



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

Issued by the Chief Inspector

Name of designated centre:	No 3 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0008001
Fieldwork ID:	MON-0037551

About the designated centre

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

No.3 Portsmouth provides residential supports for up to 9 individuals (male and female) aged over 18 years. It provides support to persons with moderate to severe levels of intellectual disability, including those with autism. The services that are currently provided in the designated centre include full time residential and respite services. Residents require full support in activities of daily living and to access local community facilities and events.

The centre is comprised of two campus based units, located on the outskirts of a city, within access to local community facilities. Central facilities provided on campus include hydro therapy swimming pool complex, gymnasium, extensive grounds with lawns, trees and safe and scenic pathways, sensory garden, chapel. One unit, a large bungalow, can provide support for up to six residents with high medical needs. The second unit comprises a three bedroom bungalow that is registered to accommodate three residents. Building works are taking place to convert this unit into two apartments. The staff team comprises a mix of nurses, social care leaders, social care staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 23 August 2022	10:15hrs to 16:30hrs	Deirdre Duggan	Lead
Tuesday 23 August 2022	10:15hrs to 16:30hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

This inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards.

The centre comprised of two units, one large six bed standalone bungalow and one three bed unit that was in the process of being converted to two apartments. Both of these were located in a campus setting. Residents had access to the facilities of the campus including a swimming pool, walking pathways and a chapel. Overall, both units were seen to be visibly clean.

On arrival to the centre, inspectors viewed a station inside the door with facilities to check visitors' temperatures, record any visitors or contractors to the site, and where visitors, staff and residents could attend to hand hygiene on entering the centre. The inspectors met with some of the residents of this designated centre who were attending day services and taking part in scheduled activities at the time of the inspection. Inspectors had an opportunity to speak with some of the residents, who were supported to communicate by staff that knew them well and had a good awareness of their communication styles. The team leader present on the day of the inspection was very knowledgeable about residents preferences and care needs. Interactions observed by inspectors between the staff team and the residents were seen to be very positive and respectful to each resident's preferences and communication styles.

One resident interacted with inspectors a number of times during the day. They showed an inspector their room and engaged in friendly banter with inspectors and staff using their own unique communication skills. This resident had been supported to paint their room during the pandemic and showed an inspector where they liked to display items that were important to them. When asked if they were happy in the centre, they gave a thumbs up sign. Another resident was seen to spend time relaxing in the centre listening to music as was their preferred choice. The inspectors were told about arrangements for residents family and friends to visit the centre, including how family contact was safely facilitated during periods when public health restrictions were in place.

Residents had access to a sensory room that contained numerous items designed for sensory occupation, including a large water bed. While this was seen to be a valuable addition to this centre, the arrangements in place for cleaning of this part of the centre required attention, in particular to ensure that the water bed and other equipment was regularly deep cleaned and was cleaned following each use.

A room in the larger unit, identified as part of the designated centre on floor plans submitted to the Authority, was found to be locked. Inspectors were told that this office, used by the night manager, was kept locked by day. The person in charge or daytime staff team did not have access to this room apart from a key contained in a

break glass unit for fire safety purposes and did not have any oversight as to the arrangements to ensure that this room was maintained and cleaned to the required standards. Another room in this centre, a bedroom that was currently in use, was noted to have a strong odour present. Although efforts had been made to identify the source of this odour, at the time of the inspection, this had not been identified or rectified.

Residents' bedrooms and bathrooms were overall seen to be clean and well maintained, although some areas for improvement were identified. A bathroom drain was seen to require cleaning and a portable storage trolley kept in a bathroom had some chipped laminate that could prevent adequate cleaning of the surface. It was noted by inspectors that clothing belonging to residents was left hanging on grab rails in some bathrooms. For example, one resident's clean pyjamas for the coming night was observed to be left out in this manner since the morning of the inspection. This could present an infection risk. These were removed once brought to the attention of staff.

Staff were observed to use appropriate personal protective equipment (PPE) throughout the day. Automatic hand sanitiser dispensers were located at appropriate points throughout the centre, such as outside bathrooms and at entrance and exit points to the centre. Some issues relating to these will be discussed further in the report. Supplies of gloves and aprons were available to staff in high-use areas, such as bathrooms. Much of the cleaning equipment and products for one unit were stored in a utility room. Laundry facilities were available to residents and appropriate waste disposal facilities were in place. Functioning pedal-operated bins were viewed in appropriate locations such as bathrooms.

One resident had recently been admitted to the centre on an emergency basis and was the only occupant of one unit of the centre. This resident was out of the centre participating in planned activities on the day of the inspection and inspectors did not have an opportunity to meet with them. Building works were underway in this section of the centre. However, these were being completed on a phased basis to ensure that there was safe and appropriate accommodation available to the resident while the works were in progress. On completion of these building works, it is planned that this unit will comprise two single occupancy apartments. This part of the centre was viewed by an inspector. It was seen that some areas of this unit were not appropriate for long term care of the resident living there.

