



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

## Issued by the Chief Inspector

Name of designated centre:	Delta Hazel
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	16 May 2022
Centre ID:	OSV-0007990
Fieldwork ID:	MON-0035880

## About the designated centre

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

Delta Hazel is a designated centre located close to the town of Carlow. The centre can provide residential care for three adults, male and female, with intellectual disabilities aged 18 years and upwards. The centre comprises two separate bungalow buildings, both located in residential areas. Residents have individual bedrooms, and can access kitchens, living areas and outdoor garden space. Local amenities in Carlow include shops, cafes, restaurants, salons, GAA clubs and a cinema. Delta day service and sensory gardens are located close by and are available for residents if this is their preference. The staffing team consist of social care workers and support workers. Residents also have access to a staff nurse in the Delta centre if needed.

**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
Monday 16 May 2022	09:30hrs to 15:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The provider had implemented infection prevention and control measures within the centre which were in place to keep all residents safe from infection. There were two residents living in this designated centre. The designated centre comprises two separate homes located a short distance from each other. Each home provided single occupancy accommodation for the residents. The inspector had the opportunity to spend some time with one resident in this centre. The second resident had left for their day service and did not return during the course of the inspection. To ascertain the level of compliance with Regulation 27 the inspector spent time engaging with the resident and staff, completing documentation review and observation of staff practice.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival at the centre the inspector was directed to an area assigned for taking temperature, sanitising hands and ensuring that all who entered the centre signed in and completed a check for symptoms of COVID-19. It was noted that the questions asked in relation for symptoms of COVID-19 were not in line with current guidance. A new questionnaire had been sent to all designated centres within this organisation previous to the inspection and staff had not had an opportunity to print this out. The updated questionnaire had information in line with current guidance.

The centre comprises two separate houses. Each house was a bungalow style building located in a residential area. The first home had an open plan sitting room and kitchen area, resident's bedroom with en suite facilities, a staff office/bedroom. There was a small garden out the back with a decking area. The resident had decorated their room in line with their individual preferences and there were photographs and personal objects on display. The second home had a separate sitting and kitchen area, a games room, resident's bedroom with en suite facilities and a back garden. There was a garage located in the back garden where the washing machine, dryer and other items were stored. Overall, both homes presented as very clean, homely, well kept environments. Some areas in the kitchen in the first home required repair this will be discussed later in the report.

The resident met with the inspector after they had returned from breakfast. The resident and staff had decided to have breakfast out on this day. On return the resident was observed to be relaxing in the sitting room. They appeared very comfortable and were observed to chat with the staff present. The resident spoke

about upcoming birthday parties they were going to attend, family connections, shopping and restaurants they liked to visit. They requested that staff bring them on a short drive before they were going to attend their day service. This request was respected and accommodated by staff. Interactions between the resident and staff were familiar, kind and professional.

The next two sections of the report present 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 service being delivered with respect to infection prevention and control

## 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. Some improvements were required in relation to the condition of a kitchen area, storage of mops, coding system for mop heads, and monitoring and recording of staff temperatures. For the most part the provider was implementing systems and controls that kept residents and staff safe from the risk of inspection.

As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full-time person in charge in place, they had responsibility for two designated centres. There were plans in the coming week for a new person in charge to commence in this designated centre. This would further enhance the management structure within the centre. The person in charge was supported by the Residential Manager who was very familiar with the centre and relevant resident needs.

As part of the providers response to COVID-19 regular meetings at management level took place. The Chief Executive Officer (CEO), Residential Manager, the staff nurse assigned as COVID-19 lead, and a staff representative attended these meetings. These meetings occurred minimally bi-weekly however, the frequency of these meetings were increased as required. Local COVID-19 risks and relevant decision making processes were discussed at these meetings.

The providers six monthly unannounced audit was available for review. It contained clear actions relating to infection prevention and control. The six monthly unannounced audit had identified the need of specific infection and prevention control audits. These audits had recently commenced and had been completed for

the designated centre. The audits reviewed the general environment, patient care, waste management, hand hygiene and laundry management. These audits were being completed by the social care workers in each centre and reviewed by the person in charge. Actions were being identified from these audits and some actions had been completed. However, to ensure sufficient oversight the audits required review to ensure they were capturing all relevant areas for improvement. For example the audits did not record if cleaning records were reviewed or if temperature checks and COVID-19 symptom monitoring were being completed as required.

