



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

## Issued by the Chief Inspector

Name of designated centre:	Dolmen House 2
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0039072

## About the designated centre

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

Dolmen House 2 is situated in a quiet cul-de-sac in a town. The centre comprises a semi-detached bungalow within a residential area. Local amenities include supermarkets, restaurants, a library, schools and a local resource centre. The aim of Dolmen House 2 is to provide residents with a home and the support required in order for the residents to live as independently as possible in comfort and confidence. The centre also aims to foster an atmosphere of care and support which both enables and encourages residents to live as full, interesting and independent a lifestyle as possible to achieve personally desired outcomes and lead self directed lives. The staffing team consisted of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, 7 days a week.

**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
Wednesday 6 September 2023	12:00hrs to 16:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). A number of improvements were required in the provider's systems to ensure robust oversight of the measures in place to promote effective infection prevention and control practices (IPC) within the centre. These improvements were required to ensure that the designated centre was in full compliance with Regulation 27. Areas of improvement were required in the audit process, aspects of premises condition, cleaning schedules and staff training. These areas will be discussed in the relevant sections of the report.

The designated centre comprises a single-storey house in a residential area. The semi-detached property has the capacity to accommodate up to four residents for full-time residential care. On the day of inspection, two residents resided on a full-time basis and a third resident was present on a part-time basis. The inspector had the opportunity to briefly meet with the two residents that were present on the day of inspection.

On arrival at the house, a resident was standing at the front door waiting to leave the centre with a staff member. They were holding their wallet and were eager to leave. They asked the inspector their name and why they were visiting the home. They then left the centre. A staff member brought the inspector into the hallway area to complete the sign in procedures. There was hand sanitiser available to ensure best practice in relation to hand hygiene could be practised.

The inspector completed a walk around of the home with the person in charge. The residents lived in a four bedroom semi-detached house. Overall the majority of the home was clean and well presented. However more attention to detail was required in cleaning hard to reach areas such as in between door frames and extractor fans. Each resident had their own individual bedroom. In each bedroom there was a sink, wardrobe and storage lockers. Residents had some personal items on display in line with their preferences. A resident had recently changed bedrooms and had been involved in the redecoration of their new room. The resident liked to collect lots of specific types of items and had a storage system in place in order to keep the items organised. There was ample communal space with a kitchen/dining area, a conservatory and a separate sitting room. The provider was in the process of converting one of the empty bedrooms into a sensory room. New carpet had been laid and a new couch was purchased. This work was in progress on the day of inspection. Residents had access to two bathrooms. One bathroom in particular was in poor conditions which meant appropriate infection prevention and control (IPC) measures could not be adhered to. There was a strong malodour present. Although the second bathroom was in better condition, again a malodour was present.

To the back of the home there was a large back garden. One resident in particular

enjoyed this space and bark chipping had been placed down in areas where the resident like to walk in a particular pattern. In the garden there was a chicken coop and bird aviary present. These had been added to the garden as one resident had some interest in these animals. The birds food was kept in open storage in the back garden adjacent to the doors of the centre. The back doors were open on the day of inspection. The storage of food in this manner posed a risk to attracting vermin and required review. In addition there were no guidelines in place on how the birds cages were cleaned or how often should it occur. IPC risks associated with these tasks had not been considered or accounted for.

Later in the afternoon both residents returned to the centre. As previously mentioned one resident had gone out to the local community and the second resident was partaking in a sound therapy session. Both residents had an individualised service in place with dedicated staff. Residents' specific preferences in relation to how they spent their day was encouraged and accommodated. On return to the centre the residents smiled at the inspector when spoken too but did not overly engage in conversation or similar type of interactions. The residents were observed to freely move around their home and garden. Staff were observed to present choice to the residents. They had a good understanding of residents' specific needs and were able to identify when a resident became dysregulated due to limited access to a preferred item. They addressed this in an appropriate manner.

The residents were supported by a staff team of social care workers and healthcare assistants. On the day of inspection there were three staff present to support the residents. A number of other staff were present in the house as there had been a team meeting in the morning time. Observations of staff interactions were kind, caring and professional. Residents were familiar with the staff and were seen to take direction when needed, for example getting their belongings ready when leaving the home.

The residents headed out in the afternoon, one resident was planning to have their lunch out and the other resident was going for a walk. Residents enjoyed a variety of activities and one resident briefly spoke about their interest in sport. It was evident that the residents were comfortable in their home and with the staff present.

