

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

Issued by the Chief Inspector

Name of designated centre:	Suir Respite Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	08 September 2022
Centre ID:	OSV-0005547
Fieldwork ID:	MON-0036429

About the designated centre

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

South Tipperary Respite Services is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides respite services and consists of two individual single story houses located close to one another in a town in Co. Tipperary. The designated centre has the capacity to accommodate up to 10 persons with a disability at a time across the two units. The first house is a bungalow which provides a respite service to 53 children. It comprises of a living room, kitchen/dining area, an office, five individual bedrooms, sensory room and a shared bathroom. The second house is a bungalow which provides a respite service to 65 adults with a disability. It comprises of a living room, office, kitchen/dining area, five individual bedrooms and a number of shared bathrooms. Both houses have large gardens. The garden in the childrens' respite house has a large, safe play area containing suitable equipment including swings and activity centres. The centre is staffed by a person in charge, staff nurse, social care workers and care assistants.

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 8 September 2022	10:00hrs to 14:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was short term announced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). COVID-19 continued to pose a risk on the day of inspection and therefore the inspector and staff took precautions on the day of inspection in line with national guidance for residential care facilities. This included wearing face masks and regular hand hygiene throughout the inspection.

This was a mixed designated centre for adults and children. The centre is a respite service which comprises of two houses in two different locations. Both premises were reviewed as part of the inspection day. One house, La Verna, was used for the purpose of providing respite care to adults. The second house, St.Rita's, was used for providing respite care to children. Adults and children never availed of respite care together. Both premises were detached bungalows. In general, the premises was maintained in a good state of repair. Some minor areas were noted, which required addressing which are detailed in other sections of this report. Re-flooring was being completed in one house on the day of inspection.

There were approximately sixty five adults and fifty three children availing of respite services with the designated centre. There were no respite users present in the centre on the morning of the inspection and therefore the inspector did not have the opportunity to speak with any service users. The inspector endeavoured to review the service users experience in the respite service by speaking with staff and management, reviewing the premises, and reviewing management systems and care records. Residents and/or their representatives had been consulted regarding their views on the service provided as part of the providers own audits and the inspector reviewed some of these responses. These largely highlighted satisfaction with the service provided. Some family members expressed their wish for more respite service hours, on a more regular basis.

Residents experienced house meetings during each respite stay. COVID-19 and IPC issues were regularly discussed with residents at these meetings. Some residents presented with specific healthcare needs including epilepsy, diabetes and enteral feeding tubes and residents were supported to manage their health while availing of respite. Nursing support was provided as required and residents all had hospital passports in place for in the event of the need for transfer to an acute setting during their respite stay.

The staff team comprised of nursing staff, a social care worker and care assistants. There was a consistent staff team in place and there were arrangements in the centre for filling shifts when required if staff were sick or on annual leave. Staff all had access to an online system and it was evident that the staff team regularly communicated and were consistent with their approach to providing care and

support in the centre for respite users.

Overall it was found that residents appeared happy with the respite service provided to them. Systems were in place to ensure that infection prevention and control measures were regularly monitored. Overall, measures implemented were consistent with the National Standards and in line with the providers own policy on infection prevention and control. However, some minor areas of improvements were required such as further premises maintenance works, contingency planning, mop storage systems, cleaning schedules and the service policy for infection prevention and control.

The next two sections of the report will discuss findings from the inspectors 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

This was a short term announced inspection and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The inspector reviewed the arrangements in place to protect residents from infection prevention and control risks. Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre. Some minor improvements were required in specific areas, as discussed further in this report.

There were sufficient staff, with the necessary qualifications and experience to meet the assessed needs of resident. The staff team comprised of nursing staff, a social care worker and care assistants. The person in charge maintained a planned and actual roster that was developed to meet then needs of the residents availing of respite services. Staff had all completed up-to-date training in areas including infection control, hand hygiene and donning and doffing personal protective equipment (PPE). Staff all had access to an online system and it was evident that the staff team regularly communicated and were consistent with their approach to providing care and support in the centre for respite users.

Systems and structures were in place for effective governance and management of the designated centre. Management had ensured that there were mechanisms in place for regular oversight and review of the service provided. There was a regular management presence in the centre. There was a full time person in charge who was supported by a senior staff nurse. A six monthly unannounced audit took place in the centre and and infection prevention and control measures were reviewed as part of this audit. This had highlighted some outstanding premises works to be completed and an action plan with clear time lines had been developed following

this.

