



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

Issued by the Chief Inspector

Name of designated centre:	Cloch Cora
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	17 October 2022
Centre ID:	OSV-0007959
Fieldwork ID:	MON-0036425

About the designated centre

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

Cloch Cora consists of a large purpose built single storey house located in a housing estate on the outskirts of a city. The centre provides full-time residential rehabilitation/residential services and support for up to five residents with an acquired brain injury, over the age of 18 years, of both genders. Support to residents is provided by the person in charge, a team leader and rehabilitation assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a living room, a kitchen, an activity room and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 17 October 2022	10:00hrs to 15:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance 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).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance such as the use of personal protective equipment (PPE).

This was the second inspection of this centre following the centre's initial registration in March 2021. On the day of inspection there were four residents living in the centre. Two residents had transferred from another designated centre within the organisation. This living arrangement was a temporary measure until the two residents could transition back to their home once building works were completed. The other residents had lived in the centre since it was registered in March 2021.

The inspector had the opportunity to meet and speak with all four residents within the home. In addition to speaking with residents, the inspector spent time speaking with the staff and management team and reviewing documentation to gather a sense of what it was like to live in the home.

On the walk around of the premises the inspector met with a resident who was on their way out to do some errands. They spoke to the inspector about what they liked to do such as watch preferred television programs and told the inspector that they had a television in their room. They were speaking about an upcoming family visit. They were seen to address staff members by their first name and were very comfortable in the staff members presence. Staff were seen to support the resident in line with their specific assessed needs. For example, staff were observed to remind the resident what they needed to bring with them when they were leaving the building. The resident spoke freely with the staff members present and it was clear that the resident and staff members were very familiar with each other.

A resident who was eating their lunch later in the day was happy to speak with the inspector. They spoke about their transition to the centre in April of this year. Although they were happy with all aspects of care and support they expressed that they were very much looking forward to returning to their home once the building works were completed. They spoke about their plans for the day, medical needs, their family members and aspects of their life that were important to them. They were observed to be very content and comfortable and able to express their relevant preferences, likes and dislikes.

The other residents were happy to greet the inspector, however, they were busy with other activities at the time and did not spend a long time conversing with the

inspector. All residents moved around the home and readily approached staff then they wanted to ask a questions or seek assistance. Residents were busy on the day of inspection and staff members spoke about the importance of engagement for all residents. Family relationships were encouraged and facilitated as per residents' preferences.

Observations on the day of inspection indicated that the staff team were committed to encouraging and developing residents' independence while ensuring their needs were being met. Staff spoke about residents in a warm, respectful and professional manner. Interactions between residents and staff were in line with their assessed needs, kind, caring and friendly. Staff spoke about residents specific preferences and needs in detail.

Residents lived in a warm, comfortable, bright and clean home. The premises was a large purpose built bungalow building in a residential area. There were two vehicles available to the centre to ensure community access for all residents. Each resident had their own en-suite bedroom, access to a large kitchen/dining area, a sitting room and a well maintained accessible garden. Residents were enjoying the garden area on the day of inspection . Residents had autonomy over how their room was presented and all residents had their own television in their room. There was an activity room, bathrooms, staff office areas and sleep over rooms allocated accordingly.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infections. These included regular temperature monitoring of visitors, PPE and hand hygiene facilities. The premises was observed to be for the most part, visibly very clean and cleaning schedules were in place. However, the storage of some cleaning equipment was not appropriate and required review. For example, mops were observed stored out in the garden area.

Overall, it was found that the residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with the Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

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

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre.

There were clear lines of authority and accountability to ensure oversight of infection prevention and control (IPC) measures within the centre. The centre was managed by a full-time person in charge. The person in charge was responsible for the management of the centre and was supported by a team leader. The team leader was appointed as the COVID-19 lead in the centre. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose. There was a regular management presence in the centre and the person in charge was present in the centre on a daily basis.

The provider had commenced regular audits of the quality and safety of care within the centre. In addition to this the provider had commenced the roll out of specific IPC audits within the centre. There was evidence of management reviewing cleaning schedules and elements of IPC were being discussed at team meetings. In addition to this, the management team were also identifying areas of improvement through their ongoing oversight of the centre. For example, it was identified that training specifically related to IPC needed review, to ensure that all staff were completing refresher training in line with the relevant requirements. The provider had commenced the roll out of training that encompassed all areas of IPC that would ensure this was managed in a more effective manner.

