

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

Issued by the Chief Inspector

Name of designated centre:	Tigh an Oileain
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0001970
Fieldwork ID:	MON-0036049

About the designated centre

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

Tigh an Oileanin is a large detached purpose built one-storey building located on the outskirts of a village that can provide full time residential care for a maximum of five male residents over the age of 18 with intellectual disabilities. The centre also has one bedroom that can be used for respite by a male or female adult so in total the centre has a maximum capacity of six. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen/dining room, a sun room, a sitting room, a music room, a games room and a utility room. Residents are supported by the person in charge, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 7 April 2022	10:15hrs to 17:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents appeared to be calm and relaxed in this designated centre which was generally seen to be represented in a very homelike manner. While large parts of the centre were observed to be clean, some areas were seen where further cleaning was needed while some expired hand sanitising products were observed during the inspection.

On arrival at the designated centre, the inspector was greeted by staff who directed the inspector to enter via a different door. Upon entering this door the inspector was directed to check his temperature using a digital thermometer provided and to sign in. The sign in sheet was located on a small table just inside this door where two bottles of hand sanitiser were present. Of these bottles, one was in date but it noted that the other had an expiry date of May 2021 indicated on it. After signing in the inspector entered the centre. At that time four residents were present in the designated centre along with one day service attendee who did not live in the centre. A fifth resident who lived in the centre was away from the centre at that time attending social farming.

After an introduction meeting with a member of staff, the inspector used much of the initial hours of the inspection to speak with residents, observe practice and review the premises provided primarily from an infection prevention and control perspective. However, shortly into the inspection the inspector observed that the door to a medical room was open and unattended. Within this room was a press of the storage of medicines which was also noted to be unlocked while some medicines for residents were seen to be stored outside of this press. While the door to this medical room was seen to be locked or attended by staff for the rest of the inspection, towards the end of the inspection it was noted that the medicines press was not locked again.

The designated centre was comprised of a large centre with individual bedrooms available for residents plus various storage, staff and communal areas. Despite its size it was seen that a large part of the premises were clean, well-maintained, well-furnished and homely. For example, some resident bedrooms visited were found to be personalised to reflect the residents' interests with one bedroom seen to have multiple posters on display for a resident's favourite football team. Facilities were also provided for residents to engage in activities and a music room was in place that contained drums, a piano and a television for residents to avail of. While these were positive aspects of the premises, some areas for improvement were identified relating to infection prevention and control.

One of the resident bedrooms in this centre was to be used as a respite bed but there had been no respite in this centre since the start of the COVID-19 pandemic. As a result at the time of this inspection this vacant bedroom was being used as a COVID-19 isolation room when required and a storage area for personal protective equipment (PPE) such as gowns, gloves and respiratory masks. When in this

bedroom the inspector did note some mould on one of the windows while the en suite bedroom had a water leak which contributed to the bathroom door being water damaged. Some bins were also stored in this bathroom area with some labelled as being for clinical waste. While most of these were pedal operated bins, one of the bins marked for clinical waste required a hand to open it.

Each resident bedroom had its own en suite bathroom while some communal bathrooms were also present. While some bathrooms were seen to be clean others were observed to require further cleaning. For example, in one communal bathroom it was seen that there was rust and dirt visible under a toilet seat once lifted with the toilet seat's fittings seen to be clearly rusted while in one resident's en suite bathroom, there was a clear patch of a black substance around the tiling in the shower area. Aside from the bathrooms some other areas were seen that required cleaning such as the doorframe of a sliding door, the sink area in the laundry room and the door/handle to a freezer in the utility room.

Throughout the premises various facilities were available for residents, staff and visitors to sanitise their hands. These mostly consisted of bottles of hand sanitiser located in different areas of the centre. As mentioned earlier one of these bottles had passed their expiry date but the rest of the bottles viewed by the inspector were seen to be in date. There was also some wall mounted hand sanitiser dispensers. The inspector reviewed four of these and examined their contents. Of the four containers of hand sanitiser present inside these, it was seen that one was in date, another did not indicate any expiry date while the remaining two had expiry dates of June 2017 and September 2018 respectively.

These along with the expired bottle of hand sanitiser were highlighted to the person in charge and later on the inspection it was seen hand sanitiser in two of the dispensers highlighted were either removed or replaced although the sanitiser that expired in June 2017 remained in a dispenser towards the end of the inspection. Aside from the highlighted hand sanitiser products, other inspection prevention and control products were seen to be in date such as the various PPE that was stored within the centre. Throughout the inspection staff members on duty were observed to be wearing respirator masks although some did require review to ensure that the wearing of same was in line with recommended practice. Such staff were seen to interact positively with residents during the inspection.

