



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

Issued by the Chief Inspector

Name of designated centre:	Dunmaura Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0008280
Fieldwork ID:	MON-0039979

About the designated centre

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

Dunmaura Services offers a residential service for up to five adults with a severe intellectual disability. The centre comprises a single storey dwelling located in a rural setting. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. Residents of this service require a high level of support from staff in the context of their assessed needs and are supported by a team of nursing and social care workers. Residents are supported by overnight staff, who are available to provide assistance if required during the night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

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 25 April 2023	09:30hrs to 15:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was completed 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)*. However, during the course of the inspection, significant concerns were identified in relation to fire safety evacuation at night time as the inspector was not assured that the number of staff on duty at night time was appropriate to meet the evacuation needs of all residents. An urgent compliance letter was issued following the inspection in relation to this concern.

The inspection was unannounced. On arrival at the centre, the inspector followed infection prevention and control measures on entering the designated centre. These processes included hand hygiene and face covering. Staff confirmed that there were no persons with signs or symptoms of any infections or respiratory illness including COVID-19 in the centre.

The inspector met with the staff on duty, team leader, person in charge and all of the residents. The inspector also met with the sector manager who visited during the afternoon of the inspection. From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

The centre comprises a single storey dwelling located in a rural setting. At the time of inspection, there were five residents accommodated in the house, all of whom had lived together for several years. Residents were provided with an integrated day service from the house. All residents had individual bedrooms, three of which had en suite shower facilities. There was also a separate large assisted shower room for residents use. Residents had access to a variety of communal day spaces including a sitting room, snug, dining room and kitchen. Specialised equipment including hoists, chairs, beds, showering equipment and grab rails were provided to meet the needs of some residents. The house was accessible with ramps and handrails provided at all entrance areas. Two transport vehicles were provided which could be used by residents for outing and activities. The house was generally found to be visibly clean, well maintained, comfortable and decorated in a homely manner, however, some improvements were required to further enhance infection prevention and control. For example, rusted wheels to some shower equipment, worn and defective leatherette head board, damaged paintwork to bedroom wall, and stained flooring to some bathrooms required review. While it was noted that regular cleaning was taking place, there were no daily cleaning records available, the centres colour coded cleaning system as outlined in the infection, prevention and control policy was not being fully implemented and there were no suitable hand drying facilities provided to two en suite bathrooms.

While residents were unable to tell the inspector their views of the service, they appeared relaxed and content in their environment and in the company of staff. During the morning of the inspection, some residents were up and about and getting ready to leave the centre for their planned day activities. Others were still in bed in line with their preferred routine and another was relaxing watching television. One resident was looking forward to going to meet a relative with the support of staff. Staff had prepared a photo album showing the resident enjoying a variety of recent activities including visits to a local cathedral, Bunratty folk park, eating out and having a pint of beer which they were going to bring and show to their relative. Another resident went out for a spin in the bus, enjoyed a walk and dined out for lunch.

Staff spoken with confirmed that residents continued to be supported to engage in meaningful activities in the centre and in the local community. A review of residents' personal plans showed recent photographs of residents enjoying a variety of activities including attending music concerts, spa days, attending mass, eating out, having a pint of Guinness, attending a magic garden show, celebrating birthdays, making pizza, visiting the museum and aquarium.

Staff spoke of the increasing and high support needs of residents. There were normally three staff on duty in the mornings and an additional staff member had been sanctioned from 11am to 4pm during the weekdays. Staff spoke of how this additional staff member had benefited and supported residents partake in additional activities. While all staff had responsibility for cleaning, there was a dedicated housekeeping staff member three days a week who facilitated regular deep cleaning of the centre.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was adequate space for residents to meet with visitors in private if they wished. Some residents were supported to meet family members outside of the centre, some were supported to visit family members at home and attend family events.

The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedroom and each resident had a documented intimate care plan in place. Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. While residents were unable to communicate verbally, it was clear that staff clearly understood and interpreted their gestures for support.

Staff spoken with confirmed that they had received a range of training in relation to infection prevention and control. Staff outlined how infection prevention and control was part of their daily routine in the centre and important in providing safe, effective care and support for residents. Staff showed a clear understanding and were seen to implement their knowledge regarding infection, prevention and control protocols in the centre. Throughout the inspection, it was evident that staff

continually strived to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs.

