

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

## Issued by the Chief Inspector

Name of designated centre:	No 5 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 March 2023
Centre ID:	OSV-0005793
Fieldwork ID:	MON-0039185

## About the designated centre

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

No 5 Seaholly is a large detached bungalow located in a small town on the outskirts of a city. The centre provides full-time residential care for four residents and respite for one resident. Overall, the centre has a maximum capacity for five male residents between the ages of 35 and 50 with intellectual disabilities including those with autism and visual impairment. Each resident has their own individual bedroom and other facilities in the centre include an open plan communal area and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

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
Thursday 9 March 2023	09:15hrs to 16:55hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The designated centre where residents lived was generally seen to be homelike and clean although some areas were observed which could be improved. A resident spoken with made positive comments about living in the centre. Staff interacted with residents appropriately during the inspection.

This designated centre had a capacity for a maximum of five residents, four of whom lived in the centre on a full-time basis while the fifth availed of the centre for respite only. On the day of inspection only the four full-time residents were present with all four of these residents being met by the inspector during the course of the inspection. Upon the inspector's arrival at the centre he was directed to sign into a visitor's log by a staff member present and was informed that two of these four residents had already left the centre to attend their day services, which was operated by the same provider, while the other two residents were in their bedrooms.

These two residents were soon supported to get up and to have their breakfasts. While one of the residents did not engage directly with the inspector, the other resident did speak with the inspector. This resident told the inspector that they were happy with everything, that they got on with the other residents living in the centre and that the staff working in the centre were good to them. It was also mentioned by the resident that they would be going out for coffee and to get some sausages and chips. The resident appeared to be looking forward to this and soon after both residents left with the staff present to go into the town where the centre was located.

As the centre was now vacant the inspector used this time to review the premises provided, primarily from an infection prevention and control (IPC) perspective. In general, it was seen that the centre was well presented, well-furnished and homelike while large areas of the centre were seen to be clean. Each resident had their own individual bedrooms which were personalised and nicely decorated. It was noted though that the bedroom used by the respite resident was noticeably smaller compared to the bedrooms used by the four full-time residents. The centre did have a large open plan communal living area though which included a kitchen, a lounge, a dining area and a staff office. The furnishing and resident photos in this communal living area contributed to the homelike feel of the centre.

However, when present in the staff office area the inspector noted that a fridge for the storage of medicines was unlocked and therefore its contents were not securely stored. A similar observation was made during a previous inspection in January 2020. In addition, on the current inspection it was seen that residents' wallets which contained their personal money were left stored in an unlocked press in an unlocked money box. Such observations were highlighted to management of the centre and by the end of the inspection it was seen that residents' monies were being stored more securely. Aside from this, it was seen that the centre was equipped with

features which supported IPC practices.

For example, the bins present in the centre were seen to be pedal operated bins, there were numerous signs around the centre related to hand hygiene and stocks of personal protective equipment (PPE) such as face masks and gowns were present in the centre. It was noted though that a number of gowns present in the centre were indicated as being produced during 2020 but only having a validity period of two years. Hand sanitiser was also available in the centre either through bottles of this or via wall mounted hand sanitiser dispensers. Expiry dates were not evident on any of the hand sanitiser products viewed by the inspector so it was not clear if they had expired or not. It was also noted that the underside of the wall mounted hand sanitiser dispensers required cleaning. The oven in the centre also needed cleaning while a naturally white shower curtain in one bathroom was seen to be brown in places.

A member of the centre's management indicated that this shower curtain being brown in places was due to there being limescale in the centre's water supply. In some bathrooms of the centres toilet brushes or toilet brush holders were seen to be rusted although other fixtures such as grab rails were not. Aside from these it was seen that the sink, tap and draining board in the centre's utility room was noticeably unclean when initially viewed by the inspector. It was also noted that some equipment used for food preparation (a grill and a slow cooker) were left stored on this unclean draining board during the early part of this inspection. After highlighting this to management, it was seen towards the end of the inspection that the sink, tap and draining board were being cleaned and that the equipment used for food preparation had been moved.

When in this utility room the inspector was able to observe a sheltered area leading directly off the utility room. In this area it was seen that some cleaning supplies and a freezer for the centre were kept while their also appeared to be facilities provided for hanging clothes or laundry. It was observed though that part of the wall in this sheltered appeared to have a noticeable amount of mould present with two pillows appearing to be very close to this wall. Documentation later reviewed indicated that there may have been a water leak in this area and that efforts were being made to address this. It was also indicated to the inspector that the pillows present in this area were no longer being used by any resident.

Towards the end of the inspection all four full-time residents had returned to the centre. While three of these four residents did not engage with the inspector, the resident who had earlier spoken with the inspector told him that they had gotten coffee, chips and sausages in a hotel which they liked. All four of the residents generally appeared calm and content while staff members present, who were observed to wear face masks when in close contact with residents during the inspection, engaged pleasantly and respectfully with the residents throughout. For example, staff supported a resident to put on music and to make them a cup of coffee at their request. As the inspection concluded residents were in the centre's communal area with the atmosphere being relaxed.

