



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

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0004840
Fieldwork ID:	MON-0036188

About the designated centre

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

Kingfisher 3 consists of a semi-detached two-storey house and two detached two-storey houses located in housing estates in a city. The centre provides full time residential care for up to eight residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the three houses of the centre include kitchen/dining rooms, living rooms, bathrooms and staff rooms. The residents are supported by the person in charge, social care workers and health care assistants/support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 9 November 2022	09:40hrs to 14:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control (IPC) practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with five of the residents during the inspection at times which suited their daily routines.

This designated centre was last inspected in August 2021 and was found to be compliant with regulation 27: Protection against infection during that inspection.

As the inspector arrived at one of the houses, two residents and a staff member were already in a transport vehicle ready to leave the designated centre. The staff member informed the inspector of the planned activities for both residents. One resident was being supported to attend their day service and the other was going to part take in a bowling activity with peers in the community. The inspector met the residents later in the day on their return to the designated centre. The inspector was informed that both residents were enjoying partaking in their schedule of community activities each week since the pandemic restrictions had eased. Staff explained how they have assisted one resident to self advocate for the return of their day services and assisted the other to part take in a new activity, social farming. The new experiences for this resident included feeding hens, grooming ponies and collecting apples. The inspector was informed the resident came from a farming background and was enjoying their time on the farm each week.

On arrival to the first house in the designated centre, one resident opened the front door of their home and greeted the inspector with a smile. They were supported by a staff member who explained to the inspector that they were planning on going for a leisurely walk in the community and to visit a local café for a preferred hot drink. The resident sat with the inspector a number of times during the inspection. Staff explained the resident liked to have visitors call to the house. The staff encouraged the resident to inform the inspector of their interests which included sensory activities such as spa treatments, reflexology and massages. The resident smiled when the staff member informed the inspector that a treatment had been booked for the resident in the weeks after this inspection.

The inspector was introduced to two other residents living in an adjacent house before they went out on planned community activities. The staff member was observed to explain to the residents the purpose of the inspector's visit. They also asked the residents if they were happy for the inspector to visit their home. One of the residents acknowledged the inspector and gestured their consent for the inspector to walk around their home. This resident also acknowledged with a smile their fondness for music when asked by the inspector. Their preferred music was playing at the time. Later in the day, the staff member spoke about recent activities

that the residents had enjoyed which included walks on a beach and in other local amenities, visiting restaurants and engaging in social activities such as shopping.

The inspector visited the third house located in a nearby new residential area with the social care leader. Both residents living in the house were not present at the time. The inspector completed a walk around of the communal areas in this house only.

Staff spoken to during the inspection outlined the positive impact the easing of the public health restrictions had for the residents. Regular schedules for each resident each week now included attending day service, community activities such as bowling, social farming, shopping and other social activities in line with residents individual preferences. Staff had also supported all of the residents to remain safe during the pandemic in 2020. Two residents were supported to recover in their home at the end of 2021 when they contracted COVID-19. Another resident contracted the virus in June 2022 with no other cases identified in the designated centre at that time. Staff crossover between each house was avoided where possible and appropriate PPE was available for use during any period of infection being present in the designated centre.

All of the houses in this designated centre were observed to be well ventilated and homely. They were decorated with personal items reflective of the residents living in the designated centre. The inspector was aware of progress being made by the provider regarding some upgrade works in this designated centre, in advance of this inspection. New kitchens had been installed in two of the houses in the months prior to this inspection. However, the inspector observed some variance in the general maintenance in other areas of these two houses which was seen to adversely impact on effective cleaning being able to be completed by residents and staff. The third house was a newly built house and was well maintained throughout with evidence of effective cleaning being completed. Issues identified regarding the premises will be further discussed in the quality and safety section of this report.

