



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

Issued by the Chief Inspector

Name of designated centre:	The Bungalow
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 February 2023
Centre ID:	OSV-0005818
Fieldwork ID:	MON-0039033

About the designated centre

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

The Bungalow is a residential home located in Co. Kilkenny. The service can provide supports to three residents over the age of eighteen years with an intellectual disability. Currently this service only provides care to male residents. The service operates on a 24 hour 7 day a week basis, with staffing levels in place based on the assessed needs of the residents. The Bungalow aims to "develop services that are individualised, rights based, and empowering; that are person centred, flexible and accountable". The services supports and facilitates residents to participate in their local community and participate in activities which are meaningful to the individuals.

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 9 February 2023	09:20hrs to 15:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was 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). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to maintenance of the premises within the centre, staff training, the cleaning of equipment and the provider's overarching reviews and audits of the centre. These areas will be discussed later in the report.

The designated centre comprises of a bungalow in a rural setting close to Kilkenny city. It is registered as a home for a maximum of three residents. There were three residents living in the centre at the time of the inspection and the inspector had an opportunity to meet all three of them during the inspection. In line with their communication needs and preferences the residents who were home did not express their opinion verbally to the inspector but the inspector had an opportunity to spend some time with them during the day and they each appeared content and comfortable in their home, and in the presence of staff.

On arrival to the centre, the inspector was directed by the person in charge to an area adjacent to the hallway where hand sanitiser, a visitors book and personal protective equipment (PPE) was available. Staff were observed to be wearing the correct level of PPE in line with the latest public health guidance on arrival, and throughout the inspection. There was a warm and welcoming atmosphere in the house with the three residents at home. One resident was still in bed when the inspector arrived and the other two were relaxing after their breakfast with one listening to music in the living room and another engaging in personal care in their bedroom.

The person in charge and the staff team facilitated this inspection which was completed by the inspector in the centre and later in the day a review of documentation was completed in the provider's main offices. The person in charge showed the inspector around the house and spoke about some of the infection prevention and control practices and procedures in the house. This included the cleaning cloths they used, the new mop system, the cleaning schedules, and what staff would do on a daily basis to keep themselves and residents safe from infection.

Throughout the inspection, the inspector observed that staff were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring interactions were observed between residents and staff throughout the inspection.

Residents had access to plenty of private and communal spaces. There was a

kitchen-dining room, a second small kitchen-utility room, a living room, a second living room was also available including an area identified as office space for staff and residents had access to an outdoor garden space. Residents were supported to spend some time in each of the communal areas during the inspection, and to spend time in their bedrooms either relaxing or being supported with their personal hygiene. One resident had an en-suite bathroom however this was not used by the resident as it did not provide sufficient space for staff to give support. As a result all three residents shared a large bathroom which had both a shower and bath. Residents' bedrooms were warm, clean, and decorated in line with their preferences. Residents had soft furnishings, pictures and their personal belongings on display. A number of new pieces of furniture had been acquired for the centre since the last inspection however, on other pieces of furniture the covering material was noted to be damaged or worn. As the three residents in this centre all have visual impairment the furniture placement and layout of the communal spaces was kept consistent and without clutter as this was important to the safety of the residents moving through their home.

The house was found to be very clean at the time of the inspection. There were daily and weekly cleaning tasks identified and records of this cleaning was maintained by staff. A member of the staff team had specific responsibility for the monitoring of cleaning and for auditing the cleaning of the house and they spent time with the inspector. Staff were able to explain in detail the responsibilities they had and the protocols they followed and were clear on how to report any concerns or areas for repair or maintenance. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure the vehicle was regularly cleaned, including touch point cleaning after each use.

Over the course of the inspection residents were supported to go out for a walk supported by staff, to relax and listen to music or to go with staff to complete the grocery shopping. One resident was visited by their GP during the day with updated guidance on skin integrity provided to the staff team by the medical professional. Residents' meetings were occurring regularly and IPC was regularly discussed. There was information available for residents and staff on universal precautions, including a folder for staff, some easy-to-read information for residents which the staff adapted further to allow for the visual challenges for the residents, and guidance was provided for staff on using total communication systems when engaging with residents.

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 the areas of Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, some 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 furniture in the centre, staff training, the guidance on cleaning of equipment, the provider's six monthly unannounced visits, and some other documentation in the centre.

Overall, the inspector found that the provider was self-identifying most of the areas where improvements were required. They were implementing a number of systems and controls to keep residents and staff safe from the risk of infection. There had been a small number of positive cases of COVID-19 since the last inspection, but there had been no ongoing transmission or outbreaks.

The provider had completed an annual review and one six monthly review in the centre over the last year and IPC had been considered as part of these reviews. The actions on foot of these reviews was leading to improvements relating to IPC in the centre. For example, the last review had identified a need to manage gaps and holes in the flooring of the kitchen and these repairs were found to have been completed during this inspection.

The person in charge of the centre was present in the home on a daily basis and was familiar with the residents and their likes and dislikes. They were found to be familiar with their roles and responsibilities in relation to the Regulations, and infection prevention and control. They were also motivated to ensure that each resident was happy, safe and engaging in activities they enjoyed. They were tracking actions from audits and reviews in order to ensure that they were bringing about improvements in relation to residents' care and support, and their home.