All five residents living in this centre were met by the inspector which included the resident who had been initially attending social farming at the start of the inspection. While some residents did not engage much the inspector, positive views were expressed by those residents who did speak with the inspector. One resident told the inspector that they were getting on well and talked about some of the things they did during the week such as working in a local shop and attending social farming. This resident showed the inspector a newsletter highlighting some of the work that social farming were involved in. The resident also had a keen interest in sports and talked about recent developments around their favourite football team, Manchester United, and about Kerry winning the National Football League the previous weekend

Another resident indicated to the inspector that they liked living and relaxing in the centre. The day service attendee also told the inspector that they liked coming to the centre. Overall while the inspector was present in the centre, a calm social environment was observed while all residents present seen to be relaxed and comfortable in their home. Residents appeared to take pride in their home and were actively involved in household activities. For example, one resident was seen to help in the preparation of meals while another resident was seen cleaning their own bedroom which they said they did once a week. One resident also made sure to point out to the inspector a plaque on a wall that marked the official opening of the centre.

In summary, residents lived in a homely and relaxed environment. Much of the premises provided was seen to be clean but in areas, such as some bathrooms, additional cleaning was needed. Facilities were present to support infection and prevention control practices but some of these required review such as ensuring the all hand sanitising products had not passed their expiry date.

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

While the registered provider was taking steps to improve its overall practices, procedures and policies related to infection prevention and control, some areas for improvements were identified on this inspection.

This designated centre had last been inspected by HIQA in July 2021 which found that residents were generally well supported. However, Regulation 27 Protection against infection was not reviewed during that inspection. Given that HIQA had commenced a programme of inspections in October 2021 focusing the National Standards for infection prevention and control in community services, it was decided to carry out such another inspection of this centre to assess adherence with these standards. Under Regulation 27 providers must ensure that infection prevention and control practices and procedures within designated centres are consistent with these standards which cover areas such as staffing, monitoring of such practices by the provider and the leadership, governance and management of the centre.

A key aspect in guiding infection prevention and control practices in the presence of an overarching policy in this area. The provider did not have its own infection prevention and control policy in place at the time of this inspection. It was noted though that the provider had recently established an infection prevention and control committee, which involved management of this centre, who were in the process of developing such a policy as one of their first acts. Pending this policy being developed, the provider sought to follow the infection prevention and control

of the Health Service Executive but was looking to tailor their own policies to be specific to the services offered by the provider. Records relating to the early meetings of this committee indicated that they also working on reviewing auditing of infection prevention and control.

It was seen that there was monitoring of infection prevention and control in this centre. This included completing relevant self-assessments and checklists. Despite these it was found that, based on the findings of this HIQA inspection, such monitoring systems were not identifying relevant issues such as some part of the premises requiring additional cleaning and some long expired hand sanitiser products being present in the centre. It was also noted that while a recent provider unannounced visit had been carried out that focused on various areas, it did not have an explicit focus on infection prevention and control, while no premises issues were raised despite the en suite bathroom of the respite bedroom of the centre having a water leak. It was noted though that this respite bedroom was not used as such since the pandemic began but was being used as a COVID-19 isolation room if required.

In light of the ongoing COVID-19 pandemic, measures were in place to ensure that staff had access to current guidance. A specific COVID-19 folder was provided that contained all of the most recent national guidance while staff were also provided with updates via email and staff team meetings. While most staff had completed relevant training in infection prevention control, some had not but the inspector was informed that they were due to complete it in the week following this inspection. If staff had to raise any COVID-19 concerns they highlighted that they could contact the person in charge or those involved in the centre's management at any time but it was noted that a formal on-call arrangement was only in operation for this centre at certain times of the week. A COVID-19 contingency plan was provided for this centre and while it was noted to contain some good information, it required updating to reflect how staffing levels would be maintained in the event that staffing in this centre was impacted by COVID-19.

Quality and safety

While large parts of the centre were seen to be clean, improvements was required regarding aspects of the cleaning schedules and processes followed. Arrangements were in operation to keep residents informed about matters related to infection prevention and control.

As highlighted earlier, large parts of the designated centre were seen to be clean but on the day of inspection some areas were seen where further cleaning was required. Schedules were in place for particular duties to be carried out in the centre which included cleaning but it was noted that these only covered Monday to Friday rather than a full seven day week. Other records provided did indicate that cleaning was carried out on all day of the week. The inspector was informed that cleaning of

the bathrooms was carried out every day but when reviewing records for two bathrooms it was noted that there had been some days where these bathrooms were not recorded as being cleaned which included both week days and days at weekends. It was also noted that there was some gaps in the records of the cleaning of the kitchen although for both the bathrooms and kitchen, the records reviewed indicated that they were cleaned on the majority of days during 2022.

