



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh Services Tus Nua
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0007383
Fieldwork ID:	MON-0035878

## About the designated centre

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

Comeragh Services Tus Nua consists of a bungalow located in a rural area. The designated centre provides a full-time residential service for a maximum of three male residents with intellectual disabilities, between the ages of 40 and 65. Each resident has their own bedroom and other facilities in the centre include a kitchen, a dining room, two sitting rooms, a staff office and bathroom facilities. Residents are supported by nursing and care assistant staff.

**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
Wednesday 27 April 2022	10:30hrs to 15:30hrs	Sarah Mockler	Lead
Wednesday 27 April 2022	10:30hrs to 15:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

On arrival at the centre, the inspectors met with the assistant team leader. They greeted the inspectors and showed them to the area to check temperatures and fill in required information regarding symptom monitoring for COVID -19. The inspectors had the opportunity to meet with all three residents living in the centre on the day of inspection.

Inspectors observed that the front gate to the property was locked and staff communicated that this was in place secondary to an identified risk for one resident.

One resident greeted inspectors at the door of their home and noted that it was cold outside. Another resident was noted going for a drive in the service vehicle and some residents went out to day services. One resident remained in the home and activities were planned in line with their assessed needs. They enjoyed going for short walks around the premises and the inspectors observed staff facilitating this throughout the day.

The inspectors completed a walk around the premises at the beginning of the inspection day. The premises comprises a three bedroom bungalow with a kitchen, living area, a bathroom and toilet. Two rooms in the centre had been identified as a staff office and a storage area. The house was surrounded by a garden and had a shed at the back of the property. Areas of the garden were un-kept and a staff member communicated that there were plans in place to complete works in the garden. Inspectors noted a number of areas around the home requiring maintenance. This included areas of worn and chipped paintwork and small areas of the ceiling with what appeared to be dampness/mould.

Residents all had their own bedroom which had been personalised. Storage for residents' personal belongings was limited at times in bedrooms and in bathrooms.

The staff team consisted of a nurse, social care leader and a care assistants. There was a full time person in charge in place. The person in charge was also responsible for another designated centre. The person in charge had recently become supernumerary to their staff teams. The person in charge was supported by an assistant team leader. On the morning of the of the inspection, the inspector observed that staff were working in close proximity to residents, as a result staff were noted to be wearing face masks throughout the duration of the inspection, in accordance with national guidance for residential care facilities. Staff discussed how all residents within this centre required full support with all daily living tasks.

While the inspectors noted that residents appeared comfortable living in their home on the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings

from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that systems in place were not consistent or effectively monitored to ensure compliance with the Regulation 27.

There were clear lines of authority and accountability within the centre. There was a full time person in charge in place. The person in charge also had responsibility for one other designated centre. The person in charge was supported by an assistant team leader in the centre and a senior regional manager.

Oversight and review systems were found to require improvements in the centre. Six monthly unannounced audits on behalf of the provider had not taken place consistently over the past year in the centre. To date, the provider had not completed the self-assessment tool issued by HIQA in 2020 to self-review compliance with the National Standards for infection prevention and control in community services (2018). However, a new compliance officer had recently been appointed in the service and had completed the six monthly unannounced audit in April 2022. Inspectors found that this had effectively self-identified areas in need of improvements in the centre and the provider was working towards addressing actions from this audit.

The residents were supported by a staff team of care workers. The person in charge was also a nurse. At times, it was noted that sufficient staffing levels were not in place to meet the assessed needs of the residents. The inspectors reviewed a sample of staff rota's and identified a number of days where staffing levels were reduced. The person in charge and team leader communicated that an application had been submitted to the funder for further staffing levels in the centre and was pending approval on the day of inspection. While staff communicated that cleaning duties were always completed, even when staffing levels were reduced, inspectors noted a number of occasions where gaps were noted in cleaning schedules and temperature checking records. It was unclear if cleaning duties or temperature checks had been completed on these dates/times.

The provider had an infection prevention and control policy in place, however this had not been reviewed since May 2018. The service had implemented a temporary addendum to this in 2021, however this addendum was only relevant to the

management of COVID-19 in the service and did not fully review infection prevention and control measures.

A number of staff required refresher training in areas including infection control, hand hygiene and donning and doffing Personal Protective Equipment (PPE) Staff supervision did not take place in line with service policy and did not evidence that infection prevention and control measures were regularly discussed/supervised.

The provider had developed a COVID-19 contingency plan and this was comprehensive and identified escalation pathways and measures to take in the event of an outbreak of COVID-19. However, one area required review. The isolation periods identified for residents, should they present as positive for COVID-19, were not in line with national guidance. A COVID-19 information folder was available to staff in the centre, however this contained a number of out-of-date guidance documents. Furthermore, an old contingency plan was also stored in this folder. This posed a risk of not appropriately guiding staff in the event of an outbreak of COVID-19.

## Quality and safety

Overall, with regards to infection prevention and control, the inspectors found a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident that the management team and staff were endeavouring to provide a safe service to residents. Residents appeared comfortable in their home.

The centre comprises a bungalow building located in a rural area in Co. Kilkenny. All residents had their own bedrooms. There was adequate communal areas available to residents. Aspects of the premises required upgrading and maintenance works. The inspectors observed areas in the centre where there were walls with flaked and chipped surfaces. Areas of mould and dampness were also observed in the main bathroom and two resident bedrooms. Due to the condition of some areas of the home the inspectors were not assured that effective cleaning was taking place in line with best practice in infection control measures.

