



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

Issued by the Chief Inspector

Name of designated centre:	Hillside
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	31 March 2023
Centre ID:	OSV-0005876
Fieldwork ID:	MON-0039765

About the designated centre

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

Hillside is a residential service located in Co.Kilkenny. The service currently provides full-time residential supports to two adults over the age of 18 whom present with an intellectual disability. The service is operated on a 24 hour, 7 day a week basis, ensuring residents are supported by a competent and appropriately skilled staff at all times. Residents are supported to participate in a range of meaningful activities and where possible, are consulted in the day to day operations of the centre. Individuals are supported to reach their full potential in accordance with evidence based best practice whilst their independence and life skills training is encouraged. The premises consist of a large bungalow reconfigured to two self-contained apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 31 March 2023	09:00hrs to 13:30hrs	Tanya Brady	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). Overall, the inspector of social services found that the provider had for the most part effective systems for the oversight of infection prevention and control 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 the premises, staff training and some documentation present in the centre. These areas will be discussed later in the report.

The designated centre comprises of a single-storey house which is divided into two self contained homes in a rural community, in County Kilkenny. It is home for up to two residents. There were two residents living in the centre at the time of the inspection and the inspector had an opportunity to meet both of them during the inspection.

On arrival to the house the inspector entered one self contained part of the house, they were directed by staff to an area of the house where hand sanitiser, a visitors book and personal protective equipment (PPE) were available. Throughout the inspection, staff were observed to be wearing the correct level of PPE in line with the latest public health guidance and the provider's revised up-to-date guidance. There was a warm and welcoming atmosphere in each part of the house visited.

In the first part of the house there was one resident at home when the inspector arrived. In the second part of the house visited one resident was out with staff support in the community. Both areas of the house appeared clean, warm and comfortable and in keeping with the residents' assessed needs.

Both residents engaged briefly with the inspector and welcomed the inspector to their home. One resident indicated within a few minutes that they would prefer if the inspector did not stay in their personal space and this was respected. The other resident shook the inspectors hand and continued with their daily activities and were relaxed with the inspector in the house.

Throughout the inspection, residents were observed relaxing and laughing with staff. They were encouraged to be involved in activities in their home such as deciding on what to eat or drink and making a cup of coffee, or bringing washing to the utility room. An external 'work station' was set up for one resident who enjoyed breaking down materials for recycling and sorting.

Residents were supported to understand why it was important to keep their home clean and tidy and about the steps they take to keep themselves safe from infections. These included checking their temperature, wearing a face mask at times and washing their hands regularly. During the inspection residents were observed to

prepare meals and snacks independently, and to wash their hands before handling food.

Within the house a number of works had been completed and new furniture had been purchased since the last inspection. These works and new furniture had contributed to the houses appearing comfortable. It had also resulted in surfaces and furniture that was more easily cleaned although there were some surfaces that still required replacement and pieces of furniture that were worn. Residents were supported to take part in vaccine programmes and prior to taking part they were provided with information about the vaccines. This information was available in an easy-to-read or symbol supported format should they require it.

At all times during the inspection residents appeared content and comfortable in their home, and in the presence of staff. They were observed to spend their time in their preferred spaces including communal areas and their bedrooms. The person in charge supported by the staff team facilitated the inspection on the day of the visit. They were found to be familiar with residents' care and support needs and to be motivated to ensure that each resident was happy and safe living in the centre.

A number of staff spoke with the inspector about some of the infection prevention and control practices and procedures in the house. This included the cleaning cloths and mops they used, the cleaning schedules and the products used for cleaning and disinfection. They also spoke in general about what they would do on a daily basis to keep themselves and residents safe from infection. For example they spoke about laundry and waste management, management of body fluid spills and cleaning procedures and protocols.

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.

In each side of the house, residents had access to plenty of private and communal spaces. Each side had outdoor garden spaces available which were private from one another. Residents' bedrooms were warm, clean, and decorated in line with their preferences. Residents had soft furnishings, televisions and some personal belongings on display although both residents preferred a clutter free and minimal environment. There had been new flooring laid in some rooms and orders had been placed for further new flooring.

