



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

Issued by the Chief Inspector

Name of designated centre:	Kilcarn Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0007759
Fieldwork ID:	MON-0036014

About the designated centre

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

This centre was run by Brothers of Charity Services Ireland CLG and provides residential care for up to three residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one house located a few kilometres from Galway city. Each resident have their own bedroom, shared bathroom, sensory room, utility, kitchen and dining area, sitting room and access to a well-maintained garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 18 May 2022	09:00hrs to 14:30hrs	Mary Costelloe	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).

The inspection was unannounced. The inspector met and spoke with staff who were on duty, and met with both residents who lived in the centre. The inspector also observed residents in their home as they went about their day, including care and support interactions between staff and residents.

On arrival at the centre, the staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. The staff member confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that despite the additional infection prevention and control measures in place since the onset of the pandemic, residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

The inspector met with both residents living in the house. They spoke on their own terms but were unable to tell the inspector their views of the service. They appeared in good form, content and comfortable in the company of staff. Staff were observed to know the residents well as they chatted and interacted with residents in a friendly, caring and respectful manner.

Kilcarn Services is a single storey dwelling located in a rural area a few kilometers from Galway city. The centre is registered to accommodate up to three residents. At the time of inspection there were two residents living in the centre and a third resident was in the process of transitioning to live there. The house had three bedrooms, kitchen, dining area, living room, sensory room, utility room, shared assisted bathroom and two toilets. Residents had access to large and well maintained mature gardens with a variety of plants, shrubs and trees. There was an outdoor dining area with suitable furniture provided to the rear garden area. The garden area was secure with electronic gates to the front entrance area. The house was accessible with suitable ramps and handrails provided. The centre was found to be well maintained and in a visibly clean condition throughout. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on-going basis.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. One of the residents was supported to attend day services locally two days a week, while the other resident was supported with a day

service from the house. Each resident had their daily activity schedule documented in an appropriate format which was displayed in the kitchen area as a reminder for residents. During the morning of inspection, residents were supported to have their breakfast of choice, to take showers and to assist with laundry and hang out clothes on the clothes line. Residents were supported to have snacks and drinks of their choice. The inspector observed that residents had unrestricted access to the kitchen and one of the residents liked to make her own tea. The weekly menu plan was displayed. Staff advised that residents were consulted regarding their preferred food choices, that healthy food choices were encouraged and promoted in line with the recommendations of the dietitian. The inspector observed staff supporting residents get their preferred food choices from the refrigerator. During the morning time residents also spent time relaxing in the sensory room. Later in the morning both residents went for a drive and a walk and then returned to have lunch in the centre. One of the residents was supported to attend a medical appointment in the afternoon. Throughout the inspection, residents were observed following their own routines, coming and going from their bedrooms and the communal areas of the house as they wished. Residents regularly went swimming, attended music therapy, went for drives and walks, went shopping and enjoyed eating out. One of the residents enjoyed gardening, planting and looking after flowers. The inspector saw a number of recently planted pots and containers of summer flowers and strawberries. Staff told the inspector how the residents were supported to go for regular day trips and picnics to places of interest and to scenic locations. The inspector was shown photographs of residents enjoying trips to many locations including the cliffs of Moher, Bunratty Castle, Kylemore Abbey, Coolepark and Father Teds House. Residents had recently enjoyed a boat trip on Lough Ree. The centre had a vehicle which could be used by residents to attend outings and activities.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, regular house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. There was evidence of ongoing consultation with residents through regular house meetings at which issues such as hand hygiene, staying safe and the human rights charter were discussed.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control control for all visitors entering the centre. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to visit family members at home and to maintain contact by regular telephone calls.

Staff saw infection prevention and control as central to their roles and an integral part of providing safe, effective care and support for residents on a daily basis. Staff

showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018), however, further clarity was required in relation to governance and management arrangements in the centre to ensure that there were clear lines of accountability and responsibility for the prevention and control of health care-associated infection in the centre.

The inspector met with the team leader who maintained day-to day oversight of infection prevention and control in the centre. The team leader and staff on duty were knowledgeable regarding their roles and responsibilities in relation to infection prevention and control. While there was a COVID-19 lead person identified, there was no person with overall responsibility for infection prevention and control identified in the centre. The team leader advised that while this issue had been discussed by the management team, no person had yet been nominated. The team leader was supported in the role by the person in charge. The inspector was advised that the person in charge did not visit the centre on a regular basis and did not attend team meetings but was in regular contact and could be contacted at any time if there was a concern or issue. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that while staffing levels and mix were in line with the assessed needs of residents they were not as set out in the statement of purpose. There were no housekeeping staff and the number of nursing staff employed were not as described in the statement of purpose. The staffing roster reviewed indicated that there was a regular staff pattern with two staff on duty during the day time and one staff member on duty at night time. The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. Staff on duty continued to be monitored daily for signs and symptoms of COVID-19. Cleaning was the responsibility of all staff on duty, the inspector noted that all parts of the centre were maintained in a visibly clean condition and cleaning schedules in place for both day and night staff were being completed.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including hand hygiene and donning and

doffing as well as training on the National Standards for infection prevention and control in community services (2018). Staff spoken with confirmed that they had attended a combination of on-line and in house training. Further training on infection prevention and control was currently being provided and to date two staff had completed this training. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including COVID-19 protocols, cleaning, personal protective equipment (PPE) and updates in relation to guidance and policies.

