



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

## Issued by the Chief Inspector

Name of designated centre:	Boherduff Services Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0039055

## About the designated centre

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

Boherduff Services Cashel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential care for a maximum of twelve adults, both male and female, with intellectual disabilities. The centre consists of two individual purpose-built bungalows which are located next to one another in a town in Co. Tipperary. Local amenities in the area include shops, restaurants, sports clubs, historical sites and theatres. The first house is a bungalow which provides community residential care to six adults with a disability. Similarly, the second house is a bungalow which provides community residential care to six adults with a disability. Both units are similar in their design and layout and comprise of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. Both houses have well maintained gardens to the rear of the houses. The centre is staffed by a person in charge, enhanced nurse practitioners, social care worker and care assistants.

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

Number of residents on the date of inspection:	10
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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 14 March 2023	10:30hrs to 18:00hrs	Conan O'Hara	Lead
Tuesday 14 March 2023	10:30hrs to 18:00hrs	Lisa Redmond	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The designated centre was home to 10 residents on the day of the inspection. The inspectors had an opportunity to meet with six of the residents.

On arrival to the first house, the inspectors underwent a COVID-19 temperature and symptom check. The inspectors met with three of the six residents living in the house as they prepared for the day and engaged in activities. In line with the choice and assessed needs of residents, residents were supported to get up and ready for the day in an relaxed manner. Residents were also supported to have a rest in bed throughout the day, if they wished. One resident decided that they did not want to meet the inspectors and this was respected. Two residents were not present in the centre on the day of inspection as one was receiving health care treatment and another was attending their day service. The inspectors observed residents listening to music, watching TV, viewing photo books and having breakfast and lunch. Overall, the residents appeared content in their home and in the presence of the staff team.

In the afternoon, the inspectors visited the second house and met with three of the four residents living there. The residents were observed watching horse racing on TV and appeared relaxed in their home. One resident had returned home from their day service and appeared happy in their home. Positive interactions were observed between the residents and the staff team throughout the inspection.

As noted, the designated centre consists of two individual purpose-built bungalows which are located next to one another and are similar in their design and layout. Each house comprises of a sitting room, kitchen, dining room, an office, six individual resident bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. The inspectors completed a walk-through of the two houses and found that in general the centre was visibly clean and kept in a good state of repair. The houses were decorated in a homely manner with pictures of the residents and people important in their lives located throughout the houses. There was a well maintained and inviting garden located to the rear of the designated centre with

seating areas for residents to avail of if they wished. However, the inspectors observed some areas of the premises requiring improvement to promote infection prevention and control as further detailed in the below sections of the report.

The inspectors observed a number of measures in place to promote a infection prevention and control that minimised the risk of transmitting a healthcare associated infections. These included regular temperature monitoring of both the residents and staff members, pedal operated bins and hand hygiene facilities. All staff were observed wearing PPE as appropriate on the day of inspection. At the time of the inspection, there was no restrictions on visitors. However, the inspectors identified that improvements were required to ensure that infection prevention and control measures were consistently implemented in line with Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

In addition, during the inspection, the inspectors observed a number of practices which required review and were discussed at the feedback meeting with the provider, including:

- two smoke detectors in resident bedrooms were observed to be covered on the day of inspection. The inspectors were informed this was to manage dust during building work which had been completed. This was identified to the person in charge on the day of inspection and assurance that the covers were removed was submitted shortly following the inspection.
- one practice which negatively impacted on the residents' right to privacy and dignity. For example, the information relating to residents' feeding, eating and drinking needs was displayed on the dining room notice board in one house.
- it was not evident that there was a policy or procedure in place for end of life care plans that contained 'do not attempt resuscitation (DNAR)' orders in order to guide the staff team in the processes for documenting decision-making, the specific circumstances when a DNAR applies and for its review.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall, the inspectors found that the registered provider was striving to provide a safe service with systems in place to manage COVID-19 and healthcare associated infection in the centre. However, some improvements were required to ensure the systems in place were effective in managing infection prevention and control

practices.