There were a number of different service policies and protocols in place for the management of COVID-19. The centre had a clear escalation pathway in place for in the event of a suspected or confirmed case of COVID-19. The inspector observed that the centre had ample supplies of personal protective equipment (PPE) on the day of inspection. However, it was noted that the centre specific COVID-19 contingency plan required review. There was a protocol in place which detailed isolation procedures, however the plan was not detailed enough to ensure that all centre specific information was easily accessible to unfamiliar staff and included information how to run the designated centre in the event of a large outbreak, where the centres regular staff team were not available.

The provider had a national policy in place for infection prevention and control (IPC) in designated centres. However, this policy had not been reviewed since 2018. An addendum had been added for the management of COVID-19 within the service. The service had identified this and management communicated at feedback that a full review of the policy was scheduled in the coming months.

Quality and safety

The governance and management arrangements were found to ensure that a good quality and person centred service was delivered to residents. There were a range of systems in place to keep residents safe with regards to infection prevention and control. The registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018). Some minor improvements were required in relation to premises maintenance works, contingency planning, mop storage systems and the service policy for infection prevention and control.

It was evident that COVID-19 and infection control was regularly communicated and discussed with the staff team and respite users. Service policies and national guidance were readily available to staff at all times through an online system. Residents experienced house meetings during each respite stay where COVID-19 and IPC issues were regularly discussed. Residents were supported to manage their health while availing of respite. Some residents presented with specific healthcare needs including epilepsy, diabetes and enteral feeding tubes. Nursing support was provided as required and residents all had hospital passports in place for in the event of the need for transfer to an acute setting during their respite stay. Some accessible signage was noted around both premises with details of IPC procedures in place.

The premises comprised of two houses in two different locations. Both premises

were reviewed as part of the inspection day. One house, La Verna, was used for the purpose of providing respite care to adults. The second house, St.Rita's, was used for providing respite care to children. Both premises were detached bungalows. In general, the premises was maintained in a good state of repair. Some minor areas were noted, which required addressing which included some scratch marks noted on two bed frames and some floor boards and skirting boards. A rusting radiator and shower chair were noted in one bathroom in La Verna, and a rusting hand rail in another bathroom in St.Rita's. Some areas of tiling in St.Rita's required replacing or regrouting, and areas of worn flooring was also noted here. A sink which had previously been used as a sluice area was noted, with wooden surfacing around this area which was worn and scratched. Deep cleaning of all these areas could not be fully facilitated secondary to these outstanding maintenance works. One area of La Verna was in the process of being re-floored on the day of inspection, this was in line with the providers own action plan following a recent audit.

There were clear cleaning schedules and rotas in place, and in general these were comprehensive and included less frequent cleaning tasks such as cleaning upholstery, checking mattresses and replacing toilet brushes. Staff allocations of cleaning tasks were clearly identified on cleaning records. However, aspects of schedules required review at times to ensure that all areas of the designated centre were subject to regular cleaning and deep cleaning. Some areas in St.Rita's were noted as requiring cleaning on the day of inspection. This premises had a large sensory room which included soft play areas and a ball pit, this room was not part of a regular recorded cleaning schedule. There was a toilet that was attached to this sensory room that was also not part of a clear cleaning schedule. Furthermore, mop storage systems did not ensure that mops heads could be clean and dry between uses.

An appropriate centre protocol was in place for the management and cleaning of bodily fluid spills in the designated centre. In general, residents availing of respite brought their laundry home with them following their stay. However, facilities and clear systems were in place for managing residents laundry, including soiled laundry, if the need arose during their respite stays.

There were a number of risk management systems in place to ensure infection control risks were mitigated in the centre. There was a centre specific risk register in place and residents all had their own individual risk management plans in place. Health and safety audits were regularly completed in the centre. These included a review of areas including the premises, heating systems, ventilation, waste disposal systems, staff training needs and storage areas.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspector found good practices in

the centre for infection prevention and control. Some minor improvements were required in the following areas:

- The service policy for infection prevention and control had not been reviewed since 2018. An addendum had been added for the management of COVID-19 within the service. The service had identified this and management communicated at feedback that a full review of the policy was scheduled in the coming months.
- The centre specific COVID-19 contingency plan required review to ensure that all centre specific information was easily accessible to unfamiliar staff.
- Aspects of cleaning schedules required review at times to ensure that all areas of the designated centre were subject to regular cleaning and deep cleaning.
- Some outstanding premises maintenance issues required review to ensure that these areas could be fully deep cleaned.

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 Suir Respite Services OSV-0005547

Inspection ID: MON-0036429

Date of inspection: 08/09/2022

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">• The service policy for Infection Prevention and Control has been reviewed and distributed to staff teams on 3/10/2022.• The contingency plans have been updated to include accessible information for unfamiliar staff• Cleaning schedules have been reviewed and updated to include all areas of the Designated Centre.• Maintenance works as identified in the inspection has commenced and will be completed by 14th of November 2022.	

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	30/11/2022