In summary, residents appeared happy and comfortable in their homes. They were busy doing things they enjoyed and person-centered care was evident. There were some measures in place to protect residents, staff and visitors from IPC risks in the centre, however, a number of improvements were required to ensure the systems in place were comprehensive in nature to address all the IPC needs in the designated centre. These will be detailed throughout the report.

The next 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

The provider had some systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, as previously mentioned a number of improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the premises, staff training and maintenance of up-to-date documentation and guidance in the centre.

The centre had a full-time person in charge and team leader in place. The person in charge shared their role between two designated centres. There was a clear management structure and lines of accountability. In terms of the IPC needs of the centre, nurses were available within the organisation and could be consulted with if required. The organisations policy in relation to IPC was in the process of being updated. There were a number of personnel involved in this process including the two nursing staff.

The inspector requested a copy of the centre specific COVID-19 contingency plan to review. This document was not readily accessible and had not been updated since 2021. Therefore, the information present in the document was not in line with the most up-to-date guidance.

The provider had completed an annual and six-monthly reviews in the centre and information in relation to infection prevention and control had been considered as part of these reviews. The actions on foot of these reviews were leading to some improvements relating to infection prevention and control in the centre. Infection prevention and control was regularly on the agenda at staff meetings. There was a specific audit in place that assessed some of the IPC requirements of the designated centre. This audit had commenced this year. There was evidence that the audits had identified actions and actions were being reviewed and completed as identified. However, the reviews and audits were not identifying all areas of improvement needed in the centre to ensure good compliance and adherence to IPC requirements. For example, they had failed to identify that risk assessments and contingency plans were not in line with up-to-date guidance or that all areas of the home required cleaning schedules.

There were policies, procedures and guidelines available to staff to ensure they were aware of their infection prevention and control roles and responsibilities in the centre. Staff had completed a number of infection prevention and control related training courses, however, a number of staff required required infection prevention and control related-training/refresher trainings.

There were sufficient numbers of staff on duty to support residents and meet the

infection control needs of the centre daily. Continuity of staffing was evident and overall staff knowledge around elements of IPC practices was appropriate. For example, staff were able to discuss the colour coded systems for mops and cloths. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to infection prevention and control.

## Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared to enjoy an individualised service with staff to support them who were familiar with their needs and preferences. With regards to infection prevention and control, a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

As previously described residents lived in a semi-detached bungalow building near a town in Co. Carlow. The house was homely and appeared well kept with lots of soft furnishing, throws, pictures and ornaments and other items found throughout the building. One room was being adapted to provide additional communal space to the residents in the home. The bathrooms had been identified as an area requiring improvement in the providers annual review in 2022. However, although these works had been costed, no funding had been secured. In the first bathroom, a strong malodour was present, walls had areas of significant water damage with paint peeling, mould was present on the bathroom door and areas around the shower could not be cleaned effectively. Due to the condition of this area it was apparent that appropriate measures in relation to IPC could not be adhered too. The ceiling had been covered in PVC cladding but it had been identified that potentially mould was present under this covering which was the cause of the malodour. Although the second bathroom within the home was in better condition again a strong odour was present despite the windows being open. There was an issue with mould in this building and although it was being treated when identified, the underlying cause of this problem had not been addressed.

The inspector reviewed the cleaning schedules that were present and found that they did not provide assurances that all areas of the home were being cleaned on a regular basis. Although the majority of the home appeared clean some areas of the home required some more attention to detail in relation to cleaning. Fore example, there was dirt and dust build up in the extractor fans in the bathrooms. On review of the schedules there was a daily cleaning schedule in place that identified some areas of the home that required cleaning across the week such as resident bathrooms and bedrooms. It lacked detail and did not account for all areas of the home. On the night cleaning schedule there was one box present where staff were to write down what cleaning task they completed. Although it was evident that staff were



identifying areas to be cleaned this as ad-hoc in nature and there was no system in place to ensure all areas of the home were cleaned on a systematic basis. For example, on one week the skirting boards were cleaned twice. As there was no oversight of these tasks it was difficult therefore for staff to ascertain what tasks had been completed or what was needed in the centre. There was no record available to indicate if soft furnishings, curtains, shower curtains are other items were cleaned and washed on a regular basis. The schedules required significant review to ensure best practice in relation to IPC needs of the centre could be met. The inspector acknowledges that the provider had recently identified that the cleaning schedules were inadequate but on the day of inspection this piece of work remained outstanding.