There was a risk register and a number of risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. The risk register and risk assessments were subject to regular review. There was information available in residents' plans and in the information folders in the centre in relation to other IPC risks.

There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. However, within the centre particular products were not used for clearly identified reasons but this was not in line with the provider's policy. As a result the centre's procedures and practices for disinfecting and cleaning were not in line with organisation specific guidance. This had not been identified and assessed. Staff had completed a number of IPC related training courses. A small number of staff required training/refresher trainings and these will be detailed under Regulation 27.

An IPC lead was identified from the staff team. IPC and COVID-19 were discussed regularly at staff meetings, and during quality conversations or supervision as required. These discussions included public health guidance, risk management,

laundry and waste management, and standard precautions. 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 IPC.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. There was a vacancy of less than one whole time equivalent that had been recruited for and in the centre a small volume of shifts required cover by relief or agency staff. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, some improvements were required to documentation and some furniture in the centre.

Residents had risk assessments, care plans, and procedures in place relating to infection prevention and control risks. Residents' specific support needs and vulnerabilities and the steps that staff could take to support them, were clearly identified. Some area specific procedures were required in relation to cleaning equipment in the centre. For example, there was no area specific procedure for the cleaning of shared equipment such as the shower chair in the centre nor was there a record of the running of water and cleaning in the unused en-suite bathroom.

Residents were being provided with information on IPC in an easy-to-understand format and through discussions held at residents' meeting about IPC. The agenda for residents' meetings included topics such as COVID-19, IPC, food safety, health and safety, the maintenance and upkeep of the house, and cleaning.

Residents' observations were recorded regularly and the contact details of medical and health and social care professionals were available in residents' plans and in the contingency plans in the centre. There has been no recent serious outbreaks of infection in the centre but there was an outbreak plan template available should it be required. Consideration had been given to antimicrobial stewardship, and there was a log maintained of residents' use of antibiotics.

As previously mentioned, throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. A small number of staff required some training/refresher trainings and these will be detailed under Regulation 27. There were stocks of PPE available and systems for stock control. How to access PPE and other stocks were detailed in the centre's contingency plans.

The centre was found to very clean, and reasonably well maintained during the inspection. A number of improvements had been made in the centre since the last inspection including the repair of flooring in the kitchen, and the removal of some furniture. However, areas of the house continue to require repair such as chipped and worn counter and cupboard surfaces in the kitchen areas and worn coverings on some furniture.

There were suitable arrangements in place for cleaning and disinfecting the premises, although as already stated the products used were not always in line with the providers policy. There were suitable arrangements in place for laundry and waste management. There was a washing machine and dryer available in the house and systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry management in the event of an outbreak of infection in the centre.

There were policies, procedures and guidelines in place for cleaning including systems to ensure that cleaning equipment was stored and cleaned properly. Aspects of the schedule required review as equipment was not clearly identified nor was the weekly cleaning clearly marked as completed despite visually looking very clean. The person in charge via audits recognised gaps were occurring and there was evidence that these were raised with the staff team in meetings however, it remains an ongoing issue.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. There were colour coded chopping boards, and different coloured cloths and a mop system for different cleaning tasks around the house. There were pedal operated bins and hand soap, sanitiser and paper towels available in bathrooms and at sinks in the house.

Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- The counter tops and cupboard doors in the two kitchen areas had damaged surfaces which affected the ability to effectively clean and disinfect them.
- There were a number of coverings on armchairs or sofas that were worn or damaged affecting the ability to clean and disinfect them.
- There were gaps on the daily schedule for the cleaning of shared equipment such as shower chairs and gaps noted in records of the cleaning of

equipment such as wheelchairs.

- A number of staff required refresher training in areas such as putting on and taking off PPE and standards and transmission based precautions.
- The providers policy on infection prevention and control was not being specifically adhered to in this centre in relation to the use of recommended products.
- The registered provider had not completed two six monthly unannounced reviews of the safety and quality of care and support provided in the centre as required by Regulation and this did not ensure that there was provider level oversight of the service provided to residents.

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 The Bungalow OSV-0005818

Inspection ID: MON-0039033

Date of inspection: 09/02/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Following action have been taken since the inspection took place to address the identified areas of improvement:</p> <ul style="list-style-type: none"> • All mandatory training, outstanding for completion has been booked with the training department on the 01/03/23. • Aurora as a provider has set out 2023 provider audit schedule. The new audit system has been implemented in January 2023 and is now involving all Aurora departments to engage in completion of the audits. The new audit system had been discussed with HIQA at a provider meeting in Aurora on the 24/01/2023. Completion dates for The Bungalow provider audits have been scheduled for May & September 2023 (6 monthly visit). The annual visit has been completed in February 2023. • The PIC has reviewed and updated the cleaning schedule in consultation with Aurora Health & safety department and the updated cleaning schedule has been implemented on the 01/03/23. <p>Due to potential to cause adverse effects on the people supported skin and clothing, staff do not use bleach-based products. PIC to include document on future IPC audits to document and evidence rational and which products are being used instead. This action has been completed since the 09/03/23.</p> <ul style="list-style-type: none"> • Painting of cabinets has been requested via Aurora maintenance log and is scheduled for 01/04/2023. <p>Furniture will be replaced once a review of person supported is completed by Occupational health and Physiotherapy. All other furniture will be replaced when people supported move to their new home as part of their transition planning in autumn 2023.</p>	

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	09/03/2023