



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

Issued by the Chief Inspector

Name of designated centre:	Bród
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0005809
Fieldwork ID:	MON-0036447

About the designated centre

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

Bród designated centre provides community based living arrangements for up to four adult residents. Bród is a detached one storey, modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own large bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents needs are met. There is a person in charge assigned to the centre who also has responsibility for another designated centre a short distance away. Three staff work during the day to support residents in having a full and active life and two waking night staff are also in place. The centre is resourced with one transport vehicle to support residents' community based activities.

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	10:00hrs to 14:30hrs	Tanya Brady	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 three residents living in this centre on the day of inspection and the inspector met with all three. A fourth resident had recently passed away and the inspector acknowledges that this was a difficult period for the other residents and the staff team. As a period of palliative care had been in place for this resident the inspector also acknowledged that this had generated additional waste and footfall in the centre which was reflected in the build up of waste materials in the garden. The person in charge had arrangements in place for dealing with these.

This centre comprises a large bungalow set in a stand alone site at the end of a quiet cul-de-sac. Each resident has their own large bedroom, there are two bathrooms one with a bath and currently only one of these is used consistently by all residents. The house also contains a large open plan dining-living area with a kitchen and utility room accessed off here and a separate small living room to the front of the property. Externally there is a patio and area set to lawn to the rear of the house and an area to lawn to the front, a number of sheds were located near the rear door. One was for the storage of personal protective equipment (PPE) and resident postural equipment such as standing frames, another was for the storage of cleaning equipment and contained items such as salt for cold weather and the final unit contained items for use in a sensory garden that was planned.

On arrival to the centre the inspector was welcomed and asked to sign the visitors book, the inspectors temperature was taken on entering the dining area where residents were present. The person in charge explained that due to identified risks to residents, that hand sanitiser and the thermometer were held in the kitchen and carried out to the hall when a visitor arrived. The inspector however, observed another visitor to the centre later in the day being asked to complete checks as they left and not as they arrived.

The residents were supported by a skilled and supportive staff team, over the course of the day the staff were observed to engage with residents in a respectful and fun manner and the atmosphere in the house was relaxed and warm. The residents' daily schedules and activities appeared to be led by the residents' choices and they were involved in making decisions about their care and support. Residents were observed going with staff on a walk and on a drive, using their electronic tablets and watching television. One resident was supported to visit their sibling and drop off a birthday card, and another was supported to go for a cup of coffee in

town. A resident had selected the colour for a picnic bench in the garden and was happy for the inspector to go out and see it in the garden, this resident enjoyed spending time in the garden and staff outlined the plans for development of a sensory area.

The residents were supported to engage in regular meetings, the minutes of these were reviewed by the inspector and the content was focused on their lives in the centre and on decisions about their home. Items of importance were seen to be discussed during these meetings and including information about COVID-19 and infection prevention and control. The provider had a regular bulletin for sharing of information and these were shared with the residents and also contained items regarding infection prevention and control, accessing advocacy supports or where to find further information on topics such as vaccination, face mask wearing. Social stories had been developed and were used to support understanding on topics like how to use face time to keep in contact or coping with being away from family.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. These are 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

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infections prevention and control practices in the centre. However, as previously mentioned some areas were not being audited such as the running of water in areas not in use or in cleaning of vehicles, and improvements were required in relation to documentation such as in the cleaning schedules.

For the most part the provider was implementing their systems and controls to keep residents and staff safe from the risk of infection. There had been positive resident cases of COVID-19 and of positive staff cases reported during the pandemic however these had been managed within the centre.

The person in charge was responsible for the day-to-day management of this and another designated centre. They had commenced in this centre a couple of months before the inspection and were in the process of reviewing and consistently implementing systems to monitor care and support for residents. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe and engaging in activities they enjoyed and found meaningful. They were also aware of some areas for improvement in relation to auditing of infection prevention and control, and to residents' risk assessments and isolation plans following the recent positive cases of COVID-19.

There was a risk register in place and the provider had implemented a number of risk assessments to support the implementation of measures to mitigate the risk of

infection in the centre. These risk assessments were subject to regular review however, the risk of the vehicles not being cleaned required review given there were no systems in place to ensure the control measures were completed or in place.

The provider had identified an individual with responsibility for completion of delegated duties related to infection prevention and control in the centre. There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. Staff had completed a number of IPC related trainings including hand hygiene, infection prevention and control, and food hygiene. A small number of staff were scheduled for refresher training in these areas. IPC and COVID-19 were discussed regularly at staff meetings and there was evidence of actions identified at these meetings being completed such as separated washing for tea towels and household linen. Staff who spoke with the inspector knew who to go to if they had any concerns in relation to IPC.

There were IPC specific audits being completed in the centre such as, hygiene audits and health and safety audits and the IPC self assessment had been completed and there was evidence of follow up or completion of actions on the quality improvement plan which had been developed from these. However, items identified for improvement as part of this inspection had not been identified as part of these audits. The provider had completed an annual and six monthly reviews in the centre with evidence that IPC had been considered as part of these reviews.

There was a contingency plan in the centre which was specific to the residents who lived in the centre and to their individual needs and guided staff practice. All residents had an isolation plan in place for use in the event that there were suspected or confirmed cases of COVID-19. These were updated to contain more specific detail following a recent outbreak.

