



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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Services Belfield
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0005109
Fieldwork ID:	MON-0037428

About the designated centre

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

This centre comprises of three houses in close proximity to each other, on the outskirts of Waterford city. The centre is close to local amenities such as pharmacies, shops, pubs and churches and transport is available to get into the city centre or to the nearby coast easily. Additionally there are good local transport links close to the centre. All of the houses are two storied with one detached and two semi-detached, and they each have private gardens. This centre can provide a home for eight residents but currently seven individuals live here. Residents in this centre are supported all year round by a staff team consisting of a social care workers and care staff. Two houses are closed when residents attend day services, while one resident receives staff supports at all times in their home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 13 July 2022	12:00hrs to 18:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27 and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

This inspection was carried out during the COVID-19 pandemic. Therefore, precautions were taken by the inspector and staff in line with national guidance. This included the use of personal protective equipment (PPE) and regular hand hygiene.

The designated centre comprised of three houses located on the outskirts of the city. Residents living in the centre received full-time residential care. On the day of this unannounced inspection, the inspector met with all seven residents that lived there. A number of residents did not interact with the inspector, or were unable to verbally express their views about the service they receive in their homes. Therefore, the inspector observed these residents' interactions with their environment, staff members and other residents. At all times, residents appeared comfortable, and staff members were kind and respectful in providing supports to residents. Where residents could verbalise their need and wants, they told the inspector that they were happy in their homes.

Overall, residents' homes were kept to a good standard, with good levels of cleanliness being observed. Some minor improvements were required to ensure compliance with Regulation 27 and the *National Standards for infection prevention and control in community services* (HIQA 2018).

One resident received staff support each day in their home. The inspector met with this resident on their return from a drive with a staff member. Before the inspector met the resident, staff members spoke with the inspector about elements of the resident's assessed needs. It was evident that staff members advocated for the resident, ensuring that their meeting with the inspector was carried out in a way that did not cause them any anxiety. In another house, staff members advised the inspector that the resident would not engage in an important part of their daily routine while the inspector was in their home. Therefore, the inspector left this house for a period of time to ensure as little disruption as possible to the resident's day. In these examples, staff members promoted residents' rights, dignity and respect.

Residents living in the other two houses attended day services each day. The inspector met with these residents on their return. Residents in one house had plans to go to Spain for a holiday. It was evident that residents were excited for their holiday, and the preparations were well underway. Residents spoke about activities they attended and enjoyed participating in. One resident did highlight that they

would like to do some more volunteer work, and discussed how they had a job in the past. Staff members were actively trying to address this issue, and it was noted that the resident had utilised the complaints process in this regard.

It was evident that staff members and residents carried out actions that promoted infection prevention and control. Staff members were observed wearing PPE in line with national guidance and the tasks they participated in. For example, staff members were observed reminding residents to wash their hands after certain activities including using the bathroom. On return from day services, two residents were observed putting out their hands for staff members to give them alcohol hand gel. It was evident that these tasks had become well established practices, and part of everyday life in the centre.

A resident told the inspector that staff members kept their house clean, and that sometimes they helped staff members to clean their home. Residents in one house were very knowledgeable about infection control practices. In this house, a resident ensured that the inspector had signed the visitor's book, and sanitised their hands on entry to the centre. Residents in this house were promoted to take an active role in infection prevention and control.

Residents received visitors in their home, in line with their wishes. At the time of this inspection, one resident was planning a party to celebrate a significant birthday. It was evident that the resident was looking forward to this.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community settings*. The inspector found that the management and the staff team provided a good quality service to residents. With regards to infection prevention and control, some minor improvements were required to ensure the service provided increased compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

There were clear lines of authority and accountability in this designated centre. This included the appointment of a full-time person in charge. They fulfilled this role for a total of three designated centres, however their remit was under review at the time of this inspection. This individual had overall responsibility for the management of infection prevention and control in the designated centre. At the time of this inspection, the person in charge was absent from the centre. The arrangements in the event of the person in charge's absence had been enacted, and therefore their

line manager was appointed as person responsible for the duration of their unplanned absence. This individual was also appointed as a person participating in the management of the centre, and they facilitated this inspection.

The staff team comprised of care assistants and social care workers. There was a clear rota outlining the staff members on duty each day. There appeared to be an appropriate number of staff in place to meet the needs of residents and to safely provide care and support. All staff working in the centre had participated in training in hand hygiene and the use of PPE. On review of a sample of staff members' training records, only 50% had received training in infection prevention and control. It was acknowledged that these staff members had worked in the centre for some time.

