centre, most of which were pedal operated. It was noted though that one such bin's pedal was partially broken (although still operational), the bin in the staff toilet was not pedal operated while the bin in a resident's en suite bathroom was also missing a pedal which appeared to be broken off. Within the house it was seen that there was ample supplies of cleaning products and personal protective equipment (PPE) including respiratory face masks. Some signs around infection prevention and control matters such as hand hygiene, PPE use and COVID-19 were seen to be on display in certain areas.

Signs highlighting particular coloured coded cleaning equipment that was to be used in different areas of the house was also seen within the centre. This cleaning equipment, such as cloths and mops, were available but the storage of them required improvement. For example, it was seen that some of this equipment was stored outside the centre. While these were partially sheltered they were still exposed to the elements and the inspector was informed that the previous night they had been blown around the centre's back yard and garden due to adverse weather. The inspector was also informed that the use of a rear garden shed for the storage of this equipment was being explored.

In line with signage that was on display in the centre, cleaning equipment that was coloured coded blue was to be used for in general areas, green equipment was to be used in kitchen while yellow equipment was to be used in clinical areas. When reviewing the cleaning equipment the inspector also noted that some of the coloured coded equipment appeared mismatched. In particular it was noted that a green mop bucket had a yellow mop standing in it while a blue mop bucket had a mop standing in it with a blue mop handle but a mop head that was colour coded green. Some other colour coded cleaning equipment such as brushes and dustpans were seen to be stored in the utility room.

This room was also used for laundry with a washing machine and dryer present. It was noted though that parts of this room, given its layout, were limited on space. For example, a laundry basket for clothes to be washed was located in area between a wall and the door of a press where cleaning products were stored which meant that laundry basket partially obstructed the opening of the press door. Early on in

the inspection it was noted that some clothes were drying in the utility room on a clothes horse that placed beside the hot press. It was noted that because of this the door to hot press, which was clearly labelled "Fire door keep shut", was left open. This was highlighted to the person in charge and towards the end of the inspection this door was seen to be closed.

In summary, the management and storage of colour coded items for cleaning required review although the house residents lived in was seen to be clean overall. While staff were seen to interact positively with the residents, at the start of the inspection it was clear that the three staff on duty were not wearing the required face masks.

The next two sections of the report present 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 service being delivered.

Capacity and capability

The provider had systems and structures in place to help ensure that concerns related to infection prevention and control could be escalated if required. However, taking into account the inspector's observations around the use of face masks, improvement was required to ensure that staff were following relevant national guidance while the effectiveness of monitoring systems also needed improvement.

The designated centre had been previously inspected by HIQA in April 2021. As part of a programme of inspections commenced by HIQA in October 2021 focusing the National Standards for infection prevention and control in community services, it was decided to carry out another inspection of this centre to assess adherence with these standards in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The provider had an overall infection prevention and control policy, dated May 2018, in place to guide practice in this area. This policy was intended to be reviewed in May 2021 but this had not happened. Instead the inspector read a document from the provider's Chief Executive Officer from June 2021 indicating that the review of this policy had been deferred by one year as the policy had been superseded by specific COVID-19 guidelines that the provider now had in place. The inspector was provided with a copy of these guidelines which were noted to have regularly reviewed since the COVID-19 pandemic commenced.

These guidelines contained various information relating to COVID-19 and it was read how a specific clinical governance committee was in place within the provider to review matters related to COVID-19 and the guidelines themselves. Membership of this committee included one of the persons participating in management for this

designated centre. The same person was also a member for a senior management steering group for the provider's centres in Limerick who also reviewed matters related to COVID-19. Any concerns could be escalated to this group through the organisational structures in place for this centre and within the provider's setup for its designated centres in Limerick.

Any changes in relevant guidance or practice were to be filtered down from the clinical governance committee to the Limerick senior management steering group and then onto staff working in designated centres. Staff working in the current centre and members of the centre's management outlined how staff would be made aware of such information. Records reviewed also indicated that the person in charge, who was responsible for a total of three designated centres, visited this centre weekly where matters related to COVID-19 were indicated as being discussed regularly while some relevant information and guidance was also noted to be present in the centre on the day of inspection.

Under the national standards it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. However, as highlighted earlier, it was evident at the start of this inspection that all three staff working the centre were not wearing the recommended type of respiratory face mask in keeping with relevant national guidance. Management of the centre accepted that the staff should have been wearing respirator face masks and said that they not identified any previous occasion where staff in the centre had been incorrectly wearing the wrong face masks.