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 lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*. Some improvements were required in order to further enhance infection control in the centre. During the course of the inspection the provider was found not compliant with Regulation 28: Fire precautions and Regulation 15: Staffing. This was of particular concern given the high dependency evacuation needs of one of the residents accommodated in the centre.

There was a clear organisational structure in place to manage the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. They were supported in their role by a team leader and the senior management team within the organisation. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

On the day of inspection, there were adequate staff on duty to support the needs of residents, however, the inspector had concerns regarding the staffing levels at night time given the high dependency evacuation needs of one of the residents. Staff spoken with confirmed that there was a regular staff pattern with normally three staff members on duty during the morning time, four staff on duty during the late morning and afternoon and three staff on duty in the evening time. The inspector was not assured that the number of staff on duty at night time was appropriate to meet the evacuation needs of all residents. There was one resident who required the use of a hoist in order to evacuate. Two staff were required to safely use the hoist in line with the recommendations of the occupational therapist (OT) and there was only one staff member on duty at night time. At a recent team meeting, staff had also raised the issue of working alone at night time given the increasing needs of residents.

The person in charge and staff spoken with confirmed that training was provided on an ongoing basis. Staff confirmed that they had completed training in various aspects of infection prevention and control, including hand hygiene, donning and doffing of personal protective equipment (PPE) and national standards for infection prevention and control. Further refresher training in relation to infection prevention and control was planned. Staff spoken with confirmed that they continued to receive updated information regarding infection, prevention and control protocols including the most recent national guidance on the wearing of face masks. Minutes of recent

staff meetings reviewed showed that infection prevention and control issues had been discussed.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The provider had a comprehensive infection prevention and control policy in place which provided clear guidance to staff in a range of areas including hand hygiene, PPE, environmental hygiene, cleaning of equipment, management of laundry, management of spillages including blood and bodily fluids, management of waste and management of needle stick injuries. Staff also had access to a comprehensive cleaning guidance manual. However, the colour coded cleaning system as outlined in the guidance manual was not being implemented in practice, there were no daily or weekly cleaning records available and cleaning logs for transport vehicles had not been recently completed. While residents did not share equipment, there was no documented cleaning protocols in place for some items of equipment including a specialised showering cradle.

There was a COVID-19 information folder available to staff which contained the COVID-19 contingency response plan, outbreak management plan and the organisations guidelines for the prevention and management of COVID-19. There was also guidance on the facilitation of visits which required updating to reflect current guidance. Recent updated guidance of the use of PPE (personal protective equipment) was also available. The management team were aware of the requirement to notify the Chief Inspector of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted.

The staff team had access to an infection prevention and control nurse specialist in the organisation as well as public health specialist advice on infection prevention and control matters. The person in charge had completed Covid-19 outbreak reviews in December 2021 and in March 2022 and had identified areas for improvement and outlined the learning from each outbreak.

The systems in place to monitor and review infection prevention and control in the centre required further review and oversight to ensure compliance with infection prevention and control guidance and policies as discussed in the report. The annual review for 2022 had been completed and included consultation with families which indicated a high level of satisfaction with the service, however, it had not reflected upon infection, prevention and control. A recent unannounced audit carried out on behalf of the provider had identified that contingency planning in the context of COVID-19 required review, however, it had not reflected upon infection prevention and control in the centre. While a COVID-19 lead worker was identified with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review, the monthly reviews had not been documented since August 2022.

Others concerns relating to staffing and safe evacuation of residents had not been identified in the most recent provider led audit completed during March 2023,

however, the person in charge had raised these issues with the senior management team and showed the inspector evidence of recent communications by emails.

Regulation 15: Staffing

The inspector was not assured that the numbers of staff on duty at night time was appropriate to meet the evacuation needs of all residents. There was one resident who required the use of a hoist in order to evacuate. Two staff were required to safely use the hoist in accordance with the recommendations of the occupational therapist (OT) and there was only one staff member of duty at night time.

Judgment: Not compliant

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were supported in the prevention and control of health care-associated infections.

From discussions with staff, it was evident that they had a clear understanding of their roles and responsibilities in protecting residents from preventable healthcare-associated infections. Staff spoken with confirmed that residents were fully dependant on them in relation to infection, prevention and control protection measures. Staff advised that they continued to support residents with infection, prevention and control measures through the use of objects of reference and by supporting residents with their personal hygiene needs. Throughout the inspection, staff were observed to be diligent in performing hand hygiene.