However, it was noted that staff spoken with during this inspection were knowledgeable about infection prevention control and their roles and responsibilities in this regard. Staff members showed the inspector their respective COVID-19 contingency plans and discussed elements of these plans relating to donning and doffing, self-isolation and escalation pathways. Staff spoke about supporting a resident with a confirmed COVID-19 diagnosis, and how they provided supports at this time. Staff members clearly communicated that they felt well supported by management at this time, and that they had been well prepared for this eventuality. In this instance, the staff team were proud that they had managed to contain this positive case, and prevent another resident who also lived in this house from getting COVID-19. Staff spoken with were very knowledgeable about infection prevention and control practices. However, it was noted that the contingency plans required updating to reflect current guidance. It was also noted that the use of a small downstairs bathroom as a don/doff area was not appropriate due to the small space and potential for cross-contamination.

Audits and reviews were carried out on a regular basis, including those required as per the regulations. COVID-19 specific walk-arounds were completed by staff on duty to identify any areas for improvement. Weekly PPE stock checks were taken to ensure a sufficient supply was kept on-site in each house. However, there was also an off-site area where PPE could be accessed in the event of an emergency.

A provider policy was available to staff on the management of COVID-19. This policy noted that this was subject to change dependent on emerging advice from Public Health. As updated guidance was developed, this was circulated to all staff members, with a copy being held on-site in the centre. Staff team meetings were held regularly, and these included discussions on infection control practices including the management of one resident's bedroom which was observed to be cluttered.

Quality and safety

Residents enjoyed a good quality of care and support in line with their assessed needs. Some minor improvements were required to ensure the service provided

increased compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

The inspector completed a walk-around in all areas of this designated centre. On arrival to each of the designated centre's houses, there was a check in area where staff members could access appropriate personal protective equipment, and take their temperature before starting their shift. It was noted in one of the houses that a pedal-operated bin was not provided for staff to dispose of PPE on leaving the centre. Alcohol hand gels were available at various locations in each of the designated centre's houses.

Each resident had a private bedroom filled with memorabilia, personal items and photographs. It was identified that one resident's bedroom was cluttered with items including receipts, books and papers. An odour was also evident in this resident's room. Multi-disciplinary input was being provided to the resident to ensure that an approach to cleaning was taken which not only promoted the resident's positive mental health, but also their health and safety. In contrast, the rest of the residents' homes were well maintained, with a good standard of cleaning being observed. Some minor improvements were required to ensure high dusting was completed in one house. A couch also required cleaning due to staining.

There was a sufficient number of bathrooms in the centre which provided appropriate hand washing facilities. Some bathroom bins were rusted and required replacement as this would impede effective cleaning. In line with the assessed needs of residents, no additional equipment was in use in this designated centre.

Resident meetings were held weekly in each of the residents' home. Infection prevention and control was a regular agenda item at these meetings. Staff members noted that at the beginning of the COVID-19 pandemic, social stories and easy-to-read information had been used to explain COVID-19 and the relevant protective measures to residents. Many residents were very aware of infection control measures, and they ensured that the inspector adhered to guidance to promote their safety.

Residents had been supported to access appropriate healthcare. Residents were offered vaccination, including vaccination against COVID-19. Where one resident had a fear of health appointments, multi-disciplinary support was provided including specialist behavioural support.

This centre had experienced COVID-19 cases, with a number of residents having received a positive COVID-19 diagnosis during the pandemic. It was evident that the management team were happy with how these cases had been managed, and that effective measures had been enacted by staff members to keep residents safe. Staff members and residents' temperatures were recorded twice daily. There was a need for the service to make a move towards more comprehensive symptom checking, in line with updated guidance.

Risk assessment had been carried out to ensure the safety of residents. There was evidence of clear control measures outlined and in place. However, risk assessments relating to COVID-19 required review to ensure the controls reflected current

guidance. Health and safety audits ensured that residents continued to receive a safe service in their home.

Regulation 27: Protection against infection

Overall the inspector found that good practices were observed. Some minor improvements were required to promote increased levels of compliance with regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- Contingency plans and risk assessments required review to reflect more recent guidance on the management of COVID-19.
- The use of a small bathroom as a don/doff area required review.
- Symptom checking of residents and staff members required review to ensure it aligned with recent guidance.
- There was no area to dispose of PPE on leaving one of the designated centre's houses.
- A number of staff members had not received mandatory training in infection prevention and control.
- Pedal-operated bins in bathrooms were rusted and required replacement.
- A leather couch was observed to be stained.
- High level-dusting was required in one of the houses.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Parkside Residential Services Belfield OSV-0005109

Inspection ID: MON-0037428

Date of inspection: 13/07/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Contingency plans and risk assessments will be reviewed to reflect the most recent guidance on the management of COVID-19. • The use of a small bathroom as a don/doff area will be reviewed and a more suitable area identified. • Symptom checking of residents and staff members will be reviewed and amended to ensure it is aligned with recent guidance. • A suitable PPE disposal bin will be put in place at the exit of the house identified. • Staff members who require mandatory training in infection prevention and control, will be facilitated to complete this training. • The Pedal-operated bins in bathrooms will be replaced. • The leather couch will be cleaned. • High level-dusting will be completed and added to the cleaning checklist for this designated centre. 	

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.	Substantially Compliant	Yellow	30/09/2022