There was full time on-call management arrangements in place and these were prominently displayed in the centre's office. These arrangements were also found in place in all relevant documentation. There was a detailed COVID-19 contingency plans in place that detailed staffing arrangements, entry and exit to buildings with outbreaks, areas for donning and doffing PPE, enhanced cleaning schedules, laundry and waste management arrangements. Contingency plans had been updated following any learning identified from outbreaks that had previously occurred.

The provider was planning and organising the staff team to meet the centre's infection prevention and control needs. All staff had received specific training. A review of staff meeting notes evidenced that Infection control measures were discussed as required.

## Quality and safety

The inspector found that there was evidence of good practice relating to infection prevention and control being adhered to in this centre. The centre was for the most part clean and staff were observed following cleaning schedules. Some areas of improvement were noted in relation to staff temperature monitoring, condition of a kitchen area and storage of mops.

The designated centre consisted of two single occupancy homes, with adequate communal space, bedrooms with en suite facilities and staff sleep over rooms. Both premises were homely environments decorated to the residents' individual preferences and needs. For the most part, both premises were visibly very clean during the walk around the centre. The kitchen area of one home had some broken parts which exposed the concrete floor. There was also a press under the kitchen sink with no door. The condition of these kitchen presses and the exposure of the concrete floor did not provide assurances that these areas could be cleaned to appropriate infection control and prevention levels.

There were cleaning schedules in place and these were carefully implemented by all staff daily. The inspector reviewed a sample the cleaning records. High touch points such as handles and counter surface, tables, chairs and other items were cleaned twice daily. There was an additional cleaning schedule on an online system which captured additional cleaning carried out on a weekly basis. There were no records

available to indicate if the monthly cleaning had taken place. The items on the monthly cleaning records detailed cleaning such as high dusting, skirting boards and windows. Although these were visibly clean on the day of inspection improvements were needed on the recording of the same. In addition to this a garage was used for laundry management in one part of the designated centre, this was not on any cleaning schedule and the person in charge was unsure if this area was cleaned on a regular basis.

The storage of mops and the use of appropriate colour coding of mop heads required review to ensure it was in line with best practice. Mop buckets were stacked and stored on the floor of the garage or outside under shelter. This did not allow effective storage and the mops buckets outside were at risk of gathering debris or dirt. Mop heads were washed and dried immediately after use and stored in an appropriate area. However, there was no clear system for labelling mop heads to ensure they were only used for specific designated areas.

## Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and was keeping the staff team and the residents safe. There were clear management and oversight systems in place. Audits in infection control measures had commenced. Some improvements were needed in relation to the content of the audits to ensure sufficient oversight of all areas of the designated centre was in place. The designated centre was for the most part visibly clean on the day of the inspection and cleaning schedules were in place.

However, some improvement was required in the following areas;

- Audits required improvement to ensure all all relevant aspects of infection prevention and control measures were adequately reviewed.
- Cleaning schedules were in place. However, there was no schedule of cleaning recorded for the designated monthly cleaning duties therefore, it was unclear if this was occurring on a regular basis. Cleaning schedules required review to ensure they encompassed all areas used by residents and staff.
- A kitchen area in one of the homes required repair to ensure best practice in relation to infection prevention and control measures would be adhered too.
- Staff recording of relevant temperature checks and COVID-19 symptoms check required review to ensure it was in line with the providers stated policy.
- The storage of mop buckets required improvement to ensure they were kept in areas that were clean and would allow the equipment to dry out appropriately
- A consistent system for ensuring mop heads were assigned for specific areas needed to be implemented.



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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Delta Hazel OSV-0007990

Inspection ID: MON-0035880

Date of inspection: 16/05/2022

## 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>Audits – IPC audits have been reviewed and updated. They now capture that staff Covid checks records are maintained, cleaning checklist are completed and that mop heads are appropriately stored and labelled.</p> <p>Monthly cleaning lists have been added to the task folders in each property, oversight of these checklists have also been included in the IPC audit.</p> <p>Mop Storage – A system of mop storage has been developed; the new practices have been communicated to all staff in the designated centre. Oversight of the storage of the mop buckets and mop heads has been included in the reviewed IPC audit.</p> <p>Staff Temperature/Symptoms Checks: Staff received communication from the residential manager on the date of the inspection, additional communication to all staff members from the PIC occurred during team meetings. Spot checks have been completed by the PIC on these records since the regulation 27 inspection was completed. Oversight of the staff checks has been added to the reviewed IPC audit tool.</p> <p>Kitchen area in one property – Repairs are planned to be completed on the identified area. This is scheduled to be completed by July 31st, 2022.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/07/2022