



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

Issued by the Chief Inspector

Name of designated centre:	Carrowkeel Lodge
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	11 November 2022
Centre ID:	OSV-0008110
Fieldwork ID:	MON-0036086

About the designated centre

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

Carrowkeel provided full-time care and support to up to four residents with an intellectual disability and sensory impairments. The house was a large four bedroom bungalow and had ample communal areas for residents to enjoy including; a large living room, kitchen and dining area and a room that was used for visitors and doing activities. Each resident had their own bedroom and there were level access shower rooms available. There was a large garden area surrounding the house, and the exit points had ramps and handrails available for ease of access and exit. The house was located in the countryside and there was a large town nearby. The centre had transport available to support residents to access community activities in line with their individual needs and preferences. The staffing arrangements consisted of a skill mix of nursing staff and healthcare assistants. Waking night cover was provided by a nurse and healthcare assistant each night to support residents with their needs.

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
Friday 11 November 2022	10:00hrs to 15:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and the person in charge. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre comprised a large detached single storey house in the country side. There were four residents living in the centre at the time of inspection and there were no vacancies. The inspector got the opportunity to meet with all residents and the staff members supporting them throughout the day.

On arrival to the centre, the inspector met with staff members who were working for the day. The person in charge arrived shortly afterwards and was present for the day. Residents were busy getting up and ready for their day and staff were supporting them with their care. Residents did not attend an external day service, however they were supported to engage in activities from the house. On the day of inspection, two residents and staff went out on the bus and had their lunch out. Other residents were supported to have a lie-in and do activities in the house in line with their personal preferences and choices.

The centre was clean, bright and well ventilated. There were art work, photographs and soft furnishings around the house which created a warm and homely atmosphere. The inspector met and spoke with two staff members and briefly met with all residents throughout the day. Observations indicated that residents were comfortable in their home, with each other and with staff.

Staff spoken with described about how residents were getting on, and appeared knowledgeable about residents' individual support needs. Residents were observed communicating with staff members through their preferred method of communications. Residents greeted the inspector in their own way and with the support from staff.

The inspector spent time reviewing documentation including residents' care plans and person-centred plan booklets, which included photographs of residents taking part in activities. In addition, through discussions with staff and the person in charge, the inspector was informed about activities that residents enjoyed including; horse-riding, massages, going for meals out and shopping. The inspector was informed that there were plans for some residents to go Christmas shopping to Dublin in the coming weeks. Residents had opportunities for recreation and leisure within the home also, and these included table top activities, playing with sensory items, listening to music and baking. Residents also enjoyed visits from family and there was a visitor policy and procedure in place. There were no restrictions on

visitors at the time of inspection which was in line with national guidance.

Each resident had their own individual bedrooms, which were noted to be clean, bright and individually decorated. Each bedroom had an overhead hoisting system, which while not required at present, did allow for support in this area if any change in need occurred in the future. There were personal effects and photographs on display in the bedrooms in line with residents' preferences and individual tastes.

The communal bathrooms contained floor to ceiling tiles and appeared clean, hygienic and well maintained. One bathroom had a large bath, which two residents were reported to enjoy using. There were arrangements in place to clean the bath after each use, and this was included on the centre's cleaning schedule. There were supplies of hand soap, hand gels, paper towels and foot operated bins located throughout the house. However, one of the foot operated bins in the kitchen did not work, and the person in charge followed up on the day to get a replacement.

There was a spacious sitting-room which had comfortable furniture, art work, a television, an electric fire and homely soft furnishings. This was accessible through the main hallway and two residents were observed relaxing in this room during the inspection. There was music playing in the background, which created a nice atmosphere. The kitchen and dining area appeared bright, clean and functional. There was a notice board located in an accessible location in the hallway, which included information such as the staff roster, the service IPC contact lists and information about personal protective equipment (PPE), hand hygiene and about how to make complaints. A storage file box located on a wall in the hallway contained an easy-to-read statement of purpose document and residents' guide.

The laundry equipment was located in a utility room, which was accessible through the kitchen. The utility room also had a sink to promote good hand hygiene practices, hand hygiene supplies, and cupboards for storage of cleaning products, PPE and alginate bags. This area was observed to be clean and hygienic. There was also a sluice room located in the hallway, which was also found to be well maintained, clean and hygienic.

