



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

Issued by the Chief Inspector

Name of designated centre:	Oyster Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0007964
Fieldwork ID:	MON-0036630

About the designated centre

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

Oyster Services is a bungalow style house and prides itself on providing a homely living environment that has been adapted to meet individual preferences and needs. Oyster Services offers a service to up to four residents who are over 18 years of age and have a moderate to severe intellectual disability and/or autism or mental health difficulties. The house has been adapted to meet individual preferences and needs. Individuals will have his own bedroom and which was decorated in accordance with their personal wishes.

Oyster Services consists of a spacious ground floor bungalow encompassing four bedrooms and three bathrooms. There is a living room and a large kitchen/dining room. There is a separate sitting room for individuals to use as an alternative to the living room. In addition, there is a utility room, office, and sleep over room, a foyer. At the side of the house, there is a separate living area/space for an individual with Autism that likes his own space, which can be accessed directly from the outside if required, and this living area has its own garden.

The house has a spacious large garden to the back with a small garden to the front of the dwelling.

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
Tuesday 14 June 2022	10:30hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This inspection was carried out 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).

On the day of inspection the staff member on duty checked the inspectors temperature, identification and ensured that they were wearing the correct face covering and completed hand hygiene. The inspector noted that the staff member was wearing a face covering and completed hand hygiene initially and regularly during the course of the inspection.

The inspector met with two of the three residents living in the centre while carrying out the inspection. Both residents were able to communicate that they were happy in their home. One resident lived in an annexe with a separate entrance and he loved having this private space. The centre was the family home of one resident and they were delighted to remain in their childhood home with childhood neighbours whom they had a great relationship with. They went for coffee with neighbours regularly to a local cafe. The staff members appeared to know the residents very well and met all their needs throughout the afternoon. A staff member prepared lunch for the residents and offered different choices to the residents and prepared their preferred lunch.

The residents enjoyed lots of meaningful activities in their day including concerts, Galway athletics, disco in Galway city, alternative day service and had recently been to a festival in Meath. The residents enjoyed going to the local cafe, swimming and music classes. They enjoyed walks locally with staff for exercise and also going shopping. The residents had weekly meetings with staff around activities and planning meals for the week. The residents' preferences were noted and food bought accordingly for weekly meals.

Residents bedrooms were personalised with photographs and and there was digital photo frame in the kitchen which showed all the activities the residents engaged in. In one bedroom there was a personalised blanket on the residents bed with a picture of the resident with a horse on it, the resident was very proud of this.

Overall the centre was clean and there was a regular cleaning schedule and an enhanced cleaning schedule in place. The hand sanitising units were full and there was adequate supply of personal protective equipment for staff use. The IPC guidance document provided to staff included product information which informed staff of the dilution and decanting methods of the cleaning products. The staff member on duty and the person in charge were familiar with protocols around infection prevention and control and how to minimise the risk of infection. There were posters in the house explaining hand hygiene, social distancing and wearing of a face covering to the residents. It was apparent that every effort was made to support the residents understanding of infection prevention and control and to

enhance their independence.

The centre had a vehicle which could be used by the residents to attend outings and activities and there was a cleaning protocol in place for the vehicle.

Throughout the inspection the staff discussed and were fully aware of their responsibilities in terms of maintaining good infection prevention and control. Overall the premises was clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks.

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 was in compliance with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (HIQA, 2018).

There is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre and there was a designated lead IPC staff member. Staff spoken with were aware of the reporting pathways available to them in terms of issues regarding infection prevention and control. The person in charge was supported in their role by the area manager.

The inspector reviewed rotas and noted that the staffing levels in the centre were in line with the assessed needs of the resident and with the statement of purpose. The rotas indicated that there was continuity of care provided by a regular staff team. The staff team were fully aware of their responsibilities in terms of maintaining good IPC practices and safeguarding residents from the risk of preventable infection.

The person in charge had ensured staff had access to training in relation to infection prevention and control. The inspector reviewed the training matrix and noted that all staff had completed training in infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. Staff with whom the inspector spoken explained that they had attended both on line training and internal training. Staff had completed the training as outlined in the providers' guidance document.