The inspectors reviewed the centres cleaning schedules which were found to require improvements. While at surface level, most of the the designated centre appeared as reasonably clean on the day of inspection. Schedules did not include the cleaning of all aspects of the centre and did not include the cleaning of some of the residents equipment, for example equipment used for personal hygiene, shared laundry baskets and window blinds were not on the list. Due to reduced staffing at times, tasks on the cleaning schedule were not always signed off by the relevant staff member as completed. There was also limited oversight of these schedules from a senior management level.

Laundry systems in place did not effectively ensure the separation of clean and dirty linen and laundry. Residents shared a laundry basket and this basket was not subject to a regular cleaning schedule. Furthermore, clean and dirty laundry was managed in close proximity to food preparation and cooking areas which was not observed to be a hygienic system. A basket of fresh vegetables and a slow cooker were noted very close to the washing machine and dirty laundry.

On review of the risk assessments around infection prevention and control (IPC) measures there were a number of individual risk assessments in relation to the risks posed around contracting COVID-19. A number of these risk assessments had not been updated since 2020 with updated guidance not reflected. Control measures were no longer in line with current guidance, for example one risk assessment referred to a resident 'cocooning'. There was limited clear guidance around the current IPC risks this centre which required review and updating to ensure all staff were appropriately guided.

## Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Oversight of measures in the centre required improvements. Although the recent six monthly audit had identified some improvements in relation to IPC measures, additional oversight was required to ensure auditing and review systems were self-identifying areas of concern fully review the centres levels of compliance with national standards and national guidance.
- Staff required updated training in a number of areas in relation to IPC measures, hand hygiene and donning and doffing PPE.
- Laundry systems in place did not effectively ensure the separation of clean and dirty linen and laundry. Residents shared a laundry basket and this basket was not subject to a regular cleaning schedule. Furthermore, clean and dirty laundry was managed in close proximity to food preparation and cooking areas. A basket of fresh vegetables and a slow cooker was noted close to the washing machine.
- At surface level, the designated centre was noted as visibly clean on the day of inspection. Cleaning schedules were overall comprehensive and included the regular cleaning and deep cleaning of the centre. However, inspectors noted a number of gaps where staff had not signed if cleaning tasks had been completed.
- Due to the condition of some areas of the home the inspectors were not assured that effective cleaning could take place.
- Storage of PPE was not appropriate. It was stored in an outside she that was visibly cluttered and dirty.
- Procedures for intimate care required review. A basin was in use for bed



baths for one resident at times. This was not subject to regular scheduled cleaning and posed a risk of cross infection when in use for intimate and personal care.

- Mop systems required review. The hanging facilities did not ensure that mops would be dry between uses. While coloured mop buckets were in use, separate coloured mops were not in use and this posed a risk of cross infection between bathroom areas and the kitchen.
- Evidence of communication regarding infection control procedures and COVID-19 was poor. The staff team had only experienced one staff meeting in 2021. Infection control did not appear to be regularly discussed with residents through resident meetings or one to one sessions.
- There were a number of gaps in temperature checks for both staff and residents.
- Risk assessments not reviewed since 2020 and out of date/not in line with national guidance.

Judgment: Not 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	Not compliant

# Compliance Plan for Comeragh Services Tus Nua OSV-0007383

Inspection ID: MON-0035878

Date of inspection: 27/04/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The PIC will complete the HIQA IPC self-assessment tool on a 12 weekly basis</li> <li>• An additional monitoring visit will be carried out by the Compliance Officer in this centre to review the progress from the 6 monthly visit and the implementation of enhanced IPC arrangements in the centre</li> <li>• Local IPC audits will be carried out with greater attention to detail and monitored by the PIC.</li> <li>• Supervision is scheduled to occur in line with policy requirements and will incorporate IPC measures</li> <li>• All IPC related training will be scheduled for staff and the completion of training will be monitored and overseen by the PIC</li> <li>• The layout of the kitchen has been adjusted to ensure that food preparation area is not occurring in close proximity to laundry.</li> <li>• Individual laundry baskets are in place for residents, the cleaning of which is incorporated into the cleaning schedule.</li> <li>• Adherence to the completion of cleaning schedules will be monitored by the PIC on a scheduled basis.</li> <li>• Required premises works including improvement in paintwork and treatment for mold and dampness have been scheduled for completion in consultation with the Facilities Manager</li> <li>• PPE that is stored in the designated centre is stored appropriately as per manufacturer's instructions.</li> <li>• The procedures for intimate care has been reviewed and an additional basin has been purchased. Both basins have been added onto the daily cleaning schedule in the designated centre.</li> <li>• The system in place for the appropriate use of mops has been reviewed and updated</li> <li>• Covid 19 is a standing agenda item at staff meetings. The frequency of staff meetings has been increased to six weekly.</li> </ul>	

- An additional resource (Assistant to the team leader) has been deployed to this centre on a part time basis for a period of 8 weeks from week commencing 16/5/2022.
- Covid 19 is a standing agenda item at residents weekly meetings, easy read and pictorial information is available to aid discussions with residents.
- Temperature checks and the adherence to same will be monitored by the PIC on a scheduled basis
- The outbreak and management plan for Covid 19 will be reviewed and reflect Current Public Health guidance.
- Individual risks for Covid 19 and infection control will be reviewed and will reflect current Public Health guidance.

The service policy on infection prevention and control is a National Policy which was signed off in 2018 for three years. During the pandemic an addendum was added which states that "the guidelines for the prevention and management of Corona virus/Covid-19 supersedes this policy. These guidelines were updated and reviewed in line with Public Health Guidance. The infection control measures contained in the guidance are more extensive than those in the policy and will remain in place for the duration of the pandemic or 12 months whichever is sooner". Addendum added on 17.06.2021 and will be reviewed within the specified timeframe. The policy has been referred to the National Clinical Team.

## 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.	Not Compliant	Orange	31/07/2022