



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

Issued by the Chief Inspector

Name of designated centre:	Roseville
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 October 2022
Centre ID:	OSV-0005738
Fieldwork ID:	MON-0038121

About the designated centre

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

Roseville designated centre provides community based living arrangements for up to three adult residents. Roseville is a 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 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 full-time person in charge assigned to the centre, three staff during the day to support residents in having a full and active life and one waking night staff to ensure residents night time needs are met. 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 19 October 2022	10:30hrs to 15:15hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements the registered provider had in place in relation to infection prevention and control in this designated centre. Overall the inspector of social services found that the provider had good arrangements in place in relation to infection prevention and control; however, some actions were required to ensure that they were fully implementing the National Standards for infection prevention and control in community services (Health Information and Quality Authority (HIQA), 2018), and fully compliant with Regulation 27, Protection against infection. These areas related to the provider's audits, the provider's contingency plan for the centre, inconsistency of staffing and storage within the premises. These areas will be detailed later in the report.

The inspector used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. On arrival to the centre the inspector was greeted by the person in charge who was wearing the correct level of personal protective equipment (PPE) in line with the latest guidance. They directed the inspector to a hall table which contained a visitors book, PPE and hand sanitiser was also available. Over the course of the inspection the inspector met all three residents who live in this centre.

Two residents were relaxing in the kitchen when the inspector met them with one resident eating breakfast and was supported by staff. They appeared comfortable and content in each others company and to be very comfortable in the presence of staff and with the levels of support offered to them. The inspector met the other resident who was relaxing in the living room and listening to a religious service on the television which they enjoyed. The inspector observed over the course of the inspection that the residents were busy with their personal care routines and engaging in preferred activities in their home. Some of the residents moved between the communal areas of the house and their rooms where they spent time relaxing over the course of the day. The inspector observed a resident later preparing to go out into the community with a staff member in the vehicle and they were seen to be comfortable in their company.

Throughout the inspection the inspector heard and observed kind and caring interactions between residents and staff. Staff were observed to knock on doors and call to residents prior to entering rooms, and to support them to keep doors closed when unoccupied to maintain their privacy and dignity during the inspection.

Over the course of the inspection the inspector had an opportunity to meet and speak with staff members. They were each observed to use standard precautions throughout the inspection. For example, they were observed to wash their hands between tasks and to engage in appropriate practices during the preparation of drinks and food. Some staff had responsibility for specific tasks such as auditing areas that related to infection prevention and control. Staff had completed a number

of infection prevention and control related trainings with refresher training scheduled for hand hygiene practice and were found to be knowledgeable on how to keep residents and themselves safe from infection.

Residents in this centre had access to a vehicle to support them to access their favourite activities and their local community. There were systems in place to ensure the vehicle available was cleaned after each use and a deep clean was completed once a week. There was an infection control touch point cleaning schedule in place for the vehicle which was stored in the vehicle. A cleaning and disinfecting pack was also in place in the vehicle.

There were systems to ensure residents were aware of the infection prevention and control measures that may be used in the centre. Residents meetings were occurring weekly, and from a review of a sample of the minutes, discussions included infection prevention and control or COVID-19. There was information available in relation to standard precautions, hand washing, and cough and sneezing etiquette. There was easy-to-read information available for residents including their care and communication plans, COVID-19, and standard precautions. There was a visitors policy and risk assessments in place for when residents were visited by, or visiting their family and friends. In addition there was evidence that consent had been obtained from residents in the event of testing for COVID-19 or when vaccinations were offered.

This centre comprises one single storey house with a small paved area to the front of the property. The premises was found to be very clean throughout although storage was limited. The staff team and person in charge actively worked to organise and maintain the areas assigned for use as storage of PPE and clinical or mobility equipment despite their location in bathrooms. The staff team had systems in place to ensure that cleaning was completed in line with the provider's policies and procedures, while ensuring that it did not impact on their availability to support residents. For example, cleaning was scheduled at times that did not impact on residents' routines, particularly relating to times they wished to engage in their preferred activities both at home, or in their local community. The inspector observed staff completing regular touch point cleaning during the inspection and cleaning records were maintained to ensure that each area of the house was cleaned regularly.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall the inspector found that the registered provider was for the most part implementing systems and controls to protect residents and staff from the risks associated with infections. There were systems for the oversight of infection prevention and control practices in the centre, and staff showed an awareness of the importance of standard precautions. However, improvements were required in relation to the completion of provider's audits, and the consistency of the staff team along with ensuring staff competencies and training for those staff who are not part of the core team of the centre.