The inspector was unable to meet the person in charge on the day of the inspection and briefly met the social care leader during the inspection. While both staff offered to leave their commitments the inspector declined the offer. The inspector spoke with the person in charge on the telephone during the inspection. Staff on duty in the designated centre facilitated the inspection. All staff were observed to interact in a respectful and familiar manner with the residents during the inspection. The inspector provided feedback to the person in charge and a person participating in management during a pre- arranged telephone call on the day after this inspection.

The inspector observed some areas of good practice relating to IPC which included staff knowledge, appropriate use of personal protective equipment (PPE) and evidence of cleaning being completed on some regularly used surfaces. However, the storage of some cleaning equipment on the day of the inspection was not consistent with the provider's own IPC cleaning guidance manual which had been updated in May 2022. In addition, while supplies of paper towels were present in the designated centre, the inspector was not assured that procedures in place regarding the use and disposal of the paper towels were in line with current public health

guidelines- Community infection prevention and control manual. A practical guide to implementing standards and transmission based precautions in community and health care settings- March 2022. This will be further discussed in the quality and safety section of this report.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols, guidelines and relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe service. The provider had identified a staff member as the COVID-19 lead in the designated centre and also had a COVID-19 steering committee at organisational level. However, while monitoring systems were in place, ongoing review was required to ensure that there was consistent and effective prevention and control practices followed in this designated centre.

The designated centre operated as a residential centre for adults and had been previously inspected in August 2021. Non-compliance was found in some regulations reviewed at that time which included notification of incidents, general welfare and development, and fire precautions. Following that inspection and resulting compliance plan response, the centre had its registration renewed until December 2024 but with a restrictive condition requiring the provider to improve fire safety management of the designated centre by 31 December 2022. Key areas of focus on this inspection included, monitoring of the infection prevention and control practices by the provider, the leadership, governance and management of the centre and staffing

The person in charge worked full time and was new to the role in this designated centre since September 2022. Their remit as person in charge included one other designated centre in addition to their role as area manager with the provider. They were supported in their role by a social care leader who worked full time in this designated centre. The social care leader was also new to the role in this designated centre. However, the inspector was assured through engagement prior to this

inspection and observations during the inspection that both demonstrated their familiarity with the residents in the designated centre, their awareness of their roles and responsibilities and outlined actions taken to ensure the ongoing safety of residents.

The person in charge ensured there was an actual and planned rota in place which was reflective of the individual needs of the residents in each house. There were no staff vacancies at the time of this inspection with regular relief staff available to provide support to residents when required. In February 2022 when staffing levels were limited due to the pandemic a risk was identified and escalated to senior management by the previous person in charge. Control measures, including on-site support from the area manager, were put in place to support staff to have breaks during their shifts. Training records of staff indicated that all had attended up-to-date training in IPC. While not all staff had attended supervision at the time of this inspection, this was scheduled and planned to take place before the end of 2022.

The inspector acknowledges that it was not possible for all requested documentation to be made available during the inspection. The inspector was informed that some documentation was only available in electronic format which could not be accessed from the designated centre's computer system, these included recent staff meeting notes. The provider had completed an annual review for 2021 and six monthly provider –led audits as required by the regulations. The most recent audit being completed in August 2022. These were provided to the inspector for review after the inspection. However, the reports did not contain details of the progress tracking, a time frame for the completion of the actions identified and who was responsible to ensure the actions were completed. In relation to regulation 27: Protection against infection an action was identified in the February 2022 internal audit. The person in charge was to ensure that the monthly IPC quality tool audit was completed for each house in the designated centre. However, at the time of this inspection, the inspector was not able to review these monthly audits after August 2022. During the feedback meeting, the person in charge outlined the process followed internally for the completion of these audits on a monthly basis.

The inspector reviewed a sample of completed IPC checklists which included daily, weekly and monthly duties. Guidance was also available for staff to ensure the correct completion of these documents. However, some cleaning activities had not been consistently completed in line with the guidance. For example, monthly cleaning duties were to be completed by 15 day of each month. While staff had documented the duties that had been completed in September 2022, not all had been documented as being completed during October 2022. In addition, staff spoken too were not aware if regular checks were being completed on best before dates on stocks of PPE in the designated centre. However, during the feedback meeting the inspector was informed of plans to introduce a new weekly checklist in the designated centre which would address some of the gaps mentioned in this report including monitoring of the expiry dates on PPE.