It was also noted during the inspection that there was some inconsistent information provided by staff around the products to be used for certain cleaning activities such as the mopping of floors. The inspector was informed by a staff member that there was no guidance available for staff on what cleaning products to use and that staff just used the products they were supplied with. Training records provided indicated that staff working in this centre had undergone relevant training in areas such as PPE and hand hygiene in the keeping with the provider's COVID-19 guidelines. However, it was noted these guidelines did not set out when such training was to be refreshed while the guideline also indicated that staff were to complete training on the national standards. Based on information received from the person in charge the day after this inspection, the majority of staff who had worked in this centre had not completed this training although training on breaking the chain of infection had been completed.

Aside from ensuring that staff receive appropriate training for infection prevention and control purposes, under the national standards the provider must also ensure that they plan, organise and manage their staff to meet a designated centre's infection prevention and control needs. While it was acknowledged that the ongoing COVID-19 pandemic posed challenges in this regard, the inspector did note when reviewing rosters, some instances in recent months where a staff member had worked in three designated centres, including the current centre, within the space of five days which did increase the risk for potential cross-contamination between designated centres. However, it was noted that since the start of the pandemic,

there had been no confirmed resident case of COVID-19 in this centre while staffing levels in the centre had increased in recent months. It was also indicated that in 2022 overall staffing arrangements for this designated centre had improved.

Staff members spoken with were aware of how and who to raise any infection prevention and control concerns to which was in keeping with the organisational structures in place for the provider's designated centres in Limerick. There was also an on-call service in operation outside of normal working hours for staff to raise concerns to or seek guidance from if required. It was noted though that a specific COVID-19 lead for this centre had not been formally appointed. A COVID-19 lead is someone with sufficient knowledge of the designated centre's COVID-19 contingency plan and who has sufficient authority to enact it. However, in practice it was clear that there were multiple people involved in the management of this centre who could fulfil this role.

In addition, the provider did have a recently reviewed COVID-19 contingency plan in place for this centre which was noted to contain very relevant information in areas such as escalating concerns and how staffing levels were to be maintained in the event of a COVID-19 outbreak. It was read though that some of the information contained within this contingency plan, such as around isolation, was not specific to the residents that were living in this centre. In addition, while the contingency plan outlined various members of the centre's management team and bodies such as HIQA would who be contacted in the event of a COVID-19 outbreak occurring, it did not expressly state that the families of residents would be contacted. In the feedback session for this inspection, management of the centre stressed that residents' families would always be contacted about such matters.

Management of the centre were involved in the monitoring systems that were in operation to review infection prevention and control matters. Such systems included provider unannounced visits, relevant self-assessments and a specific infection prevention and control quality tool that was completed on a monthly basis for the centre. While the inspector was informed that this quality tool was under review at the time of inspection, it did cover relevant areas such as hand hygiene and PPE. It was noted though that all of the monitoring systems reviewed had found no areas for improvement in terms of infection prevention and controls in recent months whereas this inspection did highlight some areas where improvement was needed. This suggested that the effectiveness of such monitoring require improvement to ensure that all relevant issues were highlighted. For example, recent infection prevention and control quality tools conducted indicated that the centre's vehicle was cleaned after each use but, as discussed elsewhere in this report, cleaning records reviewed suggested otherwise.

Quality and safety

Overall this designated centre was seen to be clean although some additional items

needed to be added to the centre's cleaning schedule while there was inconsistency in the cleaning of the centre's vehicle.

Under the national standards, care for residents should be provided in a clean and safe environment that minimises the risk of transmitting any infection. As highlighted earlier in this report, the premises provided for residents was generally seen to be clean. This was helped by the presence of specific daily and weekly cleaning schedules that were in place. The inspector reviewed cleaning records which indicated that cleaning of this centre had been carried out consistently in recent months. This included the cleaning and disinfecting of regularly touched items such as door handles and light switches with records reviewed indicated that this was being done four times a day. It was seen though that the schedule for such cleaning did not include some regularly touched items such as the centre's digital thermometer and hand gel dispensers.

It was also noted that that daily cleaning schedules or records did not include cleaning of one's resident's nebuliser (device used to administer medicines). Under the national standards, any equipment used should be decontaminated and maintained to minimise the risk of transmitting an infection with a staff member informing the inspector that there was no specific guidance in place around how the resident's nebuliser was to be cleaned and maintained nor was there a spill kit present in the centre to assist in the cleaning of any biological spills. However, shortly after the inspector's arrival at the centre he did observe the resident's nebuliser being cleaned while it was indicated to the inspector that the resident's nebuliser was being cleaned daily. A record was also seen which indicated that the face mask and tubing of the nebuliser was being changed quarterly.