The staff on duty and the person in charge facilitated the inspection. The inspector had the opportunity to meet with the person in charge and a member of the provider's management team in the latter part of the inspection. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to infection prevention and control and motivated to ensure residents and staff were kept safe from infection. Members of staff had taken responsibility for the development of centre specific schedules and developed systems for the management of laundry and other tasks such as cleaning plans specific to individual resident rooms. There was an identified member of staff who took the role of infection prevention and control lead. Staff had completed a number of infection prevention and control related training programmes. Some staff were due to complete refresher training in areas such as hand hygiene however, these had been identified by the person in charge and there was a system in place to schedule training as required.

The staff team in this centre was currently operating with a significant number of vacancies. A full team for this centre was identified in the centre statement of purpose as 8.75 whole time equivalent staff and currently there were 3.75 whole time equivalent vacancies. The inspector reviewed the roster and found that there was a substantial number of shifts being covered by agency staff or by core staff working additional shifts. The inspector found that on occasion the centre did not meet its self identified levels of staffing. This has an effect on the quality of care and support that can be offered. From a review of incidents and from information submitted to the chief inspector by the provider it was apparent that these staffing deficits had resulted in poor infection prevention and control practices on occasion and also poor provision of care to residents. This was identified by the provider and the inspector reviewed a number of new proposed systems designed to mitigate against the risk of these re-occurring. These changes included the induction for new staff and the review of training for staff who provided care and support in this centre. Formal staff supervision was being completed in line with the providers' policy for core staff and there was a schedule in place with informal on the job mentoring also occurring. Staff told the inspector who they would escalate any infection prevention and control related concerns to.

A risk based approach had been adopted to the management of infection prevention and control and staff had access to up-to-date information and national guidance documents. The risk register in the centre identified infection prevention and control risks, and control measures to mitigate these risks. The inspector found that some

risks had been reviewed following the recent incidents as outlined above where residents personal and intimate care had not been carried out as required.

There was an infection prevention and control folder in place which contained a number of guidance documents for staff. There was also an area specific contingency plan and outbreak management plan in place which included staff deputising arrangements, and emergency contact details. This plan required review as it was found not to contain details specific to this centre such as the management of the resident's shared bathroom or the cleaning of resident's oxygen masks and equipment.

The provider's infection prevention control policy was available for review at the time of the inspection and it contained a number of appendices that were updated on an ongoing basis to reflect current guidance in areas such as the wearing of PPE and management of sharps.

The providers' annual review for 2020 was available and included sections on infection prevention and control and the impact of the COVID-19 pandemic for residents. An annual review for 2021 had not been completed as yet. In addition the provider had not completed six monthly unannounced reviews of the safety and quality of care and support as required by the Regulation with the last one completed in April 2021. The staff spoke about completing daily handover and using a communication book, with staff meetings also occurring in the centre. Infection prevention and control audits had been completed in the centre and were found to pick up on some of the areas for improvement as identified during this inspection. In line with the findings of the provider's last audit, some actions relating to premises had been scheduled for review such as the damage to the kitchen floor caused by the movement of resident equipment.

Quality and safety

Overall the inspector found that the person in charge and staff team through their use of multiple communication methods ensured that residents were being kept up-to-date in relation to infection prevention and control measures in the centre. However, the inspector found that improvements were required in relation to the storage in the premises.

Residents were being provided with accessible information about infection prevention and control in the centre and had access to information and to advocacy services to support them to be involved in decisions when required. There was evidence that residents' meetings included discussions around the risk of infection, the steps to take to keep safe, and the importance of things like hand hygiene and keeping the house clean. There was a risk register in place that was found to be centre specific and the risk ratings relating to infection prevention and control

related risks were found to reflect the effectiveness of the control measures in place in the centre.

There were systems in place to ensure residents could access health and social care professionals in a timely manner, with emergency numbers available in the centre's contingency plan. Some residents required specialist support for specialist medical conditions such as stoma management. In addition all residents had care plans in place in relation to infection prevention and control related risks. These plans were found to be specific to the residents, to guide staff practice in this centre, and were reflective of the most up-to-date public health advice. Care plans all had an associated risk assessment in place. Staff who spoke with the inspector clearly described how they would support residents; and the plans in place clearly guided staff practice to support all residents.