The designated centre had a clear management structure in place. The centre was managed by a full-time person in charge, who was in a supernumerary role. The person in charge was supported by the senior management team. There was evidence of regular quality assurance audits of the quality and safety of care taking place including the annual review and unannounced six monthly audits. The previous inspection carried out in June 2022 found that improvements were required in Regulation 27: Protection Against Infection. Overall, the inspectors found that the provider had implemented the actions of the compliance plan including updating and review of cleaning schedules for the premises and personal assistive equipment, premises works and systems in place for storage of cleaning equipment.

The staff team practices were guided by the provider's policies and procedures. The provider had an up to date infection control policy in place. The provider had also developed a contingency plan for in the event of an outbreak of COVID-19 in the centre. This highlighted the isolation procedures for residents, staff team, escalation pathway in the case of a suspected or confirmed case of COVID-19. However, it did not contain specific information on the management and disposal of at risk waste. A specific infection control protocol was also available to staff working in the centre.

On the day of the inspection, the inspectors found that there were appropriate staffing levels in place to meet the needs of the residents. In the first house, three staff were in place during the day with two waking night staff to support the six residents. In the second house, three staff were available during the day with one waking night staff to support the four residents. The staff team comprised of nursing staff, social care workers and care assistants. The centre was operating with 5.5 whole time equivalent vacancies which meant there was a reliance on relief and agency staff to meet the centres assessed staffing complement. The inspectors were informed that the provider was actively recruiting to fill these vacancies and had recently successfully recruited for two of vacancies.

However, the inspectors found that the staffing arrangements in place to manage the vacancies had a negative impact on the effectiveness of infection control practices. For example, documentation in relation to key supports was inconsistently completed. Therefore, it was not always documented that clinical care practices were completed in line with one resident's health care plan. It was noted that non-completion of these duties did pose an infection control risk for the resident. In addition, one resident's health care plan stated that they required 24/7 nursing care to manage an infection control risk relating to their wound care management. A number of residents also presented with a high level of medical support needs however, due to the current staffing vacancies the centre could not always provide nursing support in each house.

There was a program of training and refresher training in place for all staff. The inspectors reviewed the centre's staff team training records and found that with regards to infection control, all of the centre's staff team had up-to-date training in areas including hand hygiene, infection prevention and control and the donning and doffing of PPE. In relation to specific training in line with the residents assessed

needs, the centre's staff team had been supported to access Percutaneous Endoscopic Gastrostomy (PEG) care and catheter care training. However, some of the staff team required refresher training in PEG care.

## Quality and safety

There were systems and guidelines in place for infection prevention control and it was evident that the staff team and management were striving to promote quality and safety in the centre. The inspectors identified a number of examples of good practice with regards to infection control. However, improvements were required in relation to a number of infection control practices including the storage of cleaning equipment, storage of incontinence wear, effective cleaning schedules for personal assistive equipment and premises. In addition, some areas of the premises required review.

On the day of unannounced inspection, the premises generally presented as visibly clean, tidy and homely. However, some areas of the centre were in need of maintenance. For example, the windows in the centre had grooves between the sills making deep cleaning of these surfaces difficult. As a result, there was evidence of mould in a number of windows throughout the centre. In addition, areas of damp were observed around the door frame and peeling paint on the window sill of the utility room in one house. The provider informed the inspectors that there were plans in place to engage an external company to complete a deep clean in the coming year.

There were cleaning checklists and schedules in place to guide the staff team. The previous inspection found that the cleaning schedules required more detail to adequately record the cleaning of pieces of equipment. This had been completed by the provider and the staff were completing and recording these schedules daily. However, the inspectors observed high areas of the centre which required review including high vents in a number of bathrooms which had a build up of dust. In addition, some pieces of equipment such as slings and hoists were not managed consistently. For example, one hoist had a tracking sheet for recording cleaning after its use, while it was not evident that the other hoist in the centre had a similar tracking sheet.

The previous inspection found that the mop systems required review. This had been addressed and an appropriate storage unit had been installed. However, on the day of inspection the storage of cleaning equipment was inappropriate and required further review. For example, mop buckets were observed to be stored damp and posed a risk of cross-contamination.

