



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

Issued by the Chief Inspector

Name of designated centre:	Blossom Hill
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 November 2022
Centre ID:	OSV-0007921
Fieldwork ID:	MON-0036427

About the designated centre

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

Blossom Hill consists of a single unit detached bungalow located near Kilkenny City and close to all local amenities. This designated centre offers a full time residential service, open all year with no closure. Blossom Hill provides a home from home environment for up to four adults with a severe/profound intellectual disability and who may also have a co-existing physical disability, mental health diagnosis or exhibit behaviours that challenge. People supported availing of services in this home present with many related diagnoses ie. visual and hearing impairments, epilepsy, and autism.

Four people currently reside in this home and this centre can cater for adults over eighteen years of age, male and female. This is a high support home staffed by a person in charge, a team leader, nursing staff and healthcare 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
Tuesday 8 November 2022	09:30hrs to 15:00hrs	Lisa Redmond	Lead
Tuesday 8 November 2022	09:30hrs to 15:00hrs	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 the staff team and management over the course of this inspection.

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. On arrival to the centre, the inspectors were greeted by a staff member who directed the inspectors to a hall table which contained a visitors book, PPE and hand sanitiser. Over the course of the inspection the inspector met all four residents who lived in this centre.

Three residents were met in the kitchen area, two residents were eating breakfast supported by staff. A fourth resident was relaxing in the adjoining sitting room area. Residents could not tell the inspectors what it was like to live in their home. However, all residents appeared comfortable and content in each others company and in the presence of staff. The inspector observed the residents being offered opportunities to participate in music activities in their home if they chose to. The inspectors also observed a resident preparing to go swimming.

Over the course of the inspection the inspectors had an opportunity to meet and speak with staff members. They were each observed to use standard precautions throughout the inspection. For example, they were observed to wash their hands between tasks and to engage in appropriate practices during the preparation of drinks and food. Staff had completed a number of infection prevention and control related trainings and were found to be knowledgeable on how to keep residents, and themselves, safe from infection.

The inspectors carried out a walk-through of the designated centre accompanied by the person in charge. The centre was a single-storey house which comprised of a kitchen/dining room, adjacent sitting room, office, utility, four individual bedrooms, one of which was en-suite, and a shared bathroom. The premises also included a self-contained activity room accessible through the garden. Overall, the premises was decorated in a homely manner with the residents' personal possessions and pictures located throughout the centre. The premises was observed to be visibly

clean and well-maintained on the day of the unannounced inspection.

Outside, it was evident that residents had been supported to up-cycle items which were painted and on display in the garden. A sensory wall had been developed which used household items to engage residents' senses of touch, sound and smell. There were further plans to develop a sensory garden in the centre.

While the inspectors noted that residents appeared comfortable living in their home on the day of inspection and enjoyed a good quality of life, 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

Overall the inspectors found that the registered provider was for the most part implementing systems and controls to protect residents and staff from the risks associated with healthcare associated infections. There were systems for the oversight of infection prevention and control practices in the centre, and staff showed an awareness of the importance of standard precautions. However, improvements were required in relation to the completion of provider's audits, and the consistency of the staff team along with ensuring staff induction for those staff who are not part of the core team of the centre.

Residents were supported by a team of care assistants, social care workers and nurses. Although residents did require nursing support to meet their needs, this was not required on a 24/7 basis. In line with the assessed needs of residents, a high volume of staff supported residents each day. The whole time equivalent (wte) staffing required in the designated centre was 10.8. It was noted that this designated centre had staffing vacancies for 6.25wte. This was significant, and despite ongoing recruitment, the registered provider had faced challenges with respect to recruitment of staff. To ensure consistent staffing was provided to residents, five staff members from another organisation had been redeployed to this designated centre. Agency and relief staff were also utilised. It was noted however, that there had been some occasions where four staff had not been rostered on duty during the day, due to a lack of staffing resources.

All staff reported directly to the person in charge while they provided supports to residents in the designated centre. The person in charge did not provide supervision to redeployed staff, agency staff or relief staff members. This posed a risk in relation to oversight as a result of the high volume of staff who were not employed by the registered provider, and given that five redeployed staff members had been

supporting residents in this designated centre for over a year.

An induction checklist was completed with agency and relief staff members before they completed their first shift in the centre. Inspectors reviewed inductions completed in November and October 2022. It was noted that although there was evidence that they had discussed provider policies, it was not evidenced that information regarding the residents' care and support needs had been outlined to new staff. It was acknowledged that residents required support to meet their intimate care needs, and that due to the nature of the service provided, these new staff may need to lone-work during periods of night duty.

The inspectors reviewed a sample of recent staff meeting minutes and found that the arrangements in place for infection control and COVID-19 were discussed. On discussion with the person in charge, it was acknowledged that staff meetings were not being held monthly as required by the provider's own policy. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to infection prevention and control. Staff had completed a number of infection prevention and control related training programmes. This included hand hygiene, infection prevention and control, standard precautions and the use of PPE. A number of staff members were due refresher training in these areas. Where agency staff were used, there was a memorandum of understanding that details of these staff members' training was provided to the organisation's training department regularly.

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 and legionella. 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. Guidance on the screening of staff members did require review to ensure it reflected current guidance in relation to travel and exposure to COVID-19.

The provider's most recent annual review was completed in February 2021. An annual review for 2022 had not been completed, however this was in progress with one on-site visit completed at the time of inspection. In addition, the provider had not completed six monthly unannounced reviews of the safety and quality of care and support as required by the Regulation since November 2021. Infection prevention and control audits had been completed in the centre however had not been completed since April 2022. It was noted that there was no evidence of any audit or review of care practices, including infection prevention and control since the admission of two residents in April 2022.