In summary, some areas were observed that needed further cleaning such as the

oven and utility sink unit but large parts of the premises provided were seen to be well presented. All residents appeared calm when in the centre and the atmosphere was relaxed. Residents were supported by staff members on duty in a pleasant and respectful manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The monitoring systems in operation in this centre needed some improvement to ensure that all relevant IPC matters were identified and addressed promptly. There were gaps in relevant staff training.

The Health Information and Quality Authority (HIQA) had last inspected this designated centre in July 2021 where an overall good level of compliance with the regulations had been found including a compliance with Regulation 27 Protection against infection. As part of a programme of inspections commenced by HIQA in October 2021 focusing on the area of IPC practices and the 2018 National Standards for infection prevention and control in community services, it was decided to conduct such an inspection of this centre to assess IPC in more recent times. As such Regulation 27, which requires provider to adopt procedures consistent with relevant national standards, was the only regulation reviewed during this inspection. In line with the national standards key areas of focus on this inspection included governance of the centre, monitoring of IPC practices by the provider and staffing.

In accordance with the national standards, providers should ensure that their staff have the necessary competencies, training and supports to enable safe IPC practices. Guidance on IPC was available for staff to review in the centre and it was noted that staff meeting were taking place but IPC was not a standing agenda on such meetings. However, it was noted that one staff meeting in August 2022 focused entirely on IPC while notes from other meetings suggested that some IPC matters were discussed. Staff members spoken with during this inspection generally demonstrated a good knowledge of IPC practices such as in the area of laundry management. Despite this information provided following this inspection indicated that all staff had not completed training in relevant areas such as PPE, hand hygiene and the 2018 national standards.

This information was at odds with records of monthly IPC audits reviewed which indicated that all staff had completed this training. This suggested that such audits needed some improvement to identify all relevant issues while this HIQA inspection highlighted some issues that had not been identified previously by such audits. These audits were part of the monitoring systems in operation to review IPC practices in the centre. As part of these Regulation 27 was explicitly reviewed in a

provider unannounced visit to the centre conducted in July 2022. Such visits must be completed every six months in keeping with the requirements of the regulations but the next provider unannounced visit to the centre was not conducted for over 7 months in February 2023. Regulation 27 was not assessed as part of that visit. It was noted though that relevant self-assessments on IPC practices within the centre had been regularly completed.

One such self-assessment completed in January 2023 highlighted an action that the centre's IPC contingency plan was to be reviewed in January 2023. Such a contingency plan is important to provide clear direction on how to respond to an IPC related emergency. The contingency plan reviewed in the centre on the day of inspection was from May 2022 and it was noted that it indicated that it was to be reviewed after an outbreak of COVID-19. As the centre had had a COVID-19 outbreak in January 2023, and given the action highlighted by the January 2023 self-assessment, the inspector queried if the contingency plan had been updated since May 2022. Those spoken with during this inspection suggested that it had but that an updated version was held digitally that could only be accessed by one member of staff who was not present on the day of inspection.

As such the inspector gave the provider some additional time to provide this updated contingency plan. In the days following this inspection the inspector was provided with a copy of a contingency plan. However, it was noted that this was dated 10 March 2023 (the day after this HIQA inspection) and also referred to a previous person in charge. As such the inspector was not assured that the centre's contingency plan had not been thoroughly reviewed at the time of this inspection despite the action identified by the January 2023 self-assessment and the COVID-19 outbreak that occurred in the centre that same month. In addition, it was indicated to the inspector on this inspection that a formal post outbreak review following the January 2023 outbreak had not taken place. Such reviews are important to assess how an outbreak was managed and to identify any learning from this.

Highlighting learning and sharing these can be important to ensure that issues related to IPC can be identified and addressed more promptly. Information provided during this inspection indicated that the provider had established structures to share information related to IPC, to escalate any concerns and to obtain additional IPC advice if needed. For example, the provider had put in place an IPC lead for the region and had an on-call system in place to provide out-of-hours support for staff if needed. However, despite such structures it noted that some of the issues identified on this inspection as requiring improvement such as staff training, IPC monitoring systems and contingency plans, had been raised previously during IPC inspections carried out by HIQA in four of the provider's other designated centres in Cork between August 2022 and November 2022.

## Quality and safety

There were gaps in cleaning records for the centre and its vehicles. Some relevant IPC documentation focused on COVID-19 rather than other respiratory illness.

As highlighted earlier in the report, large parts of the designated centre were seen to be well-presented and clean although some areas were seen where additional cleaning was needed. In addition to these it was also seen that a desk in the staff office area and a bench in one bathroom were chipped and worn which could make them harder to clean effectively. Cleaning supplies were available in the centre along with cleaning schedules which outlined specific daily cleaning tasks that were to be done. In addition, the inspector was informed that the centre's vehicles were to be cleaned after each use and that such vehicles were regularly used. However, when reviewing cleaning records for 2023 the inspector noted a number of gaps in cleaning records for the centre while there was also limited cleaning records for the centre's vehicles.