Each side of the house was found to be very clean during this unannounced inspection. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff. One area, used regularly by one resident for their sorting and recycling was not included as part of a cleaning review and while this was outside, it was in regular use by a resident and presented with dirty surfaces, containers on the counter that were not clean and substantial numbers of cobwebs. 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 vehicles were regularly cleaned.

In the house there was information available for residents about the designated centre should they wish to access it. These included a copy of the provider's annual review, a copy of the latest HIQA inspection reports, the centre's statement of purpose, the residents' guide, the complaints procedures, safeguarding procedures, and a copy of the management structure with photos.

Residents and their representatives views were being captured as part the annual review of care and support in the centre by the provider. The latest annual review had just been completed and remained in draft form. In the previous annual review, residents and their representatives were complimentary towards care and support in the centre.

In summary, residents appeared happy and comfortable in their homes. They were busy doing things they enjoyed, and had things to look forward to. A number of improvements had been made in their homes since the last inspection. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in 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 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, as previously mentioned 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 the premises, staff training and some documentation in the centre.

Overall, the inspector found that the provider was self-identifying the areas where improvements were required and implementing a number of systems and controls to keep residents and staff safe from the risk of infection. A COVID-19 outbreak report and contingency plan for the centre had been developed by the provider and there was identified learning shared across centres and with this staff team.

The provider had completed an annual and six-monthly reviews in the centre and information prevention and control had been considered as part of these reviews.

The actions on foot of these reviews were leading to improvements relating to infection prevention and control in the centre. Infection prevention and control was regularly on the agenda at staff meetings and from reviewing a sample of these areas discussed included, antimicrobial resistance, cleaning, the use of PPE, temperature checks, visiting, food safety and staff training. The person in charge and representatives of the provider were visiting the houses regularly with the person in charge also available to work on the roster alongside staff as needed. The provider visits were documented and from reviewing a sample it was evident that they were consulting with residents about their care and support and their home, and picking up on infection prevention and control risks. Action plans were developed as part of these reviews.

The provider had identified staff members with enhanced responsibilities in relation to infection prevention and control. They were implementing an audit schedule across the centre. Examples of improvements brought about as a result of audits and the provider's six-monthly and annual reviews included, sourcing new flooring, the development of specific cleaning guidelines for the house, the ordering of a shower chair in one side of the house and the replacement of some furniture.

There was a risk register and a number of general risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. For example, there were risk assessments for risks associated with, frequent use of antibiotics, an outbreak of infectious diseases, pet care, exposure to chemicals and blood and body fluids. There was information available in residents' plans and in the information folders in the centre in relation to other infection prevention and control risks. These included protocols and guidelines. However, there was an absence of signed documentation demonstrating that staff were familiar with and had read risk assessments in relation to infection prevention and control risks for some residents as required by the provider.

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. A small number of staff required infection prevention and control related-training/refresher trainings and the documentation available to the person in charge in relation to the current status for all staff who appeared on the roster was not available to the person in charge and inspector for review.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. Regular agency staff were covering the required shifts. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. 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

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 infection prevention and control measures in the centre and the impact of these on their day-to-day lives. However, some improvements were required to the premises and documentation in the centre.

Residents had protocols, guidelines, and care plans in place relating to infection prevention and control risks. However, there was an absence of up-to-date care plans for areas such as wound care. While records reviewed indicated that the plans were reviewed and updates required these had not been completed and therefore, the information present to guide staff was not current. In addition, some risk assessments in place such as pet care, did not detail all control measures as outlined in the provider's pet policy such as, washing or cleaning of food bowls and bedding.

Residents were being provided with information on infection prevention and control in an easy-to-read or symbol supported format. For example, there were social stories available and folders with infection prevention and control related information in an easy-to-read format. This included information on standard precautions, viruses, infections, how to keep yourself safe from infection, COVID-19, vaccine programmes, the use of PPE, and the use of antibiotics.

Residents' observations were recorded regularly and the contact details of medical and health and social care professionals were available in residents' plans. There were contingency plan in place should there be an outbreak of infection in the centre. Consideration had been given to antimicrobial stewardship, and there was a template available to log residents' use of antibiotics if required.

As previously mentioned, throughout the inspection staff were observed to adhere to standard precautions and they had for the most part completed a number of infection prevention and control related trainings. A small number of staff required some infection prevention and control-related training/refresher trainings. There were stocks of PPE available and systems for stock control.

