

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

## Issued by the Chief Inspector

Name of designated centre:	Ballylusk Cottage and Apartment
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0001846
Fieldwork ID:	MON-0039132

## About the designated centre

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

Ballylusk Cottage and Apartment designated centre provides respite and residential care for residents with an intellectual disability. The centre comprises of a five bedroomed dormer bungalow and a separate self contained one bedroomed apartment. They are both located on the same site in a rural setting but within driving distance of a range of local amenities. Up to four children can be provided respite care in the main property building at any one time. The centre also comprises of a stand-alone building referred to as an apartment. It provides a residential placement for one resident between the age of 18-25 years. A number of residents availing of respite services in this centre require autism specific supports and also supports in the management of behaviours that challenge. A high staff to resident resource ratio is in place in this centre. The centre is resourced with two transport vehicles. The designated centre is managed by a full-time person in charge and a deputy manager also forms part of the operational management of the centre. The remaining staff team consists of social care workers.

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

Number of residents on the date of inspection:	3
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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
Thursday 18 May 2023	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control. A recent safeguarding incident was also reviewed as part of this inspection.

From what the inspector observed, there was evidence that the registered provider had put in place a number of arrangements which were consistent with the National Standards for infection prevention and control in community services. However, there was significant maintenance and repair required to a range of areas and surfaces in the centre. This impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted. There were governance and management systems in place. However, although monitoring of the services were undertaken, these were not adequate as the effective cleaning of some areas could not be assured from an infection control perspective.

The centre comprised of a large five bedroom dormer style bungalow and a separate self contained one bedroom apartment. It is located on its own spacious grounds in a rural setting but within driving distance to a range of local amenities in county Wicklow. The centre is registered to accommodate five residents in total. This includes up to four residents, under the age of 18 years in the main house for respite care and one resident, between the age of 18 and 25 years in the apartment. On the day of inspection there were two children availing of respite in the main house and the resident in the apartment was on a planned overnight stay in their family home.

The inspector met with the two residents availing of respite on the day of inspection. Neither of these residents were able to tell the inspector their views of the service but they did indicate by sign language that they were happy and that they had had a good day in school. Both residents appeared comfortable in the company of staff and staff were observed to appropriately respond to their verbal and non verbal cues. One of the residents was observed to enjoy water play in the garden while the other resident was seen smiling and laughing while watching a movie with a staff member. Both of the residents were observed to have a meal on return from school which they appeared to enjoy.

In total, 21 residents availed of respite in the centre with a maximum of four residents attending together at any one time. There were respite booking meetings coordinated each month which determined respite nights offered. Respite users who attended together were determined on their age, group compatibility and levels of dependency and assessed needs. Each of the residents availing of respite in the centre had a school placement. Overall, it was considered that residents who attended for respite together got along well together. Groupings were subject to regular review to ensure compatibility and suitability. A small number of residents presented with behaviours which could challenge in a group living environment.

However, overall incidents were considered to be well managed. All of the residents had access to the provider's behaviour support specialist and guidance was in place for staff to support residents who required such support.

The resident residing in the separate one bedroom apartment was over 18 years and had previously availed of respite in the centre as a child. In 2021, the provider had been granted an application to vary its conditions of registration to allow this young person to reside in the self-contained apartment until they were 25 years as they transitioned to adulthood. This resident had an individualised service from the apartment where they on average resided for four nights per week while spending the other nights in their family home. The apartment was located on the same grounds as the main house but a short distance away. It was self-contained and had its own private patio and garden area. A new electronic cover had recently been installed over the resident's basket swing in the garden which was reported to be one of the resident's favourite activities.

The centre was found to be comfortable and accessible. However, significant maintenance was required in a number of areas. The following was observed: worn and chipped paint on walls and woodwork in a number of areas in the main house and in the apartment; worn and broken flooring in the hallway and sitting room area, worn surface on the hand rail of the staircase in the main house, worn and broken surface on some furniture, e.g. in staff sleepover room in main house, stained and worn tile grouting in a number of ensuite bathrooms and on the tiles behind the hob in the kitchen of the main house, worn surfaces on kitchen presses in both locations and particularly on the work top of the kitchen in the main house. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

In both locations, each of the residents had their own bedroom and ensuite facilities. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. The bedrooms were nicely decorated. Residents availing of respite had allocated boxes with items of their choosing and preference which they could display and use during their stay. Mural pictures of residents on various outings and completing activities during their various respite stays were on display.

Cleaning in the centre was the responsibility of the staff team. There were checklists in use and records were maintained of areas cleaned. The inspector found that there were adequate resources in place to clean the centre.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that overall they were happy with the care and support being provided in the centre. The provider had completed a survey with some of the relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

The majority of the staff team had been working in the centre for an extended

period. However, there were three whole-time equivalent staff vacancies at the time of inspection. These vacancies were being covered by a regular small number of agency and relief staff in addition to planned closures of the respite service. This provided some consistency of care for the residents. Recruitment was reportedly in the final stages for these positions.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

## Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. However, it was noted that the provider had failed to ensure that the centre was maintained in a good state of repair and thereby could not ensure that effective infection prevention and control arrangements were in place..