Aside from reviewing the premises and equipment used, the centre's assigned vehicle was also reviewed by the inspector. This was noted to have supplies of PPE and hand gel in it although the inspector did observe what appeared to be a used face mask stored in the passenger door's side panel. While the floor of the vehicle was dusty in place, commonly touched items such as the steering wheel did appear clean. It was indicated to the inspector that residents regularly went on drives. However, when reviewing records related to this vehicle, cleaning of the vehicle was recorded as being completed on a sporadic basis. For example, in January 2022 the records reviewed indicated that the vehicle had only been cleaned on three occasions.

Given the ongoing COVID-19 pandemic, temperature checking of both residents and staff in the centre was carried out on a daily basis as indicated by a sample of records reviewed. It was also noted that separate logs were being maintained for any visitors and staff arriving in the centre which is important for contact tracing purposes. The inspector reviewed a sample of these logs and saw that staff and visitors were overwhelmingly indicated as signing in and out of the centre while also checking their temperatures on arrival. It was also noted that efforts were being made to keep residents informed around matters related to COVID-19 with a sample of notes of resident meetings reviewed indicating that COVID-19 restrictions were discussed with residents.

Residents' personal toiletries were noted to be stored separately which helped reduce the potential for any cross contamination. In particular it was seen that in the centre's main bathroom was a cabinet where three residents' toiletries were stored in their own individual container on different shelves within the cabinet. The fourth resident's toiletries were stored in their en suite bathroom. It was indicated to the inspector that residents' laundry were done together rather than separately with one laundry basket in the centre's utility room used to store laundry before washing. When reviewing this laundry basket early on in the inspection, the inspector observed a red alginate bag inside (which is used for soiled laundry) along with other clothes in this laundry basket. Later on this red alginate bag had been removed from the laundry basket and a wash at an elevated temperature using the centre's washing machine in the utility room was ongoing at that time. According to a task schedule for the centre, laundry was carried out on a daily basis.

Regulation 27: Protection against infection

While there was evidence of good systems and structures in place related to infection prevention and control and there had been no confirmed resident case of COVID-19 in this centre since the start of the pandemic, improvement was required in some areas which included;

- The effectiveness of the monitoring systems in operation for infection prevention and control to ensure that all issues were identified
- The provision of training for staff in the National Standards for infection prevention and control in community services and guidance for staff around cleaning products to be used
- The wearing of appropriate respiratory face masks in line with national guidance
- The cleaning of the centre's vehicle after each use
- The lack of a spill kit in the centre
- The absence of guidance or information around the cleaning and maintenance of a nebuliser
- The cleaning schedules and records in place not including items such as a resident's nebuliser, hand gel dispensers and thermometers
- Not all bins in the centre being foot pedal operated bins
- The management and storage of colour coded cleaning equipment in the centre

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 Milford OSV-0007872

Inspection ID: MON-0035868

Date of inspection: 21/02/2022

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> <ul style="list-style-type: none"> • The PIC will review all infection prevention & control monitoring systems to ensure a consistent approach is maintained, and to ensure that the audits reflect the actual findings. • The daily cleaning checklist and monthly IPC walk about checks are currently being reviewed on the advice of Public Health. A new infection Prevention Control Cleaning Guidance Manual will be completed by 30th April. • BOCSI have requested that all staff complete updated training on HSELand in relation to Infection Prevention & Control which includes National Standards for Infection Prevention & Control in Community Service- Putting the Standards into Practice. This will be completed by all staff by 31st March 2022. • A new infection Prevention Control Cleaning Guidance Manual will be completed by the 30th April which will include cleaning products to be used. • PIC has discussed the wearing of appropriate PPE (FFP2) with all staff in Milford at a meeting 22nd February 2022 and during staff support & supervisions. • PIC has put a nebulizer cleaning & maintenance checklist in place in Milford on 22nd February 2022. • PIC has discussed the vehicle cleaning schedule to be completed after each use with all staff in Milford at a meeting 22nd February 2022. • PIC has sourced a spill kit and same was put in place 25th February 2022. • PIC has addressed the need for the cleaning schedule to be updated to include hand gels and thermometers at the Managers Covid-19 update on 22nd February 2022. • All bins in Milford now have foot pedals. • The storage of colour coded cleaning equipment has been discussed with staff at a meeting on 22nd February 2022. These items are now stored in the shed. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/04/2022