Each self-contained side of the house was found to very clean during the inspection. As previously mentioned, a number of improvements had been made in the centre since the last inspection and further plans were in place. These will be detailed under Regulation 27. The inspector acknowledges that the provider had recognised that these works were required and that funding had been approved for the majority of these works. There were suitable arrangements in place for cleaning and disinfecting the premises, and for laundry 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 and systems for laundry and waste management in the event of an outbreak of infection in the centre.

There were policies, procedures and guidelines in place for cleaning. There were guidelines for staff on using the new flat mop system, and the colour codes of cloths and mops was on display. There were guidelines for staff on cleaning specific areas

such as bathrooms, wet rooms and toilets. Guidelines on dilution methods of cleaning products were also readily available for staff. Some improvement was required as already stated on the guidance for cleaning of areas used frequently by residents like the recycling station or of pet related equipment.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. In line with the findings of the provider's infection prevention and control audits the inspector found that one resident had refused to use bins in their home and the provider was trialling smaller bins placed inside locked cupboards. This created a risk of decontamination as the staff had to open key boxes prior to opening a cupboard to dispose of waste however, this had been risk assessed and was under on-going review in line with the resident's specific needs.

There were colour-coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. A flat mop system was in place in both sides of the house. In both sides of the house there was a single bathroom which staff and the residents used. There was hand soap, sanitiser and paper towels available in a basket for staff that was brought into the bathroom in one side of the house but not in the other. The inspector observed that hand towels were not available in the bathroom at the sink in the houses.

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:

- There were some surfaces in both sides of the house which were damaged and this was impacting the ability to clean and disinfect them. For example, around the edges of a wardrobe where the doors had been removed, damage to a kitchen chair and damaged flooring.
- A small number of staff required infection prevention and control-related training or refresher training.
- Documented care plans for example, wound care, needed to be updated in a more timely manner to ensure staff had current guidance to follow when supporting residents
- Practices around provision of hand towels and soap/sanitiser in bathrooms for staff required review

- Cleaning practices required review to ensure all areas were included, such as pet equipment and areas used for recreation
- The provider's system for staff to sign when they had read a new risk assessment or an updated care plan required review as it was not apparent that all staff were familiar with the most up-to-date guidance present.

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 Hillside OSV-0005876

Inspection ID: MON-0039765

Date of inspection: 31/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Following actions have been taken since the inspection took place:</p> <ul style="list-style-type: none"> - The PIC has reviewed areas in need of repair and has submitted maintenance request on Viclarity on the 04.04.23. - Viclarity Maintenance list sent to Health and safety as below with scheduled completion dates: <p>Hillside 1:</p> <ul style="list-style-type: none"> • Repair/replacement of dining chairs - 5.5.23 • Chip board repair on press in kitchen – 5.5.23 • Back door chip board repair/replace - 5.5.23 room paint touch up – 5.5.23 Bathroom removal of towel handle - 5.5.23 • Bathroom request for shower chair – 12.5.23 • Bedroom wardrobe repair/replace - 5.5.23 • Replacement of roofing in recycling area – 31.5.23 <p>Hillside 2:</p> <ul style="list-style-type: none"> • Kitchen repair/replace of chipped press - 5.5.23 • Replacement of flooring in sitting room -31.5.23 <ul style="list-style-type: none"> - The PIC has reviewed all training records - agency staff member has submitted their IPC training certification to Aurora training department – 2.5.23 - The PIC completed a Quality Conversation with Aurora employee to highlight gaps in training 6.4.23, all mandatory training is complete – 7.4.23 - The PIC has reviewed the wound care plan – 2.4.23 - All staff to read and sign updated wound care plan - 7.5.23 - The PIC has reviewed and updated the cleaning schedule to include, availability of hand towels in bathroom, cleaning of pet bedding and recycling area – 28.4.23 	

- The PIC has attached also a signature sheet for employees and agency staff to sign indicating they have read and understood when Risk assessments or support plans have been updated
- At the next team meeting the PIC will discuss the issues identified in the IPC audit and will ensure all staff are aware of updated and current IPC requirements in Hillside 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	31/05/2023