The centre was managed by a suitably-qualified and experienced person. The person in charge had taken up the position in May 2021. He held a degree in social care, which included modules in management. He had more than seven years management experience. The person in charge was in a full time position and was not responsible for any other centre. He was supported by a deputy manager. The person in charge had full protected hours for their role while the deputy completed some shifts on the floor. The person in charge and deputy manager presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of operations who in turn reports to the chief executive officer. The person in charge and head of operations held formal meetings on a regular basis.

There was some evidence that infection prevention and control had been prioritised by the registered provider. A review had been completed and recorded post any outbreaks of COVID-19 which considered what had worked well, areas for improvement and possible causes. Overall, the risk of acquiring or transmitting the infection had been controlled in the centre. There was a COVID-19 contingency and outbreak plan in place.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service

Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed. Scenario model and potential action plans were in place in the event of an outbreak.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature with the most recent one being in January 2023. An annual review of the quality and safety of care and six monthly unannounced visits had been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were systems in place for workforce planning which ensured that there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. However, there were three whole-time equivalent staff vacancies at the time of inspection. It was noted that these vacancies were being filled by a regular small number of relief and agency staff, in addition to planned closures of the respite centre. Recruitment was reportedly in the final stages for these positions.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams should it be required and contact information relating to these supports were documented in the centre.

## Quality and safety

The residents appeared to receive person-centred care and support. Residents were age appropriately informed, involved and supported in the prevention and control of health-care associated infections. However, as referred to above the maintenance required in a number of areas in the centre impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted.

Residents were provided with age appropriate information and were involved where appropriate in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control were discussed at regular intervals with individual residents and at residents meetings. Residents were supported and encouraged to clean their hands on arrival back to the centre from being out in the community.

There were arrangements in place for the laundry of residents' clothing and linen. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. The provider had a small maintenance team in place across the organisation. All



maintenance requests were recorded.

There was a COVID-19 contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. There were procedures in place to complete a review post an outbreak in the centre. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Environmental and hand hygiene audits were undertaken at regular intervals. Specific training in relation to infection control arrangements had been provided for staff. Posters promoting hand washing were on display

### Regulation 27: Protection against infection

The provider had failed to ensure that the centre was maintained in a good state of repair and thereby could not ensure that effective infection prevention and control arrangements were in place. The following was observed: worn and chipped paint on walls and woodwork in a number of areas in the main house and in the apartment; worn and broken flooring in the hallway, stairs and sitting room area, worn surface on the hand rail of the staircase in the main house, worn and broken surface on some furniture, e.g in staff sleepover room in main house, stained and worn tile grouting in a number of ensuite bathrooms and on the tiles behind the hob in the kitchen of the main house, worn surfaces on kitchen presses in both locations and particularly on the work top of the kitchen in the main house. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Ballylusk Cottage and Apartment OSV-0001846

Inspection ID: MON-0039132

Date of inspection: 18/05/2023

## 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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The provider had failed to ensure that the centre was maintained in a good state of repair and thereby could not ensure that effective infection prevention and control arrangements were in place. This has been highlighted in multiple organisational audits including; Provider audits, IPC audits, Health &amp; Safety audit and Built Environment/Maintenance audit – a business case will be prepared to secure funding for the works and there are ongoing negotiations with the landlord to permit the works to be carried out. 30th September 2023</p> <p>The following was observed: worn and chipped paint on walls and woodwork in a number of areas in the main house and in the apartment; A third maintenance person has been hired and awaiting a start date. Once that person commences, priority will be given to Ballylusk for remedial patching work to be completed. 30th July 2023</p> <p>Full painting of the premises will be part of the business case to be prepared to secure funding. 30th September 2023</p> <p>worn and broken flooring in the hallway, stairs and sitting room area, worn surface on the hand rail of the staircase in the main house, Replacement of flooring and hand rails have to be agreed with the landlord and there are ongoing negotiations to gain permission for the works to be carried out. A business case will be prepared to secure funding for the works. 30th September 2023</p> <p>worn and broken surface on some furniture, e.g in staff sleepover room in main house, This relates to a chest of drawers that has been disposed of – Complete 19th July 2023</p> <p>stained and worn tile grouting in a number of ensuite bathrooms and on the tiles behind the hob in the kitchen of the main house, A third maintenance person has been hired</p>	

and awaiting a start date. Once that person commences, priority will be given to Ballylusk for remedial patching work to be completed. 30th July 2023

worn surfaces on kitchen presses in both locations - Replacement of kitchen presses have to be agreed with the landlord and there are ongoing negotiations to gain permission for the works to be carried out. This will be part of the business plan to secure funding for the works. 30th September 2023

worn surfaces on the work top of the kitchen in the main house – Replacement of the work top has to be agreed with the landlord and there are ongoing negotiations to gain permission for the works to be carried out. This will be part of the business plan to secure funding for the works. 30th September 2023

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2023