



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

## Issued by the Chief Inspector

Name of designated centre:	Castlelodge
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	28 October 2022
Centre ID:	OSV-0008008
Fieldwork ID:	MON-0038281

## About the designated centre

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

Castlelodge is a centre run by Brothers of Charity Service Ireland CLG. The centre can cater for two residents, either male or female who are over the age of 18 years and have an intellectual disability. The centre comprises of one bungalow dwelling located on the outskirts of a town in Co.Clare, where residents can have their own bedroom, shared en-suite facilities, bathroom, sitting room, kitchen and dining area, utility and staff office. To the front and rear of the centre, a well-maintained garden is also available for residents to use as they wish. Staff were on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	1
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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
Friday 28 October 2022	09:30hrs to 15:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018).

On arrival at the centre the inspector was asked for identification and the staff member on duty ensured that the inspector was wearing a face covering and completed hand hygiene. The staff member was also wearing a face mask and completed hand hygiene.

There was one resident residing in the centre and he was up and about, washed and dressed on the day of inspection. The resident was very comfortable in the centre and was relaxing in the sitting room on the morning of the inspection. The resident was not fully verbal but had some words and was able to communicate that they were happy in their home, through some words and expressions. The inspector observed the resident throughout the day and the staff member on duty interacted with the resident regularly, chatting and joking with them. The staff member knew the resident very well and met all their needs throughout the day. The staff member informed the inspector that he was not taking the resident out that morning as they had shown indicators that they may have a seizure and he wanted the resident to be at home where they were comfortable if they had a seizure. Later that morning the resident had a seizure and when the inspector checked on the resident the staff member was providing very person centred care and support and the resident had a favoured blanket tucked in around them and was resting. The staff member was observed to prepare lunch for the resident in line with their feeding eating and swallowing plan which the resident ate once they were feeling up to it. The resident was looked after with great care and appeared to have a very positive relationship with the staff member on duty.

The resident regularly enjoyed meaningful activities in their day including drives, meals out, holidays and day trips. They enjoyed walks locally with staff for exercise and also going shopping. The resident had access to the Internet and had a smart speaker to listen to their music or use their phone or tablet. The resident had weekly meetings with staff around activities and planning their meals for the week. The residents' preferences were noted and food was bought accordingly for the weekly meals. The weekly meetings discussed areas of interest to the resident such as visitors and also residents' rights, how to keep themselves safe and how to socially distance and hand hygiene

The residents bedroom was warm and homely and had family photographs on display. The paint colour, bed linen and curtains had been chosen by the resident indicating that the resident had been involved in the decorating process. This was confirmed when the inspector reviewed the transition plan for the resident moving into the centre and showed a lot of consultation took place.

On the morning of inspection the centre was found to be a very clean, modern home. There were cleaning schedules in place for the house and the centre vehicle. There was also an enhanced cleaning schedule which could be implemented if an outbreak of infection was noted in the centre. There was personal protective wear and hand sanitiser available for staff use. There was adequate information and guidance for staff and the resident such as posters and policies in relation to infection, prevention and control in the centre to minimise the risk of infection and promote awareness. The staff member on duty outlined clearly to the inspector their role in infection prevention and control what training and support they had received from the management team. The staff member was cleaning on the morning when the inspector arrived and it was evident that this was the norm as the standard of cleanliness was very high. They were also noted to be diligent in performing hand hygiene and in wearing a face mask.

The centre had a vehicle which could be used by the resident to attend outings and activities.

The residents rights were met in the centre in that they were consulted in the running and decoration of their home. They had regular house meetings where they made decisions about their activities and meals and were given information about vaccinations and advocacy. The resident was aware of who the designated officer was as they had made a visit to the centre to introduce themselves and explain their role.

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' life.

## Capacity and capability

The provider was in compliance with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre and there was a designated lead IPC staff member also. There were clear management and reporting structures in place within the centre. Staff with whom the inspector spoke said the person in charge was very accessible and maintained a strong presence in the centre. The staff on duty was very aware of the reporting pathways available to them if they needed to escalate issues regarding infection prevention and control.

As part of the inspection staff rotas were reviewed and the inspector found that there was adequate staff on duty both on the day of inspection and in the previous weeks. The staffing levels in the centre were in line with the assessed needs of the resident and with the statement of purpose. The rotas indicated that there was continuity of care provided by a regular staff team. The staff member met on the day of inspection was aware of their responsibilities in terms of maintaining good IPC practices and safeguarding residents from the risk of preventable infection.

Staff training was also reviewed on the centres training matrix and it was noted that all staff had the relevant training in infection, prevention and control. All staff completed mandatory training prior to starting in the centre. Training completed included the national standards for infection, prevention and control in community services, donning and doffing, hand hygiene, lead worker representative and breaking the chain of infection. Staff the inspector spoke with explained that they had attended on line training with HSEland which was in line with the providers' guidance document.