However, as this part of the centre as viewed by the inspector was intended as a short term measure until the building works had been completed or the resident was provided with alternative accommodation, the inspector was satisfied that this resident had access to the required facilities in the interim. These included a clean and fully fitted kitchen, a bedroom with ample storage, a spacious living area and access to a decking and garden area. There was access to laundry facilities if required. The resident did not have access to all areas of the building for health and safety reasons while building works were ongoing. The inspector saw that the area occupied by the resident was clean and that the resident was not unduly affected by dust or debris from the adjoining part of the centre while building works were being completed. A supply of PPE and cleaning products was viewed in this unit of the

centre. The inspector viewed a locked press in this unit that was being used to temporarily store medications but this press was also being used to store mops and mop buckets.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with relevant national standards.

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

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs. However, some improvements were required to ensure that all appropriate action had been taken to ensure that residents were fully protected by the infection prevention and control (IPC) measures in place.

The provider had in place a suitable IPC policy that contained relevant guidance on areas such as the management of linen/laundry and waste management procedures. The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level. There were also regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. Staffing arrangements were outlined in the event of potential staff shortages. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them.

Residents in this centre had ample facilities to allow for self-isolation in their home if required. All residents had single bedrooms and could access identified bathrooms. There was a plan in place to ensure that a resident who might have difficulty isolating could be kept apart from other residents but some aspects of this required further clarity to ensure that, in the event of an outbreak of COVID-19, all staff had the information they required to support this individual to isolate safely. Monthly audits of IPC in the centre were completed and mattress audits were being completed on a regular basis. An annual review and six monthly audit had been completed and these included information and reviews of the IPC arrangements in place within the centre. Actions identified were being addressed. The timely

identification and management of any issues that arose meant that, on the whole, residents were being afforded a responsive and safe service on an ongoing basis. However, some of the issues identified on the day of this inspection had not been previously identified by the provider.

A person had been identified as an IPC lead and the team leader had been trained to test residents for COVID-19 if required. The centre was staffed by a dedicated team of staff that worked day shifts and a separate team of staff that worked night shifts. The larger unit in this centre had dedicated cleaning staff assigned to complete set duties for two hours, five days a week. Staff working in centre completed the remainder of the cleaning duties as required. There was evidence that IPC matters were discussed with staff during supervisions, team meetings and resident meetings.

The staff team in place was seen to provide a person centred service to residents in this centre and was overseen by the person in charge. The person in charge was present on the day of this inspection and was assisted in their role by a team leader, a highly committed individual who was seen to maintain a strong presence in the centre and provide good day-to-day support to staff and residents. While overall, the person in charge maintained a presence in the centre, some arrangements in place did not ensure that full oversight was being maintained at all times.

For example, a gap was identified in relation to the communication that occurred between the day and night staff teams in this centre. In general, night staff did not attend staff meetings and the person in charge reported it was the night manager that carried out staff supervisions for this team of staff. However, the person in charge did not have access to these supervision records. This meant that the person in charge did not have full oversight of all staffing matters in respect of the centre. Supervision records that were viewed for day staff did include some discussion of IPC. Inspectors found that formal supervision of staff in this centre was not always being completed in line with the organisational policy in place.

The smaller unit in this centre was undergoing building works and the provider had informed the office of the chief inspector prior to commencing these works. The long term residents of this part of the centre had relocated to community based accommodation as part of the de-congregation plan this provider had in place. An emergency admission had occurred to this centre and this resident was occupying a part of this unit. While the building works did mean that at the time of the inspection not all areas were accessible to the resident, it was seen that the provider had put in place appropriate measures to ensure that the resident was not unduly affected by this.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. Infection control procedures in place in this centre to protect residents, staff and visitors did require some improvements however to ensure that residents were protected from infection in a manner that was consistent with relevant national standards.

Individual risk assessments were in place for residents that had recently been updated. These included measures and controls in place to protect residents from infection from disease including COVID-19. As mentioned in the previous section, further clarity was required in documentation to ensure that the guidance in place adequately addressed the isolation arrangements in place for a resident of the centre. Easy-to-read guidance for residents in relation to visiting was viewed and this included information relating to the retention of information for health and safety purposes where required.

The staffing arrangements in place, including the use of dedicated cleaning staff were seen to be a valuable addition to the larger unit in this centre, in that it ensured that the cleaning schedules in the centre could be completed to a high standard without impacting on the care and support of residents. However, There were records in place indicating that high contact areas were being cleaned three times daily and these were observed to be clean during a walk around of the centre. Some specific cleaning duties were outlined on a checklist for night staff, such as the cleaning of wheelchairs. However, some areas were not identified on cleaning schedules and this meant that some cleaning duties were being overlooked. For example, the exterior of a shower trolley was seen to be clean, but an unexposed area underneath was seen to have been overlooked during the cleaning routine. Also, equipment in the sensory room was seen to require cleaning and bathroom shores were seen to be dirty underneath covers.

There were hand sanitiser dispensers located throughout the centre and ample stocks of replacement sanitiser was available and in date. However, some of these dispensers were noted to dispense different amounts of sanitising product. Management or staff in the centre were not aware of the appropriate settings for these dispensers and there was no guidance available to staff about this. Once this was brought to their attention, management in the centre resolved to rectify this.