There were no guidelines in place for cleaning the bird cage areas. Staff mainly had responsibility for ensuring these areas were cleaned however, residents, in line with their wishes and preferences were also involved in this process. There was no record available to when these areas were cleaned or how often this should occur. There was no evidence on how the IPC risks associated with cleaning and keeping of animals was managed.

There were suitable arrangements in place for storage of mops, laundry management and waste management. There was a washing machine and dryer available in the houses, and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate. Colour coded mop and cloth systems were in place with relevant signage on display.

There was Personal Protective Equipment (PPE) available in the centre, however there was no clear system on how this was stored and reviewed. Some of the PPE was stored in a press in the hall and other PPE in a storage press in the conservatory area. Not all PPE was easily accessible and there was no system in place to ensure regular stock takes of items was occurring.

Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs. The residents who lived in the centre were independent across their care needs and only required prompting and supervision from staff. The residents had monthly resident meetings where a variety of topics were discussed. On the day of inspection there were only three separate months of notes to review, January, February and August. Although there was some evidence of IPC requirements being discussed in earlier meetings, such as hand washing, it was unclear on how residents were being updated in relation to this topic on a regular basis and in line with their assessed needs.

## Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, a

number of improvements were required in the centre to promote levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- The service policy on infection prevention and control was in the process of being reviewed. The inspector reviewed the policy present. At times the service policy did not appear to be informing practice. This was seen in areas such as cleaning procedures.
- Inspection findings indicated that the services auditing systems were not appropriately self-identifying some of the issues found on the inspection day and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).
- The service contingency plan for in the event of an outbreak of COVID-19 reviewed on the day of inspection had not been updated since 2021 and was not in line with the most up-to-date guidance
- There were limited risk assessments in place to appropriately manage and mitigate risks associated with healthcare-associated infections and IPC needs of the centre. Although there was a COVID-19 risk assessment in place this had not been reviewed since October 2021.
- Current cleaning schedules were not documenting the cleaning and deep cleaning of all aspects of the designated centre.
- The condition of bathroom areas were not conducive to effective IPC control measures and could not be effectively cleaned.
- There was no guidance in place around the care and cleaning of bird homes present in the garden and the storage arrangements for bird food required review.
- There were unused sinks present in bedrooms, there were no systems in place for regularly flushing water to decrease the risk of waterborne bacteria.
- Not all staff had up-to-date training in areas related to IPC.

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 Dolmen House 2 OSV-0005769

Inspection ID: MON-0039072

Date of inspection: 06/09/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Registered Provider will ensure that the review of the organization’s IPC policy is fully completed and approved for use and will involve all skill sets as required. This will be completed by 30.09.23.</p> <p>The Person in Charge will review the designated center’s cleaning schedules to ensure that they are in line with the IPC policy and are informed by the latest HSE IPC guidelines. The cleaning schedule will cover all areas as outlined in the inspection report. This will be completed by 30.10.23.</p> <p>The Person in Charge will develop a bespoke infection control plan around the “flushing” of unused sinks to nullify the risks from waterborne bacterial infections. This will be completed by 30.10.23.</p> <p>The Registered Provider will ensure that funding is made available to refurbish the 2 main bathrooms to the standard required so that effective IPC measures can be adhered too. The Registered Provider will source a contractor to carry out this work. This will be completed by 31.01.24</p> <p>The Person in Charge shall ensure that the IPC staff training gaps identified are addressed. This will be completed by 30.10.23.</p> <p>The Person in Charge will develop and implement a bespoke IPC plan with regards to the aviary enclosure in the Garden. The plan will include specific cleaning schedules &amp; bird food storage arrangements procedures to eliminate possible cross contamination. A specific Risk Assessment will be completed and inform the process. This will be completed by 30.10.23</p>	

The Person in Charge will update the designated centers Co Vid response plan to take account of the latest HSE Guidelines around the prevention of Co Vid and other respiratory diseases. This will be completed by 15.11.23.

The Person in Charge shall make arrangements for the storage of PPE in a single dedicated area of the house and ensure that stocks are adequate for the needs of residents at all times. This will be completed by 30.10.23

The Person in Charge shall compile a schedule of Monthly Resident Meeting dates for the remainder of 2023 and 2024. These meetings minutes will document & outline all discussion on IPC issues, associated health related topics & health and public health advisories as required. This will be completed by 30.09.23.

The Person in Charge will review the designated center's 6 monthly infection control auditing system to ensure that it takes account of all the IPC risks at the designated center and is HSE IPC informed. This will be complete by 30.10.23.

**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	31/01/2024