Staff were observed to adhere to standard precautions during the inspection. They had also completed a number of infection prevention and control related trainings. For example, they had completed an introduction to infection prevention and control training, and trainings on the use of PPE, hand hygiene, food safety, and breaking the chain of infection. While refresher training in some of these areas was required for a small number of staff this had been identified and actions were in place to schedule these. Following incidents where personal care was not completed as required the provider had identified the need to ensure that staff who were not members of the core team also completed the same level of training. These were not found to be consistently in place on the day of inspection for all staff who had worked in the centre.

Throughout the pandemic there was a system to check and record residents, staff and visitor's temperatures and to check if they have any signs or symptoms of infection. The frequency and recording of temperature and symptom checks had changed in line with national guidance just prior to the inspection. There were also outbreak preparedness and management plans in place although these required review to ensure they were specific to the individual needs in the centre.

The centre was a large single storey building with spacious communal rooms such as a kitchen dining room and living room that were specific for resident use. Other areas such as a visitor area and a staff bathroom were also used for storage of PPE and for drying resident laundry as there were no outdoor washing lines. All residents had their own bedrooms and there was one bathroom shared by the three residents. The inspector found that the centre was clean and for the most part, well maintained. However, there was one area where replacement of flooring was required. This had been identified by the provider and was recorded on the maintenance logs for completion. There were policies, procedures and guidelines in place for cleaning. The staff on duty outlined the cleaning procedures to the inspector and there was evidence that cleaning equipment was cleaned and laundered regularly.

Externally there was a paved area to the front of the centre where cleaning equipment was stored. There were systems for these to be cleaned, separated and maintained in line with the providers' policy. There were adequate arrangements for

laundry and waste management. One resident who had specific personal care needs had their own washing machine to ensure no cross contamination of laundry occurred. There was a dedicated area for waste and a clinical waste bin available however, the inspector found that a small number of bins were not pedal bins as required. There was some specialised equipment in use in the centre at the time of the inspection and with the exception of the oxygen system there were guidance documents and procedures in place, to ensure these were cleaned and decontaminated as required.

Regulation 27: Protection against infection

Based on discussions with staff, and what the inspector observed and read, the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required in order for them to be fully compliant.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- Completion of provider annual and six monthly unannounced audits to review the safety and quality of care and support provided including infection prevention and control.
- The limited storage in the centre resulted in the PPE stored in a visitor and staff bathroom and all multiple showering supports stored in the single resident bathroom. Maintaining these areas was identified as challenging by the provider.
- The frequent use of unfamiliar staff had resulted in the inconsistent application of infection prevention and control practices while carrying out personal care. In addition there were identified gaps in the training and competencies of some of the staff who were providing cover for some shifts on the centre roster.
- The centre contingency plan required review to ensure it was specific to the needs of the centre and to the resident's assessed needs.
- Specific guidance was required for the cleaning and checking of infrequently used medical equipment such as oxygen masks and tubes.

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 Roseville OSV-0005738

Inspection ID: MON-0038121

Date of inspection: 19/10/2022

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> <p>Following actions have been taken by the PIC and PPIM since the inspection took place in Roseville:-</p> <ul style="list-style-type: none"> • Provider Audits: new provider audit schedule in place for the service to include completion in order to be compliant with regulations, this is to ensure same is completed in a timely manner. Since Roseville inspection took place the annual provider audit was completed on 25.10.2022. All actions contained the in-action plan are currently under review by PIC & PPIM and delegated where appropriate. To ensure follow up and oversight for the provider on the actions outlined, the 6 monthly unannounced visit will be carried out before year end 2022. • Contingency Plans: Same is under review by PIC & PPIM to include more house specific details and will be completed by 2.12.2022. This will include learnings from previous outbreaks in Roseville, PPE stations, house specific risks re social distancing. • Training: PIC has reviewed the training report for Roseville staff team and actioned completion for outstanding refresher training. SPC Training Department has now added agency staff training records for all designated centres to the training reports to ensure day to day oversight for PIC on training records. • Staffing: Ongoing review of staffing by PIC and PPIM. Current vacancies are 1.25 with a long-term sick leave and a maternity leave. SPC has ongoing recruitment in place to fill vacancies across the service. Interviews are scheduled on a regular basis and recruitment strategy followed. <p>Use of regular agency staff and introduction of new agency via induction process for agency/relief staff/redeployment of staff is in place and followed. New house induction document development for new staff in the designated centre to include all aspects of IPC.</p>	

• Cleaning schedules have been updated to include the cleaning and checking of all equipment to include oxygen masks and tubing. SOP has been developed regarding same to guide all employees. Spot checks re cleaning are completed by PIC twice weekly and by PPIM during visits every 2 weeks.

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	02/12/2022