There was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that they were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided for residents and that they were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, improvements to some processes and record keeping were required to ensure that they were fully protected from the risks associated with infection.

Residents were being provided with information on IPC. For example, there was

information available in an easy-to-read format and discussions were being held at residents' meeting about IPC, COVID-19 and how to keep safe. Residents had a specific health management plan in place which was being reviewed and updated in line with their changing needs. Where residents used specific individual equipment such as support for breathing or postural, hoisting, alternative feeding equipment there were protocols in place for the most part for the cleaning and maintenance of these.

For the majority of the inspection staff were observed to adhere to standard precautions. However, on one occasion a staff was observed not to be wearing a face mask while supporting a resident however, this was while sharing a tea break and was in line with the organisation's guidelines for person centred care.

Overall, the centre was found to be clean and well maintained on the day of this unannounced inspection. A number of improvements has been made to the centre since the last inspection including the addition of external storage sheds. There were some areas where improvements were required in relation the premises and these were reported to maintenance department. There were adequate arrangements in place for cleaning and disinfecting the premises and there were protocols in place for additional cleaning in the event of any outbreak. There were also suitable arrangement in place for waste management, including clinical waste and as stated earlier the person in charge had made arrangements for the management of the excess waste that was in place.

Regulation 27: Protection against infection

Overall, the inspector found that the service provider and person in charge were endeavouring to meet the requirements of the national standards for infection prevention and control in community services. As previously stated due to resident ill health it had been a difficult time for the centre and the residents who lived there. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed although additional areas were identified for review on the day of inspection. The designated centre was for the most part visibly clean on the day of the inspection and cleaning schedules were in place however, as in the previous inspection the second bathroom was not accessible due to a number of items being stored here. Storage areas had been purchased and were in place in the garden however, inside one of the these was visibly dirty and it was used for storing frequently used items such as mops. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

The inspector found that improvement was required in the following areas:

- The storage of cleaning equipment required review, wet mops were for example stored directly on the ground in the shed which was not clean, buckets were also not clean.

- The shower trolley shared by all residents while wiped down and cleaned was left with water pooled in corners which had left soap residue and areas of sitting water.
- There were gaps in the cleaning schedule records such that it was not possible to be assured that cleaning was consistently occurring, for example it was not evident how frequently the toilet in the residents bathroom was cleaned and flushed as it was not routinely used.
- The sign in practices for visitors required review as both the inspector and a visitor later in the day were not asked to comply with the sign in protocols.
- There were no vehicle cleaning checklists in place for use with the centres allocated two vehicles.
- Syringes used as part of a feeding regime were sterilised and reused but were designated for single use only.
- The inspector observed that clothing that had been changed as it was soiled was placed on the floor directly in front of the washing machine and not in a basket nor in an alginate bag.
- A bathroom was not available for use by residents and was used for storage which had been the case in a previous inspection of the centre. This did not provide assurances that water was being run in this bathroom on a regular basis to guard against water borne infection.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Bród OSV-0005809

Inspection ID: MON-0036447

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> <p>All identified areas of improvement have been discussed and actioned by the PIC and team in Brod as follows:</p> <ol style="list-style-type: none"> 1.) All mops and buckets for cleaning were washed on the day and stored off the ground. H & S department have installed hooks in the storage shed to ensure cleaned mops are being stored off the ground after usage. The PIC discussed with the team the identified issue immediately after the inspection to ensure all employees are following IPC measures in place. 2.) The cleaning schedule for Brod has been updated to include the adequate cleaning of the shower trolley after each use. During each night shift a full clean of the shower trolley is being completed additionally as part of Brod cleaning schedule. 3.) The PIC had already highlighted prior to the inspection identified gaps in cleaning records. This had been documented through emails and Quality Conversations with employees. The PIC is now additionally completing at least weekly (but more often if possible) spot checks on cleaning schedules and completion of cleaning in Brod. 4.) The PIC sent an email immediately after the inspection to all team members to remind employees about adherence to sign in practices when visitors arrive to Brod. Also, the sign in sheets, thermometer and alcohol gel have now been moved to the entrance of Brod to facilitate visitors using the sign in form and gel. 5.) The vehicle cleaning checklist is now being completed in line with SPC policy. The PIC has assigned oversight and completion of same to two employees as part of delegated duties, which will be overseen through Quality Conversations. 6.) The PIC and team have ordered reusable syringes as part of the feeding regime for a 	

person supported. To ensure that the correct syringes are being ordered, the PIC is copied on the email for order. To ensure the correct syringes are delivered the PIC has delegated oversight of same to two employees. The PIC will ensure weekly spot checks on same.

7.) Each person supported has their individual laundry basket and alginate bags have been moved to ensure they are easily accessible for all team members for appropriate storage of soiled laundry before washing.

8.) The bathroom has now been fully cleared of stored items. As this bathroom is currently not being used on a daily basis, the weekly cleaning schedule has been updated to include running of water once per week to guard against water borne infection.

The PIC has addressed all findings of the inspection with the team immediately after the inspection took place. The report and actions are also on the agenda for the team meeting on the 27/05/2022 to ensure follow up with all team members and adherence to actions as outlined above.

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	27/05/2022