The provider had ensured a contingency plan had been developed and was subject to regular review. The most recent review had taken place in July 2022 and implemented on 4 September 2022. This included the management of suspected

and confirmed cases of infection, close contacts, an outbreak in the designated centre and the impact on staff. It also included details of supports to be provided if a resident may not be able to self-isolate in the designated centre. However, the Health Information and Quality Authority (HIQA) self-assessment in preparedness planning had not been subject to a recent review. It was last reviewed on 21 June 2022.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards.

As previously mentioned in this report variance in the three premises was evident during the inspection. The most recently built house in which two residents lived, was well ventilated and was decorated in a homely manner which reflected the personal choices of both residents. The inspector observed evidence of regular cleaning being completed, all surfaces were found to be intact which assisted with the effective cleaning of all areas.

The kitchens in the other two houses had recently been replaced with new units and appliances which residents were very happy with. Staff also reported an improvement in their ability to effectively clean these areas. This was evident during the inspection. These houses were also well ventilated and found to be decorated to reflect the personal choices of individual residents. However, other areas of both houses required further review to ensure effective cleaning could be completed. The inspector was informed that the replacement of some damaged flooring had been identified and was contained within the maintenance log for the designated centre but no time line for completion of these upgrade or repair works was available at the time of this inspection. The inspector observed damaged floor surfaces in communal hallways of both houses, some residents bedrooms and the staff office in one of the houses.

The inspector observed a number of issues in one resident's bedroom and ensuite. There was damage evident to the surface of their headboard which directly impacted the effective cleaning of the area. The inspector was informed by staff present that the resident had not expressed a particular attachment to that piece of furniture which would impede recovering or changing the furniture in line with the resident's expressed wishes. The flooring was not intact in a number of areas which had evidence of debris build up. The fixtures and fittings in the en-suite had evidence of wear and tear which also impacted on the effective cleaning of the

space. The shower cubicle had marks evident where effective cleaning was difficult to complete. In addition, the inspector was informed this space was being used by another resident for showering as another bathroom was not suitable for that resident's needs. This was discussed during the feedback meeting after this inspection in relation to the residents rights, dignity and privacy.

The inspector was also informed that a toilet in one house was not working properly. The length of time the toilet was not working could not be clearly outlined to the inspector during the inspection. This toilet was located downstairs and the resident for whom it would be of greatest benefit had their bedroom located nearby on the ground floor. The resident had an ongoing medical condition, for which an occupational therapy report recommended using the toilet downstairs to reduce the impact on the resident's joints when using the stairs. However, the inspector observed the resident using an upstairs toilet multiple times during the day. In addition, staff had reported in the resident's communication notes that they had not slept well on the night of 5 November 2022. They had gone upstairs on four occasions to use the bathroom. Staff did inform the inspector that the resident did chose at times to use the bathroom upstairs but at the time of this inspection they did not have access to a working toilet on the ground floor. This was also discussed during the feedback meeting.

Other issues identified during the walk about of the houses included the absence of bins to dispose of used paper towels in some bathrooms. There was a cloth hand towel for communal use in a bathroom but no protocols in place for regular changing of the towel. In addition, while paper hand towels were available in bathrooms the location of some required further review to reduce the risk of cross contamination occurring. For example, one bathroom had a roll of paper towels located on the edge of the bath which required each person who needed to dry their hands to pick up the whole roll and tear off the required towel. This meant multiple individuals were touching the roll of towels. The inspector also observed the storage of cleaning equipment was not consistently in line with the provider's own guidelines. For example; cleaning buckets were to be stored dry, but a number of buckets were being stored at the rear of one of the houses, exposed to the weather. In addition, the inspector was not assured that an effective protocol was in place regarding the use of mop heads in the designated centre. While staff indicated that the mop heads in use had been recently changed when the new kitchens were installed, no guidelines were available on when these should be changed.