For example, between 15 January 2023 and 6 March 2023 records available indicated that the centre's vehicles had only been cleaned three times. Staff spoken with acknowledged that there were gaps in the cleaning records reviewed but did suggest that cleaning was done more frequently than the records suggested. The staff whom the inspector spoke with also demonstrated a good knowledge around certain cleaning practices, such as the use colour coded cleaning equipment in certain areas of the centre. Such staff also displayed a knowledge around the symptoms of respiratory illnesses such as COVID-19 and influenza. Relevant national guidance expressly highlights a need for twice daily active monitoring of such symptoms but staff spoken with did give some varying responses on such monitoring.

For example, one staff member indicated that they would "tend to look out for symptoms rather than doing specific checks". Another staff member said that they would always be monitoring residents for such symptoms but would only record checks if residents were showing symptoms of a respiratory illness. The centre did have some risk assessments in place related to such areas that had been recently reviewed but it was noted these risk assessment focused primarily on COVID-19 and not other respiratory illness such as influenza. Similarly, the contingency plan referenced earlier in this report also focused on COVID-19. While, the inspector acknowledged that the pandemic did prompt an emphasis on COVID-19, it is important that all IPC practices take account of more than just one specific infectious disease.

Some general IPC signage was on display around the centre particularly related to hand hygiene. Some of the signage for hand hygiene was presented in an easy-to-read format for residents and staff spoken with outlined how they would support residents in this area. It was noted that the monthly IPC audits conducted in the centre indicated that topics such as hand hygiene and cough etiquette were to be discussed at weekly resident meetings that were to take place in the centre. However, when reviewing the notes of such meetings it was seen that such meetings were not taking place weekly and such topics were not indicated as being discussed. Notes of one resident meeting in January 2023 did indicate that the COVID-19 outbreak in the centre that month was discussed. Staff spoken with did

highlight though that not all residents living in the centre would meaningfully engage in such meetings.

## Regulation 27: Protection against infection

While IPC measures, systems and structures were provided for and operational, this inspection did highlight some areas for improvement such as;

- There were gaps in cleaning records for the centre and its vehicles
- In the centre some areas were seen which needed further cleaning such as the oven, utility sink unit and the underside of wall mounted hand sanitiser dispensers
- Some surfaces were chipped and worn which made them harder to effectively clean while some toilet brushes and toilet brush holders were seen to be rusted
- Some gowns had passed their validity period
- Not all staff had completed training in areas such as hand hygiene, PPE and the 2018 national standards
- The monitoring systems in place needed improvement to identify relevant issues
- The most recent provider unannounced visit was not conducted in a timely manner and did not assess Regulation 27
- A formal post outbreak review for a recent outbreak of COVID-19 had not been completed
- The contingency plan for the centre had not been thoroughly reviewed and updated at the time of this inspection
- Relevant documentation focused on COVID-19 rather than other relevant respiratory illnesses such as influenza

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 No 5 Seaholly OSV-0005793

Inspection ID: MON-0039185

Date of inspection: 09/03/2023

## 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>The Provider will ensure that the following actions are complete to enhance current IPC Systems in the Centre:-</p> <ul style="list-style-type: none"> <li>• Gaps in the records to reflect actual cleanings for the centre and its vehicles were discussed at a staff meeting on 29 March 2023. The Social Care Leader will audit these documents weekly.</li> <li>• IPC will be a standard item agenda on the staff meetings and residents meeting in the future.</li> <li>• Hand sanitiser dispensers and the oven were cleaned (15/03/2023)</li> <li>• Toilet brushes and holders were replaced (16/03/2023)</li> <li>• A meeting is scheduled with the facilities Manager on the 7th of April to discuss the utility sink unit replacement targeted to be completed in May 2023.</li> <li>• The office desk and bench in bathroom will be replaced (30/04/2023)</li> <li>• Staff have been reminded not to store food preparation equipment on the sink draining unit.</li> <li>• Staff have been reminded to dispose of bedding appropriately when no longer used.</li> <li>• PPE gowns that were passed validity period were discarded on the day of inspection. These items were replaced with new ones (29/03/2023).</li> <li>• Hand sanitiser products with unclear expiry date were replaced with product with clear expiry date (15/03/2023)</li> <li>• The Person in Charge will ensure that all staff currently working in the centre will have updated IPC training completed by the 7th of April and the two staff due to return from leave will have this training completed by the 8th of May 2023.</li> <li>• The local Contingency plan was updated on the 13.03.23. The PIC will ensure that these are accessible to all staff in the Centre.</li> <li>• The BOCSI-SR IPC Self-Assessment Tool was updated January 2023 and will be reviewed in April 2023.</li> </ul>	

- Monthly infection control audits will identify all areas of non-compliance including staff training.
- The provider unannounced visit was completed on 14/02/2023. A schedule is in place by the provider, to ensure visits occur within each half year. IPC compliance will be assessed during these provider visits.
- A formal post outbreak review will be completed for future outbreaks and learnings shared across other Centres. A report of the 2023 outbreak has been completed (10/03/2023)
- All documentation which focuses on COVID-19 e.g. Risk Assessments, contingency plans etc. will be reviewed and updated to include influenza and other respiratory illnesses by 8th May 2023
- The Provider will issue guidance to standardise symptom checking in the Centre (30/04/2023)

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/05/2023