From a walkaround of the centre it was observed that overall the centre was well maintained and the provider had put measures in place for IPC. This included easy access to PPE, posters on display about hand washing and PPE use. In addition, hand gels and paper towel dispensers were readily available to promote good hand hygiene practices. There were notices on display about cleaning practices and waste disposal, and a daily cleaning schedule was in place and noted to have been signed as completed each day. However, some of the flooring throughout the house had visible staining, which it was reported may have been caused by the interaction between the adhesive and floor material. This was in the process of being investigated as to the cause so that it could be effectively addressed. This issue did not appear to create any additional IPC risk, as there were arrangements in place for daily cleaning of the centre, including all the floors.

Staff spoken with were knowledgeable about residents' individual healthcare needs and about how to support with this. There were a range of care plans in place to

guide staff. However, some care plans required updating to reflect the most up-to-date information. Staff spoken with appeared knowledgeable about practices for IPC and were observed wearing PPE, such as face masks, as appropriate for the tasks that they were completing.

Overall, the inspector found that there were good arrangements in place in Carrowkeel for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

Overall the inspector found that there were good arrangements in place for the governance and management of the designated centre. The systems in place ensured ongoing monitoring of IPC arrangements and which promoted the identification of actions for improvement. Some improvements were required to the premises, staff training and in the updating of some care plans. These will be discussed throughout the report.

The local governance structure included a person in charge who reported to a director of nursing. The person in charge had responsibility for two other designated centres and managed their time between all three centres. They had an arrangement in place whereby a handover document was to be e-mailed to them each week. The most recent document was reviewed and was found to include updates on IPC, maintenance and risks. The person in charge described about how this arrangement helped to ensure that they were kept updated and could effectively monitor the centre.

There appeared to be sufficient staff in the centre to meet the assessed needs of residents and the IPC needs of the service. The skill mix included nurses and care assistants, and there were two waking night staff each night. There were deputising arrangements for when the person in charge was on leave, and the management team had an out of hours on-call system in place also. In addition, the provider had ensured that there was an IPC lead person and people with appropriate expertise in IPC to provide guidance and support and who could be contacted for any issues relating to outbreaks of infection or COVID-19 risks. Contact details of the relevant IPC team members were readily available in the centre.

The person in charge maintained a training matrix for staff, which detailed training relating to IPC including; Infection control, donning and doffing personal protective equipment (PPE) and hand hygiene. A sample of records were reviewed, and it was found that some training was outstanding for some staff, and there were gaps in the records maintained. There was evidence that the person in charge had followed up with the staff team to complete any outstanding training, and this remained in progress.

There were clear lines of accountability for the management team and systems in place for monitoring the centre. There were policies and procedures in place for the management, control and prevention of infection. The IPC policy and procedures, the health and safety policies and COVID-19 contingency plan outlined the roles and responsibilities of staff and the management team. The person in charge was the overall responsible person for compliance and the nominated 'lead worker representative' for the centre.

The person in charge carried out audits to review health and safety and IPC arrangements. The person in charge showed the inspector the online auditing systems for IPC which was found to be comprehensive. Any actions identified through audits were included on an overall quality improvement plan, which was under ongoing review by the person in charge, with oversight by the senior management team as it was sent to them each month. This allowed for a system to monitor the status of actions identified for improvements. It was noted that an issue with the flooring and some scuff marks on a bedroom wall had been appropriately identified and these actions were included on the plan.

The provider ensured unannounced six-monthly provider audits were completed, the last one which was carried out in May 2022, and which was noted to include a review of health and safety and IPC. Some actions had been identified, and were found to have been completed or in progress. There were also checklists in place for cleaning the home, which included duties for staff working during the day and staff working each night. There were also arrangements for a deep clean of the centre to occur, as required.

The centre had a risk register which included health and safety related risk assessments; including risks associated with infectious diseases and risks associated with COVID-19. Contingency and outbreak management plans were in place for COVID-19. The centre had a 'COVID-19' online folder in place which contained documents, procedures and communications for staff. It was reported that the contingency plan was currently under review to reflect the most recent guidance published by the Health Protection Surveillance Centre (HPSC).

Communications to staff about IPC were done through staff notice-boards, team meetings, a communication diary and through service and individual work e-mails. There was an IPC lead person nominated, who e-mailed staff to alert when there were any changes to national guidance or changes required in practice. Team meeting records were reviewed, and demonstrated discussions about IPC and health and safety risks. There was an Employee Assistance Programme (EAP) available to staff, if required. Staff spoken with said they felt supported in their role.

Overall, the inspector found that there were good systems in place for IPC with regular auditing of the service. However, some improvements as detailed above relating to the premises and staff training, were required to further enhance the good practices in place.

Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted safe and individualised care and support. Residents required supports with all aspects of personal care, and staff were observed supporting residents with dignity and respect and in line with residents' assessed needs. However, some aspects of documentation required updating to reflect national guidance and vaccination status; however this did not impact on the good care provided.