There was an established staff team comprised of a team leader and rehabilitation assistants. Staff members were responsible for ensuring the providers systems and policies regarding infection control were implemented in the centre during their shift. The centre also had access to a regular relief panel of staff to fill shifts when required. Agency staff were been utilised in the centre, however, agency staff were always on duty with the regular staff team. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place. In relation to COVID-19, the provider had developed a clear centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. To date there had been only single cases of COVID-19 within the centre and there had been no outbreak to date.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records. A small number of staff required refresher training in regards to aspects of infection control training.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, some improvement was required in a number of areas to ensure best practice with IPC measures was consistently adhered to. Improvements were required in cleaning schedules, storage of cleaning equipment, storage of clean medical equipment and aspects of waste management.

For the most part, the inspector observed a number of appropriate infection control practices in relation to waste disposal, however, additional improvements were needed. Internally, bins were in place in all areas of the home but the bin system in place did not ensure that effective IPC measures could always be adhered too. For example, some bins in place had to be opened by hand and some bins had no lids. In addition to this improvement was required in the storage of cleaning equipment. There was a separate colour coded mop system for mops to limit their use to specific areas of the home. On the day of inspection it was observed that the mops and buckets were stored outside in an open area. Some dirt and debris from outside was gathering in the bottom of the buckets. There was also no effective system for drying mops between uses.

Cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined areas of the centre to be cleaned including communal area's, bathroom and kitchen/dining area. A number of areas of the home were cleaned on more than one occasion during the day. The centre was observed to be well ventilated on the day of inspection, with windows open where possible. As noted, the majority of premises was observed to be visibly very clean. However, not all rooms in the home were subject to the same cleaning schedules, this required review to ensure that appropriate oversight was in place in terms of cleanliness while respecting residents autonomy and independence. In addition to this, the cleaning and storage of some residents' equipment required review to ensure it was in line with effective IPC measures. For example, a residents shower chair was not on the cleaning schedule.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Throughout the day, the inspector observed all staff members wearing personal protective equipment in line with the current national recommendations for residential support settings. Staff were observed completing appropriate hand hygiene during the inspection.

It was evident that infection control and COVID-19 was discussed with residents on a regular basis. Residents meeting notes were reviewed were by topics such as COVID-19, vaccinations, cleaning and mask wearing was discussed with residents on

a number of occasions.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the majority of the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the resident safe. There was a clear lines of accountability and authority within the centre. There were sufficient staff in place. Audit systems were in place around IPC measures and although in their infancy, elements of oversight and relevant leanings had commenced within the centre around specific IPC needs. The majority of the designated centre appeared very clean on the day of inspection. Policies, procedures and contingency plans were in place to guide staff practice.

However some improvements were required in a small number of areas to ensure IPC practices were in line with best practice at all times.

Improvements were required in the following areas;

- Waste management systems internally required review to ensure adherence to best practice in line with the requirements of IPC needs.
- Mop storage facilities required review to ensure mops were stored in a suitable area and mop heads could effectively dry
- Some furniture was worn and torn in places and the condition of the furniture did not lend to effective cleaning practices
- Cleaning schedules required amendments to ensure all areas of the home were accounted for and that all equipment was included.
- Systems for the storage of residents' medical equipment and replacement of the same were not always in line with relevant specific 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 Cloch Cora OSV-0007959

Inspection ID: MON-0036425

Date of inspection: 17/10/2022

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> <ul style="list-style-type: none"> • Individual IPC Protocols for each individual client are now in situation. • Mops now washed and dried in the utility room • Cleaning checklist placed on the doors of each resident’s room. • Pedal bins sourced and in place • Syringes now sterilized each night • Cleaning Rota expanded to include all rooms • Cleaning Rota for one individual expanded to include all their equipment • Comprehensive IPC training encompassing all aspects of IPC rolled out to staff team on 08.11.22 • Worn furniture to be replaced 6.12.22 • IPC discussed specifically at Monthly team meetings. 	

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	10/12/2022