There was a range of guidance documents in relation to infection prevention and control available to staff, including the National Standards for infection prevention

and control in community services (2018). There was a 'Covid - 19 outbreak management plan' in place which included a staffing management plan in the event of an outbreak. There was guidance for staff in relation to residents requiring to self isolate in a group home, increased use of personal protective equipment and enhanced cleaning of areas if a resident tested positive. There was both in house advice available to staff from the person in charge and also specialist advice could be sought from public health professionals in the HSE. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

The provider completed regular infection prevention and control audits and issues that were identified had been completed on the day of inspection.

The person in charge and staff members were fully aware of their responsibilities in terms of reporting a suspected or confirmed case of infection to the Chief Inspector. There were clean pathways for reporting within the service and good guidance in the event of an outbreak .

Quality and safety

Overall the inspector found that the service provided in this centre were to a very good standard, was person-centred and the residents had been kept updated about infection prevention and control and COVID-19. From discussions with residents they appeared to have a good understanding of infection prevention and control and about the restrictions, social distancing and wearing a face covering. There was information visible in the centre about infection prevention and control and COVID-19 in accessible formats and the inspector observed that posters promoting hand washing, cough etiquette and social distancing were visible in the centre.

During a walk through of the centre the house was noted to be clean overall. The bedrooms, bathrooms, floors and surfaces such as window boards and counter tops were clean. The utility area and washing machine were clean and there were coloured mops in use for each designated area. They had a system in place where the mop heads had a separate laundry bin and the mops were washed each evening and dried. The staff were fully aware of which colour mop head to use for each area and how to launder them after use. There were paper towel dispensers in the bathroom and the hand sanitisers dispensers were full and clean. There were colour coded food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use. There were no aerosol generating procedures in use in the centre however staff were aware of the protocols around such procedures. A sharps box was available if required. There was adequate supplies of PPE and staff were observed to wear the appropriate mask and

practice hand hygiene regularly.

There was a cleaning checklist in place for the house vehicle which indicated that contact surfaces were cleaned after each use. There was a supply of disinfectant wipes, hand sanitiser and of face masks in the vehicle.

There were good practices in place in relation the laundering of residents clothes and house linen. Staff members used alginet bags to transport soiled clothing or linen. The staff washed the residents clothing separately at a high temperature using the appropriate products as outlined in guidance documents. The clothing was returned to the residents room in a separate clean linen basket. Cleaning products as instructed in the Covid-19 guidance document were used for floors and surfaces and diluted as per instructions.

There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste. Waste was stored in an appropriate area and was collected fortnightly by a waste management company.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector observed posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed.

Staff were very vigilant in regards to cleaning routines and good standards of infection prevention and control. They were fully aware of the importance of infection prevention and control and of their responsibilities in terms of ensuring daily cleaning routines were completed in order to prevent healthcare-associated infections. Staff were noted to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff members spoken with during this inspection demonstrated a good awareness infection prevention and control, of the COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

Overall the house was clean and homely, there was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The COVID-19 addendum to the policy outlined what products to use and the formula for dilution.

There was a risk management system in place and risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents of isolation in their bedrooms and risk of reduced staffing numbers.

Residents' health care needs were met throughout the COVID-19 pandemic and they were supported to access General Practitioners (GPs), and other clinicians. It was evident from document review that the residents had been supported to attend appointments with their GP. The residents had been informed of COVID-19 vaccinations and infection prevention and control and had made the decision to take the vaccine.

Regulation 27: Protection against infection

The provider was in compliance with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

-The guidance documents the provider had available provided guidance in a number of areas including staffing arrangements, cleaning and disinfection of the centre, staff training and reporting pathways.

-There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. There was a vehicle cleaning checklist in place. There was an enhanced cleaning checklist in place in the event of an outbreak.

-There were adequate supplies of PPE and staff were observed to wear appropriate face coverings and were also observed to sanitise hands regularly.

-The house was clean throughout and well maintained and homely.

Judgment: 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	Compliant