Residents' needs were comprehensively assessed, and where required care and support plans were developed for any identified health-related needs. Residents were supported to access any healthcare appointments and allied healthcare professionals as required. In addition, residents had opportunities to access vaccinations in line with their wishes. Residents' meetings were held regularly, which demonstrated discussion about IPC related topics and provided a forum for the sharing of information. There were easy-to-read documents and social stories available also to support residents' understanding of topics.

Residents' care plans included personal and intimate care plans which were found to be comprehensive and detailed specific individual supports and areas of independence. Residents also had COVID-19 care plans developed in the event that they were required to self-isolate. This included arrangements about the recommended time-frame to isolate; however this required updating to reflect current national guidance.

In addition, residents had 'Hospital Passports' (a document for relevant information about residents in the event that they were admitted to hospital), which provided relevant information about them in the event that they needed to go to hospital. These also contained information about residents' vaccination status and current health needs. Some aspects regarding vaccination status required updating. In addition, the provider's policy and procedures on admissions and transfers outlined procedures to ensure that information about residents' health status or if they had a communicable diseases was shared, as relevant.

The overall standard of cleanliness and the systems in place for IPC were found to be good in promoting safe and hygienic care and support. Staff were observed adhering to standard precautions throughout the day, such as hand hygiene practices and wearing face masks, as required. There were hand sanitising equipment and paper towel dispensers throughout the home which promoted good hand hygiene practices. There were plentiful supplies of PPE available in the centre and there were arrangements in place to replenish stock, as required. Staff spoken with were aware of how to act promptly in the event that a resident displayed any signs or symptoms of COVID-19 e.g , including the use of enhanced PPE.

The house appeared clean, bright and well maintained. There were cleaning schedules in place to ensure the home was kept clean, hygienic and well

maintained. There were arrangements in place for waste disposal, including healthcare waste, and a system of colour coded mops. There were systems in place for reporting any maintenance issues. As mentioned previously there were investigations in progress to find the cause for staining on the flooring in some areas of the house. In addition, there were some scuff marks on some walls and this had been appropriately identified and was included as an action for improvement.

The laundry facilities were located in a utility room which could be accessed through the kitchen and from which there was an exit to the back area of the house. This utility room contained a sink, a dryer and a washing machine. The provider had a policy and procedures in place for laundry tasks and the person in charge had developed specific guidelines for the centre, which were readily available in the laundry room. Staff spoken with were aware of the procedures for cleaning contaminated laundry and about what to do in the event of having to clean up bodily fluids. There were supplies of cleaning products available and alginate bags for laundry, and there were safety data sheets in place for all cleaning products to promote safe practices.

There were arrangements in place for monitoring signs and symptoms of staff as a preventative measure to minimise the risk of COVID-19 and other infectious diseases. Staff were provided with public health and other COVID-19 related information, as required. There were contingency and outbreak plans developed for COVID-19 outbreaks, which included the implementation of an outbreak control team and a plan for staffing arrangements in the event of an outbreak. The guidance in place included who was responsible for arranging a review following any outbreak that occurred.

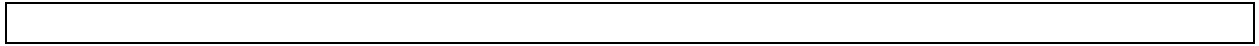
In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. There were arrangements in place to promote good IPC practices and care to residents was provided in a person-centred and safe manner.

Regulation 27: Protection against infection

Some improvements were required to enhance the effectiveness of the IPC arrangements in place. These included:

- To ensure that all foot operated bins worked effectively
- To ensure that all staff undertook all of the provider's mandatory IPC training, as required
- To ensure that the maintenance issues identified, such as stained flooring, and marks on the walls were addressed
- To ensure that all care plans included the most up-to-date information

Judgment: Substantially compliant



Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Carrowkeel Lodge OSV-0008110

Inspection ID: MON-0036086

Date of inspection: 11/11/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured that residents who are 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. • The Person in Charge replaced the foot operated bin on the day of Inspection. Completed 11/11/2022 • The Person In Charge has ensured that all staff have undertaken all of the mandatory IPC training, as required. Completed 18/11/2022 • The Person In Charge has ensured that the maintenance issues identified, such as stained flooring, will be addressed by estates, and is documented on her Quality Improvement Plan. To be completed by 31/03/2023. • The Person In Charge has ensured the marks on the walls have been repaired. Completed 18/11/2022 • The Person In Charge has ensured that all Residents care plans now include the most up-to-date information in relation to COVID Vaccines. Completed 18/11/2022 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023