A sink and counter area had recently been installed in the office of the larger unit in the centre so that medications administered via percutaneous endoscopic gastrostomy (PEG) could be prepared in a clean area. A PEG feeding care plan was viewed for a resident and this included important detail such as an infection control risk assessment, best practice guidelines and daily care of the stoma site. IPC guidance relating to the equipment used for PEG food and medication administration procedures was available to staff and was appropriate, identifying when equipment should be cleaned or disposed of. However, this information was found to be disjointed, with guidance for different aspects of the routine care and cleaning of this equipment located in different areas of the office. As such, although regular

staff were very familiar with the procedures in place relating to this, inspectors were not assured that unfamiliar or agency staff would have easy access to all of the required information and this could potentially lead to a situation where aspects of the routine cleaning and care of this equipment could be overlooked.

Similarly, there was no clear guidance for staff on when and how a reusable nebuliser mask used by a resident was to be cleaned. Guidance was in place though in relation to the use of alginate bags for laundering soiled linen while some guidance was in place in relation to what cleaning products to use for specific tasks. However, more clarity was required for staff in relation to how to clean soft furnishings. Staff had been provided with training in a number of areas such as hand hygiene and PPE but it was noted that some staff had not completed the required hand hygiene training prior to working in one unit of the centre following an emergency admission.

PPE such as face masks, aprons and hand sanitiser were in plentiful supply, as were appropriate cleaning products with such products seen to be in date. One container containing a clear fluid was not labelled in the utility room of the larger unit. Unclean reusable eye goggles were found to be stored in a basin on top of a press in this utility room also. These were disposed of on the day of the inspection. Also a foot spa stored in this room required cleaning. A colour coded system was in use to identify what cloths and mops to use for specific areas of the centre to prevent cross contamination. Ample supply of clean dry cloths and mop heads were available to staff and clearly identifiable. The poster on display in the centre relating to this colour coding system was faded and required replacing.

A document was viewed that outlined person-centred advanced healthcare wishes for COVID-19. This was completed with a resident to obtain their views should they become unwell due to COVID-19 and showed a commitment in this centre to ensuring that residents' rights were considered when developing plans of care.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- Person in charge and staff did not have access to all areas of the centre during daytime hours for the purpose of cleaning/IPC audits
- An isolation plan for a resident was not detailed enough to provide appropriate guidance to all or unfamiliar staff.
- Oversight and monitoring systems in place needed improvement to ensure relevant issues were identified and addressed
- The maintenance of IPC guidance relating to PEG required improvement to provide appropriate guidance to all or unfamiliar staff.
- No clear guidance on how to clean a nebuliser used by a resident

- Gaps in cleaning records
- Cleaning schedules did not identify all areas of the centre to be cleaned
- There was no guidance for staff in relation to what cleaning products to use for specified tasks
- Some eye protection goggles stored were unclean
- A foot spa stored was unclean
- There was an unidentified odour in bedroom
- A shower trolley mattress required cleaning underneath
- Chipping to portable storage trolley was viewed in bathroom of one unit
- Clothes left to hang on grab-rails in bathrooms for extended periods in one unit
- Unlabelled container with unidentified cleaning product stored in utility room of one unit
- Poster related to colour coding was faded and required replacing in one unit
- Inappropriate storage of medications in one unit

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 No 3 Portsmouth OSV-0008001

Inspection ID: MON-0037551

Date of inspection: 23/08/2022

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>The 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 in the following ways:</p> <ol style="list-style-type: none">1. Any medicine that is kept in the designated Centre is stored securely. A locked box was purchased on the 23/08/22 to store medications for 1 person supported.2. There is a clearly defined management structure in the designated Centre that identifies the lines of authority and accountability, specifies roles and details responsibility for all areas of service provision. The person in Charge will ensure all staff including night staff report directly to the Social Care Leader to ensure full oversight of all staffing matters in respect of the centre. An intial planning meeting occurred on 27/09/22 with a follow on meeting scheduled for 17/10/22 to fully implement the structure.3. The Person in charge has ensured that access to all areas of the centre during daytime hours for the purpose of cleaning/IPC audits- this action was completed on 23/08/224. The flooring in bedroom 1 was replaced on 26/08/22. The issue regarding an odour in bedroom 1 is now resolved as a result.5. Cleaning schedules which did not identify all areas of the centre to be cleaned have been updated on 24/08/22 to include soft furnishings, the sensory room the shower trolley mattress and footspa. Nebuliser cleaning guidance was updated to include how often cleaning is to occur.	

6. An unlabelled container with unidentified cleaning product and unclean eye goggles stored in utility room of one unit were removed on the day of inspection.
7. All cleaning products in the properties contain guidance for staff members on their correct usage.
8. A poster related to colour coding was faded and required replacing in one unit- this was completed on 12/10/22
9. Information in relation to IPC guidance for the PEG was collated into 1 file to ensure access to information for all staff members 12/10/22.
10. Arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact measures may have on the resident's quality of life have been considered. Contingency plan risk assessments were completed for all residents in the Centre on 28/08/22 including considerations for the resident's rights if an isolation period is required to prevent the spread of healthcare associated infections.

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	17/10/2022