Infrequently used spaces had items stored on a number of floor areas which directly impacted the ability to effectively clean the spaces. The inspector was informed an upstairs room which had formerly been an office was not included in the cleaning checklists. There was evidence of debris and cob web build-up in a few areas. While there were a number of floor mats present in some rooms, these were not included in the cleaning schedule. Staff indicated that these would be regularly vacuumed but this was not documented on the cleaning checklists reviewed by the inspector at the time of the inspection. In addition, a number of infrequently used water outlets were not flushed in –line with public health guidance to reduce the risk of legionnaires

disease and it was not identified as a possible risk on the centre specific risk register.

Regulation 27: Protection against infection

Some areas of improvement were required to ensure that IPC practices and procedures were consistent with the provider's protocols and relevant national standards. These included;

- The progress of actions identified and time frame for completion in the provider's annual review and internal audits was not consistently completed.
- Not all of the IPC cleaning checklists were consistently completed.
- The storage of cleaning equipment was not consistently in line with the provider's IPC cleaning guidance manual published in May 2022.
- Damaged surfaces impacted effective cleaning being completed in some areas of the designated centre. This included flooring in some communal areas, a resident's bedroom, a staff office and bathroom fixtures and fittings.
- The storage of items on the floor in a number of different rooms including a vacant office impacted the effective cleaning of these areas.
- There was a lack of appropriate paper towel fixtures/dispensers in some areas and there were no bins available for the safe disposal of used paper towels in some bathrooms.
- One downstairs toilet was not working at the time of the inspection.
- Some room vents had evidence of excessive dust build-up..
- Not all infrequently used water outlets were being flushed to reduce the risk of legionnaires disease.

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 Kingfisher 3 OSV-0004840

Inspection ID: MON-0036188

Date of inspection: 09/11/2022

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	Not 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 IPC Quality Tool Document is now stored on-site in Kingfisher 3. It is clearly marked in a separate folder for ease of access. • Completion of all IPC daily, weekly and monthly cleaning checklists will be subject to weekly spot-checking by PIC and Team Leader in each Kingfisher 3 residence. • Construction of a mop and bucket storage unit, which will house both mop and buckets to be completed and installed by December 16th, 2022. • All clutter on the floor in former office room has been removed to safe external storage space. This will allow for regular cleaning of this room by staff. • Paper towel dispensers for each shared bathroom in Kingfisher 3 have been ordered and will be installed by 16/12/2022. • Appropriate pedal bins for each shared bathroom in Kingfisher 3 were ordered and in place on 12/12/2022 • Headboard in one resident’s bedroom has been ordered and will be installed on 13/12/2022. • Facilities Management Team have committed to replacing the worn flooring areas by 30/04/2023 • Plumber contracted to BOCSILR commenced work to repair downstairs WC flush on 5/12/2022, and will complete works when the required part that he has ordered is delivered. • Flushing method for all water outputs on a weekly basis so as to lower the potential risk of Legionnaires disease occurring has been added to weekly IPC checklist that is completed by staff. • Office, mats and ventilation has been added to IPC cleaning checklists to be cleaned on a weekly basis to ensure a buildup of dust will not occur. • Changing and cleansing of mop heads has been added to the IPC cleaning checklist. • PPE recording checklist has been devised by Team Leader and circulated to all residences in Kingfisher 3 which records stock of PPE so as to ensure no over-stocking, as well as noting of expiry dates on liquid-based items such as hand sanitizer so as to 	

ensure no out of date stock is to be used by staff or persons supported.

- Team leader has instructed all staff at team meetings to use correct 7-day date opened labels for all food and condiments to ensure that out of date or best before stock is not used or consumed by persons supported in Kingfisher 3. Staff will be re-referred for Food Safety Training in keeping with training records.

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	30/04/2023