Quality and safety

Overall, with regards to infection prevention and control, 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.

There was evidence that infection control and COVID-19 measures were discussed with residents. A sample of resident meeting notes were reviewed and in addition to this there were easy-to-read documents on COVID-19 and hand washing available.

The residents' home appeared comfortable. On the day of the inspection, the designated centre was observed to be clean and tidy. Clear guidance was provided to staff members with respect to cleaning practices. This included detergents to be used to clean in the centre, guidance on disinfecting cleaning equipment, laundry and waste management. 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.

The inspectors reviewed the centres cleaning schedules which were found to require a number of improvements. While at surface level, most of the the designated centre appeared as reasonably clean on the day of inspection. Schedules did not include the cleaning of all aspects of the centre. For example, the external activity room was not included. Cleaning schedules did not include the cleaning of some of the residents' equipment, for example mobility aids, activity chairs, hoist slings, beanbags and mats. In addition, a number of items in the centre did not allow for adequate cleaning and posed an infection prevention and control risk given their make up or due to damage. For example, fabric laundry bags were in use and visibly stained. A resident's mattress was observed to be torn.

In relation to laundry management, staff members told inspectors that they sluice items in the sink in the utility area. This practice was not in line with the organisation's infection control policy, as it posed a risk of cross-contamination. Alginate bags were available for staff to use to launder contaminated laundry.

Sharps bins were provided to ensure the safe disposal of sharps in the centre. However, these were stored on top of high kitchen counters. These sharps bins were noted to be full. The storage of these posed a risk of needle-stick injury, as staff members needed to use a step-ladder to reach the sharps bins.

Regulation 27: Protection against infection

Overall, the inspector 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:

- Oversight of measures in the centre required improvements. Additional oversight was required to ensure auditing and review systems were self-identifying areas of concern fully and reviewing the centres levels of compliance with national standards and national guidance.
- It was not evidenced that new relief and 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.
- Cleaning schedules were not comprehensive and did not include all areas of the designated centre.
- Due to the condition of some items of equipment the inspectors were not assured that effective cleaning could take place.
- Specific guidance was required for the cleaning and checking of mobility equipment such as standing frames and also medical equipment such as nebuliser masks and tubing.
- Information present in the COVID-19 guidelines for staff needed review to ensure it was in line with relevant practices within the centre.
- There were identified gaps in the training and competencies of staff who were providing cover for some shifts on the roster

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 Blossom Hill OSV-0007921

Inspection ID: MON-0036427

Date of inspection: 08/11/2022

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 to improve quality and safety of service provided in Blossom Hill:</p> <ul style="list-style-type: none"> • A team meeting was held on the 24.11.2022. Both PPIMs and PIC attended the meeting with the staff team to discuss findings of the inspection and actions identified. An action plan developed post inspection had been circulated at that stage to all team members. • Every team member got assigned delegated duties to follow up on identified areas of improvement. To ensure that actions are tracked and followed through, the PIC has printed the action plan for Blossom Hill and each staff member is recording progression and completion of their actions on the hard copy. • The cleaning schedules have been reviewed and amended to include all necessary areas and equipment. Additional column has also been included in case some cleaning could not be completed during a shift to ensure next shift will pick up the outstanding cleaning. • The Social Care Worker is currently monitoring the weekly cleaning schedule for Blossom Hill to ensure cleaning is completed to standard and cleaning schedule show evidence and sign off in line with SPC policy. The SCW will report any discrepancies to the PIC. • All four people supported have their own individualised cleaning schedule to ensure their own equipment is cleaned in line with manufacturers recommendations. Specific support plans in place where required. • PIC has delegated hygiene audits to be completed on a monthly basis by team members. PIC is overseeing completion of same. • As part of the current SPC PIC reconfiguration plan the new PIC will receive full 	

handover of the HIQA inspection report and the follow up actions on same. As part of the further PIC recruitment the PIC for Blossom Hill is planned to have only 1 designated centre.

- A new induction pack (individualised to Blossom Hill) has been developed for new employees, agency and relief staff.
- Updated COVID related risk assessments are available on the SPC Q drive. All relevant and up to date COVID related information to guide employees is available on the Q drive, DMS and also distributed via email and SPC Bulletin.
- The PIC has highlighted with all team members the importance to complete outstanding training by latest 22.12.2022.
- H & S department has completed an IPC audit to further support PIC and team in identifying necessary improvements.
- The contingency plan for Blossom Hill has also been reviewed and updated.
- The material data sheet with list of cleaning products has been reviewed and updated.
- All bins have now been replaced with pedal bins in Blossom Hill.
- Plastic laundry baskets have been purchased to replace material baskets.
- Referral has been made to start process for replacement of a specific mattress.
- Resource form for a second washing machine has been submitted to ensure soiled clothes can be washed separate.
- New mop heads have been ordered and excess brushes have been removed.

Actions taken on SPC provider level:

- A new induction process for agency and relief staff members has been implemented across the service. A new induction form is now being completed for all agency staff to ensure adequate induction to each designated centre. New agency staff are also requested to commence shift 1 hours early to facilitate adequate induction.
- Handover period between agency staff coming off night duty and SPC employees is now being implemented across the service to ensure appropriate handover of all people supported.
- As SPC is further developing the roll out of the new provider audit plan and schedule for 2023, H & S and IPC audits will be carried out by H & S function 3 times a year as part of the unannounced visits.

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	22/12/2022