Residents were supported to access vaccination programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including occupational therapy (OT), physiotherapy, speech and language therapy (SALT), psychiatry, psychology

and dietitian. There was evidence of regular medical and health care reviews, however, a dental appointment for one resident had not been followed up on.

The house was generally found to be visibly clean and well maintained, however, rusted wheels to some shower equipment, a worn and defective leatherette head board, damaged paintwork to a bedroom wall, and stained flooring to some bathrooms required review and repair in order to further enhance infection prevention and control. Storage for equipment also required review. Large items of specialised equipment were normally stored in the bathroom during the night-time, however, these items were stored in the fire exit hallway at the time of inspection.

There was clear guidance in place for the management of waste and laundry. Staff spoken with were knowledgeable regarding the laundry instructions and the correct temperatures for laundering clothing and cleaning equipment. There were supplies of soluble aginate bags available if required as recommended in the guidance. There was a plentiful supply of suitable waste storage bins available and contracts were in place for the removal of waste.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

While there was evidence of good practice in relation to infection prevention and control noted in many areas, some improvements were required in order to further enhance infection control in the centre. For example, rusted wheels to some shower equipment, a worn and defective leatherette head board, damaged paintwork to a bedroom wall, and stained flooring to some bathrooms required review and repair.

Systems in place to monitor and review infection prevention and control in the centre required further review and oversight to ensure compliance with infection prevention and control guidance and policies as discussed in the report. The annual review and six monthly audits had not reflected upon infection, prevention and control in the centre. Monthly reviews to ensure that agreed infection prevention and control measures in the workplace had not been documented since August 2022. The colour coded cleaning system as outlined in the guidance manual was not being implemented in practice, there were no daily or weekly cleaning records available, cleaning logs for transport vehicles had not been recently completed. There was no documented cleaning protocols in place for some items of equipment including a specialised showering cradle.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that the provider had adequate arrangements in place for evacuating, where necessary in the event of fire, all persons in the designated centre. There was one resident who required the use of a hoist in order to evacuate. Two staff were required to safely use the hoist and there was only one staff member of duty at night time.

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	
Regulation 15: Staffing	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Dunmaura Services OSV-0008280

Inspection ID: MON-0039979

Date of inspection: 25/04/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A second staff member is available in the house at night time to assist in the event of a fire and will remain in place until the planned bedroom exit fire door is installed to allow a bed evacuation.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: In order to come into compliance with Regulation 27 the Person in Charge has arranged for an IPC audit to be completed in the designated centre by a qualified IPC practitioner by the 27/06/2023. From this an action plan will developed to address and areas of non-compliance. In addition a new IPC/Safety monthly audit has been developed by the organization that will monitor IPC in the center and the PIC will ensure that these audits are completed by the team leader or designate, this will replace the current Lead Worker checklist. The PIC will ensure that they monitor these audits on a quarterly basis to ensure compliance with IPC guidance and policies. The PIC will also ensure that the color coded cleaning system will be followed and that the daily and weekly cleaning schedules are completed as a record of all cleaning carried out, this will also include cleaning of the 2 vehicles in the centre. A cleaning protocol has been put in place for cleaning of specialist equipment</p>	

A maintenance plan has been developed to ensure the following is carried out:
 The worn headboard will be repaired /replaced. The rusted wheels to the shower equipment will be replaced or the item decommissioned.
 Currently there are renovations and buildings works being carried out which will result in reconfigurations to the current house once this is completed the rooms will be painted and flooring replaced.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Multidisciplinary Team reviewed the use of a guldman full bed insitu sling which can be operated by one staff member. The review was completed on site by our Occupational Therapist and a Manual Handling trainer. The guldman sling lies over the mattress and is permanently insitu underneath the bed sheet. In the case of a fire evacuation one staff member needs to unstrap it from the mattress and attach the smart loop system to the hoist. This enables the person supported to be lifted from his bed without the need for manual handling and without risk to himself or others as the sling envelopes his entire body. He can then be transferred to his chair to safely egress. Training on the use of the guldman sling and hoist and will be provided to all staff by a Manual Handling trainer. An additional measure is currently in place ensuring that a second staff member will be available in the house at night time to assist in the event of a fire and will remain in place until the planned bedroom exit fire door is installed to allow a bed evacuation.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	28/04/2023
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	Substantially Compliant	Yellow	30/06/2023

	infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	28/04/2023