There was evidence of family members and friends visiting the house regularly and there was a policy in relation to this. There was adequate private space to receive visitors.

There was a range of guidance documents in relation to infection prevention and control available to staff, including the National Standards for infection prevention and control in community services (2018). There was an 'Infection Prevention and Control Assurance Framework' and Preparedness, Quality Improvement plan in place which gave clear guidance to staff and management to prevent an outbreak of infection. There was guidance for staff in relation to residents requiring to self isolate in a group home, a staffing management plan, increased use of personal protective equipment and, enhanced cleaning of areas if a resident tested positive for infection. There was specialist advice available from public health professionals in the Health Service Executive (HSE) should it be required. Guidance documents referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and, the Health Information and Quality Authority.

The provider completed regular infection prevention and control audits and issues that were identified had been completed on the day of inspection. The provider had ensured that an annual review of the care and support of residents had been completed in June 2022. The review covered areas such as infection, prevention and control, safe services, responsive workforce and medicines management. An accessible easy read questionnaire were used to ascertain the views of the residents and a separate question for family representatives; a positive response was received from the resident and the family gave a positive verbal response. There was evidence of staff team meetings having been held and also a schedule of staff supervision and performance enhancement.

The person in charge and staff members were fully aware of their responsibilities in terms of reporting a suspected or confirmed case of infection to the Chief Inspector.

There were clear pathways for reporting within the service and good guidance in the event of an outbreak.

## Quality and safety

Overall, the inspector found that the service provided in this centre was to a very good standard, was person-centred and the resident had been kept updated about infection prevention and control and COVID-19. From interactions with the resident they appeared to have a good understanding of infection prevention and control and social distancing. There was information visible in the centre about infection prevention and control and COVID-19 in accessible formats. The inspector observed that posters promoting hand washing, cough etiquette and social distancing were visible in the centre.

During a walk through of the centre the house was noted to be homely and very clean overall. The bedrooms, bathrooms, floors and surfaces such as window boards, kitchen cupboards and counter tops were clean. The fridge was clean and all opened food was labelled with a date. The staff member on duty was cleaning when the inspector arrived and was noted to use the correct colour mop and bucket. The utility area and washing machine were clean and the laundry area organised. There was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The Infection Prevention and Control policy outlined what products to use and the formula for dilution. There were paper towel dispensers in the bathroom and the hand sanitiser bottles were full and clean. There were no aerosol generating procedures in use in the centre however staff were aware of the protocols around such procedures. There was adequate supplies of PPE and staff were observed to wear a face mask and practice hand hygiene regularly.

There was a cleaning checklist in place for the house vehicle which indicated that contact surfaces were to be cleaned after each use and there was sanitising wipes, hand sanitiser and masks in the vehicle.

There were good practices in place in relation to the laundering of the resident clothes and house linen. Staff members used alginet bags to transfer soiled clothing or linen. The staff washed the residents clothing separately at a high temperature using the appropriate products as outlined in guidance documents. Cleaning products as instructed in the COVID-19 guidance document were used for floors and surfaces and diluted as per instructions.

There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste. Waste was stored in an appropriate area and was collected fortnightly by a waste management company.



Staff were vigilant in regards to cleaning routines and ensuring good standards of infection prevention and control in their daily practice. They were fully aware of the importance of infection prevention and control and of their responsibilities in terms of ensuring daily cleaning routines were completed in order to prevent healthcare-associated infections. The staff member spoken with during this inspection demonstrated a good awareness of infection prevention and control, of COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

There was a risk management system in place and risk assessments had been completed for risks associated with COVID-19, including the risk to the resident of isolation in their bedroom and risk of reduced staffing numbers.

Residents' health care needs were met throughout the COVID-19 pandemic. It was evident from the documents reviewed that the residents had been supported to attend appointments with their general practitioner (GP) and other clinicians. The residents had been informed of COVID-19 vaccinations and infection prevention and control and had made the decision to take the vaccine.

## Regulation 27: Protection against infection

The provider was in compliance with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

-The guidance documents the provider had available provided guidance in a number of areas including staffing arrangements, cleaning and disinfection of the centre to minimise risk of infection, staff training and reporting pathways. Staff spoken with were aware of correct protocols around infection prevention and control.

-There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The house was clean throughout, well maintained, person centred and homely. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. There was a vehicle cleaning checklist; masks and wipes available in the vehicle. There was an enhanced cleaning checklist in place in the event of an outbreak.

-There were adequate supplies of PPE and staff were observed to wear a face masks and were also observed to regularly complete hand hygiene.

-The resident was supported to understand the risk of and how to protect themselves against the risk of infection.

Judgment: 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant