



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

Issued by the Chief Inspector

Name of designated centre:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	03 August 2022
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0035687

About the designated centre

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

The designated centre provides a residential service to eight residents who have an intellectual disability. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is a sitting room and kitchen/dining room for residents' use. The centre is located in a housing estate and is within walking distance of the local town. Transport is provided on a shared basis and residents also have access to public buses and taxis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 3 August 2022	09:00hrs to 13:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed living in this centre and that they were supported to enjoy a good quality of life. They were also active members of their local community and they were encouraged to maintain contact with their respective families. Although, the centre appeared like a pleasant place in which to live, improvements were required in regards to the oversight and implementation of infection prevention and control (IPC) procedures in this centre.

This was an unannounced inspection to monitor the care and support in terms of IPC in this centre. The inspector met with six residents who were using this service on the day of inspection. As the inspection commenced three residents were up and about having their breakfast and preparing for the day ahead. Other residents were having a sleep-on in bed as they were on holidays from their respective day services. The residents were supported by three staff members throughout the morning and there were very pleasant interactions observed throughout the inspection. Residents were regularly reassured by staff members about the day ahead and they had a warm and personal approach to care. For example, a staff member who was writing up some care notes at the kitchen table stopped frequently to chat and engage with residents as they spoke about the cost of their up-coming holiday and where they planned to stay.

The inspector observed that residents had free access to all communal areas of their home. As the morning progressed the inspector observed that some residents prepared their own breakfast, including making tea, having cereal and heating food in the microwave. Residents chatted casually with each other and staff members and some residents also spoke with the inspector about their plans for the day and the summer. One resident planned to go out with staff for coffee and another had told the day centre staff that he would look after the flowers during the summer break and he headed off to water them in the early afternoon. Residents were also looking forward to their summer holidays with two separate hotel breaks planned over the rest of the summer.

Two residents chatted freely with the inspector about COVID-19 and they both explained how they sometimes wear masks in public but they always wash and sanitise their hands. Residents were also supported to attend regular meetings where hand hygiene was promoted and residents were reminded of its importance. The minutes of one meeting described how residents had been through a recent outbreak of COVID-19 and they were asked their thoughts on it, with residents describing how self isolating was the most difficult aspect. Although, this was a positive aspect of care to review the outbreak, no further action was taken with the residents to assist them with isolating should another outbreak occur.

The inspector spoke with two staff members who were on duty on the day of inspection. One staff member described the cleaning and disinfecting arrangements which were in place and they outlined that new products to clean and disinfect the

centre were due to be introduced in the near future. They also spoke about the colour coded cleaning system which was in place and how the centre was cleaned throughout the day. While the staff member could describe the cleaning and disinfection arrangements in this centre, the inspector found that improvements were required in regards to both cleaning and disinfection of the centre, this will be discussed later in the report.

Overall, the inspector found that residents enjoyed living in this centre; however, improvements were required to the general cleaning, disinfection and maintenance. Furthermore, the inspector also found that significant improvements were required to the oversight of IPC arrangements which had the potential to negatively impact on the quality and safety of care which was provided. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that the oversight and management of IPC required significant improvements to ensure that the centre was implementing robust IPC procedures and in doing so, promoting residents' health and wellbeing.

This was an unannounced inspection which was facilitated by the person in charge. The person in charge held responsibility for two designated centres and they were also responsible for the IPC arrangements in this centre. The person in charge attended the centre frequently and they had a good understanding of the service and also of each resident's individual care needs. The person in charge described recent difficulties in maintaining staffing numbers and they outlined how they filled deficits in the staff rota which impacted on their ability to manage both centres. The provider had completed all required audits and reviews and the most recent six monthly audit had examined IPC arrangements. The person in charge had also completed scheduled IPC specific audits; however, neither audit had identified any of the issues which were found on this inspection.

The inspector found that there was a disjointed approach to IPC in this centre which did present a risk to residents. The person in charge outlined that she was not aware of any contingency plans at a senior management level to assist in preparing the centre for a potential outbreak of COVID-19. The centre had a prepared COVID-19 response plan which was robust in many areas and focused on the health and well being of residents should they acquire the disease. It explained how resident's health would be monitored and that activities should be encouraged. However, this plan lacked sufficient detail to effectively respond to a COVID-19 outbreak. There were no contingencies in place to ensure that staffing ratios would be maintained and there was no clear instruction as to how individual residents would isolate. Furthermore, the plan had not been updated to reflect a change in senior management and although the document outlined that enhanced cleaning should occur, it did not state the specific arrangements for cleaning and disinfecting

resident's rooms where they were isolating.

The provider had also produced an IPC policy which was a two page document to outline how residents were protected in this area of care. This document referenced an external guidance to outline how IPC was promoted in this centre. However, this document was not available for review and therefore the provider was unable to demonstrate that areas such as cleaning, disinfecting and the management of bodily fluids were in line with the provider's recommendations. Although there was information available in regards to the management of laundry and waste without a more robust policy on IPC the provider was unable to demonstrate that the available recommendations were in line with recommended IPC arrangements.

Staff who met with the inspector wore a face mask and they were observed to frequently wash and sanitise their hands. They had a good knowledge of the colour coded cleaning system which was in place and they highlighted that new cleaning and disinfection products were due to be implemented subsequent to the inspection. One staff member pointed out that a combined cleaner and disinfectant was used in this centre for general day-to-day cleaning; however, this was not in line with the recommendations which were outlined in the above mentioned COVID-19 outbreak plan. Without a robust IPC policy the provider was unable to demonstrate that the recommended cleaning products were in use in this centre. Furthermore, the inspector was not advised as the location or arrangements for hand hygiene or hand sanitisation as the inspection commenced.

The inspector spoke with two staff members who discussed the arrangements to support residents during a potential outbreak of COVID-19 and staff members explained how the centre had already experienced two outbreaks. Staff who met with the inspector had a good understanding of each resident's individual care needs; however, there was a lack of clarity in regards to supporting some residents during a potential outbreak, including where their planned care would be delivered. There were further improvements required as two staff members had not received training in IPC or hand hygiene. In addition, a review of staff meeting records had highlighted issues in regards to maintaining staffing ratios; however, the provider had not responded to this issue and as mentioned above, suitable contingency planning had not been introduced to resolve this issue.

Overall, the inspector found that the IPC arrangements in this centre required significant improvements. Furthermore, the centre's preparedness and contingency planning also required review to ensure that staffing rations would be maintained should a potential outbreak occur.

Quality and safety

The inspector found that residents enjoyed a good quality of life and that they had good access to the local community. However, the centre did require additional

attention in terms of cleaning and maintenance.

The centre was a large premises with each resident having their own bedroom. There was an adequate number of shared bathrooms and communal areas were spacious with comfortable furniture for residents to relax. The inspector found that many areas were clean, including the centre's main sitting room and there was relevant information on display in regards to hand hygiene. However, many areas required additional cleaning and maintenance. For example, there was staining from spillages on the kitchen doors and a sink in the utility was not clean. The centre's bathrooms also required enhanced cleaning as there was mould present on sink and shower seals and a shower chair was rusted. The person in charge also indicated that this chair could be shared, yet there was no guidance in place to recommend how to clean and sanitise shared equipment after each use. Maintenance was also an issue in this centre with damage evident to the kitchen counter top and doors which impacted on staff members' ability to clean and sanitise these areas. In addition, the inspector found that refrigeration units were clean internally; however, door seals had food debris present which indicated that these were not cleaned on a regular basis.

As stated earlier, staff members described how they used a combined cleaning and disinfecting solution in combination with a colour coded cloth system to clean and sanitise the centre. Staff also described how they cleaned the centre a number of times per day; however recording sheets for the completion of these tasks were only available for one day, which was the day of inspection. There was also conflicting information in regards to the products to use when cleaning and sanitising. As mentioned earlier, there was a disjointed approach to IPC and this was evident in the cleaning and sanitising of the centre, as there was no formal guidance present to guide staff on how often they should be cleaning and also the recommended products to use.

As mentioned earlier, residents attended regular house meetings where they discussed the importance of hand hygiene. Residents who met with the inspector explained the importance of hand hygiene and also how they wore a mask at their own discretion. The person in charge also outlined how the provider had introduced a range of easy-to-read information to assist residents in understanding COVID-19 and also IPC.

Staff members explained how residents are assessed on a daily basis in terms of COVID-19 and they also had good access to the health services. Residents were also supported to have visitors and a resident who met with the inspector explained how they would often meet their brother in a local coffee shop for a catch up. The person in charge explained that guidance was in place to promote residents' safety when having visitors; however, staff members had not advised the inspector of this guidance and indicated that visitors are only required to sign a visitor's record.

Overall, the inspector found that residents enjoyed living in this centre and that their rights and access to the community was promoted. However, in terms of IPC significant improvements were required as there was a disjointed approach to this

area of care which had the potential to negatively impact upon the provision of care.

Regulation 27: Protection against infection

Infection prevention and control is an integral aspect of care and assists in promoting the health and wellbeing of residents. For IPC to be effective, it requires robust oversight, including policy and procedure to ensure that staff are equipped with the necessary skills and resources for its implementation. In this centre, there were failings identified in both policy and procedure which had an overall negative impact on the provision of IPC in this centre. This was evident in areas of care such as staff training, contingency planning, general cleanliness and a lack of clarity in regards to supporting residents to isolate if they acquired COVID-19.

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 The Birches Services OSV-0001500

Inspection ID: MON-0035687

Date of inspection: 03/08/2022

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 PIC has updated the individual Residents self-isolation plans in consultation with Residents and Keyworkers (Completed September 2nd 2022).</p> <p>As IPC guidelines are issued by the Government departments, it will be shared with Residents at their monthly house meetings (see House Meeting notes available within the centre).</p> <p>The PIC will ensure the implementation of the service cleaning manual already developed including specific products for specific cleaning and disinfecting tasks and which in addition will include staff instruction on when and how these should be used to reach and maintain appropriate IPC compliance standards within the service in line with the Organization IPC policy and supporting HSE (Cork and Kerry) Infection Prevention and control booklet for Community Disability Services support document. (By September 9th 2022). The PIC will by carrying out weekly audits ensure IPC is up to standard.</p> <p>The PIC has reviewed and drawn up a comprehensive daily, weekly, monthly cleaning schedule within the Service, this will be audited by the PIC as part of her ongoing auditing schedule within the Service. (Completed August 16th 2022).</p> <p>The PIC has reviewed all staff have training in IPC and records in place to support this. (Completed 31 August 2022.)</p> <p>The PIC has undertaken a review of maintenance concerns within the service and comprehensive maintenance list has been forwarded to the relevant dept. for action. (September 30th 2022).</p> <p>The PIC has developed a clear and simple guide document and is available for all service</p>	

visitors to inform and guide them about IPC safety requirements throughout their visit. (Completed 30th August 2022). IPC will continue to be an agenda item at staff meetings.

The PIC and PPIM will have regular scheduled support and supervision meetings to discuss all IPC matters and review ongoing practice within the service. These meetings will include a review of Outbreak Contingency planning as required. There is a Service Level Contingency Plan /Organisational Contingency plan in place in the event of an outbreak (Meetings commenced on 9th August 2022 and will continue weekly until compliance satisfactorily achieved).

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	30/09/2022