The residents were supported to access General Practitioners (GPs) and allied health care staff. Residents with specific health care needs including catheter care, PEG feeding and intimate care had a plan of care guiding staff on the management of these health care needs. These plans also outlined infection prevention and control



considerations. However, it was not evident that these supports were consistently completed and the documentation of care duties was not consistent. This posed a potential infection control risk for these residents. Members of the centres staff team spoken with spoke knowledgeably about the supports in place to meet the residents' health, social and personal needs.

There were supplies of personal protective equipment (PPE) were available in the centre. The inspectors observed that PPE such as surgical masks were used appropriately by all staff during the course of the inspection. There was a system in place in the centre for the management of residents laundry. The waste procedures were adequate for the centre.

### Regulation 27: Protection against infection

There were systems and guidelines in place for infection prevention and control and it was evident that staff and management were striving to promote quality and safety in the centre. However, improvements were required to comply with Regulation 27.

- The staffing arrangements in place for the management of vacancies required review to ensure effective and consistent implementation of the infection prevention and control practices in line with the provider's policies.
- Inconsistent documentation of clinical care practices carried out by staff members did not evidence that a resident was supported to meet their healthcare needs as outlined in their healthcare plans. This posed an infection control risk for one resident.
- Some staff members required refresher training in specific health care supports such as PEG feeding.
- Some surfaces did not facilitate effective deep cleaning of these areas - windows and window sills.
- Areas of damp and mould in the utility room of one house.
- Inappropriate storage of incontinence wear in one bathroom.
- cleaning schedules had been reviewed by the provider but were not effective in ensuring high areas of the centre were cleaned. For example, build up of dust on vents in a number of bathrooms.
- There were systems in place for the cleaning of some assistive equipment e.g hoists, slings. However, inconsistently applied across the service.
- The mop systems had improved however the storage of cleaning equipment required review. For example, mop buckets stored upright and posed a risk of cross contamination.

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 Boherduff Services Cashel OSV-0005060

Inspection ID: MON-0039055

Date of inspection: 14/03/2023

## 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> <ul style="list-style-type: none"> <li>• The Covid-19 contingency plan for the centre has been reviewed and updated, to include guidance for staff on the management and disposal of waste.</li> <li>• Systems have been reviewed &amp; discussed with the team at the monthly team meeting on 21/03/2023 where recording of clinical care was highlighted in accordance with resident's health care plans. This will be subject to regular oversight by the PIC.</li> <li>• Shift Co Ordinator process has assigned definitive tasks to members of staff team to ensure compliance with cleaning schedules in accordance with IPC measures.</li> <li>• Since the time of this inspection there has been:               <ul style="list-style-type: none"> <li>o One permanent part time nursing post recruited- start date confirmed 19/04/23</li> <li>o One permanent part time Care Assistant post recruited-start date confirmed 18/04/2023</li> <li>o Interviews being conducted for Permanent Full time Staff Nurse &amp; Permanent full time Care Assistant positions on 17/04/2023 and 18/04/2023.</li> <li>o The service continues to work in conjunction with the Human Resources department as part of the ongoing recruitment efforts for other vacant posts which are actively being recruited for.</li> </ul> </li> <li>• In the interim until the services full WTE is recruited for, the centre endeavours to access consistent, familiar agency staff to ensure overall continuity of care and the effective implementation of the infection prevention and control practices.</li> <li>• All core team staff members have been booked on PEG Refresher training on the following dates: 27/04/2023 , 29/05/2023 , 19/06/2023.</li> <li>• Storage of cleaning equipment ensures that all mop buckets are stored upside down in accordance with requirements to prevent cross-contamination.</li> <li>• Incontinence wear is now stored privately in individuals' bedrooms and storage room.</li> <li>• Cleaning schedules for personal assistive equipment and premises have been updated &amp; are now in place in accordance with recommendations.</li> <li>• Cleaning schedules have been updated to incorporate deep cleaning of all areas</li> </ul>	

regularly.

- Facilities Manager visited the premises on 16/03/2023 and planning has commenced on required works in order for areas to be conducive to effective cleaning .

**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	31/10/2023