Staff had access to a range of policies and guidance in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018). The provider had recently updated its policies in relation to infection prevention and control and had provided a comprehensive cleaning guidance manual for staff. The manual outlined clear guidance for staff in areas such as cleaning, disinfection, colour coding systems, decontamination of equipment, laundry management, standard infection prevention and control precautions, safe use and disposal of sharps and respiratory hygiene. It also provided clear guidance on the management of an outbreak of infection. Staff had signed the new guidance documents as having read and understood them. Staff spoken with were knowledgeable regarding the updated guidance and the inspector observed that they were being implemented in practice.

There was also a comprehensive COVID-19 outbreak management plan as well as information and guidance to further guide staff. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks should residents require to isolate in their bedrooms. The team leader confirmed that she had access to support and advice in relation to infection, prevention and control as needed from her line manager, from the MDT(multi-disciplinary team) and, from the centralised COVID-19 response committee. This committee was specifically set up by the provider to provide support, guidance and case review of specific matters arising in services. There was access to an infection control specialist within the organisation and to public health specialist advice in the HSE.

The provider had systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audits completed in April and November 2021 had reflected on infection prevention and control including issues such as information for residents, arrangements for cleaning and disinfection, laundry, waste disposal and refurbishments to the centre. The nominated COVID-19 lead worker continued to complete a weekly review of agreed infection prevention and control measures in order to ensure compliance with the control measures for the prevention and management of COVID-19 as outlined in the provider response plan. A review of recently completed checklists indicated satisfactory compliance with the measures in place.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health-care associated infections.

Residents were kept informed and updated regarding COVID-19 and infection prevention and control guidance and information updates were communicated and discussed at regular house meetings. Information relating to hand hygiene, wearing of masks and gloves, getting a COVID-19 swab test, attending test centres was provided for residents in an appropriate format including pictures and social stories. Residents had been supported to understand why hand hygiene, cough etiquette, wearing of face masks and social distancing were important in protecting them from COVID-19 and other health-care associated infections.

From discussions with staff it was evident that they had a clear understanding of their roles and responsibilities in protecting residents from preventable health care-associated infections. Staff continued to monitor residents for signs and symptoms of COVID-19 on a regular basis. Staff spoken with advised that they continued to support and remind residents of the importance of regular hand hygiene. There were posters promoting hand washing and correct hand washing techniques displayed in all bathrooms and at various locations throughout the centre to act as a reminder for both staff and residents.

The centre was found to be very clean and well maintained throughout. There were clear systems in place for the management of waste and laundry. The provider had a colour coded system in place for cleaning and disinfection of equipment such as mops and cloths. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. Cleaning equipment was suitably stored. There were reminders for staff displayed regarding the colour coding system in place, laundry instructions and the correct temperatures for laundering clothing and cleaning equipment. Staff spoken with were knowledgeable regarding the guidance in place. Cleaning checklists were completed on a daily, weekly and monthly basis as well as for frequently touched areas. There was a cleaning checklist in place for the centre's vehicle. Cleaning records reviewed showed that staff were diligent at completing cleaning tasks on a regular and on-going basis.

The centre had clear guidance in relation to visitation to the centre and these were reflective of current up-to-date national guidance. There was a poster displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was a hand sanitizing dispenser located inside the entrance door and signage to remind visitors

of the requirements to adhere to hand hygiene and sanitising arrangements.

Residents in the centre had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including physiotherapy, speech and language therapy (SALT), psychiatry, psychology, dietitian, dentist and optician.

Residents were supported to access vaccination programmes and national screening programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). While there was evidence of good practice in relation to infection prevention and control noted in many areas, further clarity was required in relation to the governance and management arrangements in the centre to ensure that there were clear lines of accountability and responsibility for the prevention and control of health care-associated infection in the centre.

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. Residents were found to be in receipt of good health care and had timely access to GP's, allied health services and vaccination programmes. The centre was found to be well maintained and visibly clean. There were systems in place for cleaning and disinfection of the premises and equipment. Residents were consulted with, kept informed and updated regarding infection prevention and control guidance.

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 Kilcarn Services OSV-0007759

Inspection ID: MON-0036014

Date of inspection: 18/05/2022

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> <p>At a Team Meeting on the 21/06/22, it was clarified with all staff that the Team Leader is the identified lead person in the Designated Centre with regard to the accountability and responsibility for the prevention and control of health care-associated infection within the centre.</p> <p>The Notification to Change the Person in Charge was updated and forwarded to the Authority’s Registration Team, along with an amended Statement of Purpose, to ensure clarity with regard to the name of the PIC, as well as the governance and management arrangements in the centre.</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	21/06/2022