However, some of the observations made by the inspector during this inspection suggested that the cleaning carried out was not consistently thorough. For example, the inspector saw a specific checklist indicating areas that were to be cleaned in the bathrooms such as the toilets. Despite this and the cleaning records reviewed, the observation of rust and dirt visible under some toilet seats during this inspection suggested that this checklist was not fully followed. In addition, records reviewed indicated that there was twice daily sanitising of regularly touched items such as door handles and light switches. Such items were generally seen to be clean on inspection but it was apparent that the handle to a freezer had not been cleaned in some time and the cleaning schedules or records in place did not explicitly indicate what regularly touched items had to be cleaned. The inspector was informed that cleaning schedules and records were currently being reviewed.

Arrangements were in place for waste to be disposed of in the centre and it was seen that the majority of bins present in the centre were foot pedal operated bins in line with best practice. The inspector did note that certain bins were marked as being for clinical waste but some of these required the use of a hand to open them. The inspector was informed that these bins were used for the disposal of PPE that staff wore during their shifts. It was also noted that facilities were present for the disposal of any medical sharps while spill kits were present which are important to have to help clean up substances such as bodily fluids. However, during the inspection it was highlighted that one resident's personal plan did not contain full guidance on how to support the resident with all aspects of their intimate personal care although it was indicated that staff were aware of the support to be provided in this regard.

Measures were found to be in place though to keep residents informed about matters related to infection prevention and control generally as well as COVID-19. Residents were aware of the precautions being followed given the ongoing pandemic. For example, when asked why staff were wearing respirator masks, one resident told the inspector that it was because of COVID-19. Signage around COVID-19, hand hygiene and mask wearing was seen to be on display throughout the centre. Easy-to-read documents on such areas were also available to provide residents with information in these topics while residents' meetings were held on a weekly basis within the centre with COVID-19 being indicated was being discussed in records of such meetings. It was noted that in the weeks leading up to this inspection, infection prevention and control had been added as a standing agenda items for these resident meetings.

Regulation 27: Protection against infection

Although efforts were being made to promote infection prevention and control practices, improvement was identified in the following areas;

- The provider did not have its own infection prevention and control policy
- There was no formal out-of-hours on-call arrangements in operation on certain days of the week
- The monitoring systems in operation required review to ensure they captured relevant issues related to infection prevention and control
- The centre's contingency plan required updating to reflect how staffing levels would be maintained in the event that staffing in this centre was impacted by COVID-19
- Some staff had not completed relevant infection prevention and control training at the time of this inspection
- The cleaning schedules and processes followed in the centre required review to ensure that they were consistently effective
- Not all bins in the centre were foot pedal operated bins including some which were marked for clinical waste
- Some expired hand sanitising products were seen present in the centre

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 Tigh an Oileain OSV-0001970

Inspection ID: MON-0036049

Date of inspection: 07/04/2022

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection:		
Action Plan Following HIQA IP&C Inspection		
Item	Action	Due date
Provider did not have its own IP&C policy	IP&C Committee is due to finalise the IP&C Policy	17.06.2022
No formal out-of-hours on-call arrangement in operation on certain days of the week	This will be discussed at the next Senior Team meeting, currently there is a weekend on call system in place, and each area has an emergency plan, which includes the contact details of all senior managers to be contacted out of hours. The emergency plan for the DC will be reviewed.	17.06.2022
The Centre's Contingency Plan requires updating to reflect how staffing levels would be maintained in the event that staffing in this centre was impacted by Covid-19	The Contingency Plan to be updated including emergency plan for providing relief staff	Completed
Gaps in IP&C Training identified	All staff IPC training to be up to date	Completed

Cleaning schedules, processes followed and monitoring systems in operation in the Centre require review to ensure their effectiveness	IP&C Committee is to finalise centralised cleaning checklists as well as monitoring systems	17.06.2022
Some bins are not foot operated	All bins that are not foot operated will be removed and replaced with pedal operated bins	31.05.2022
Adequate Maintenance of the Centre to be ensured	The following items have been added to the maintenance list: <ul style="list-style-type: none"> • Water leak in the shower to be repaired • Patch of black substance on wall in residents shower to be removed and cleaned • Mould on the window in respite room to be removed • Toilet seats with rusty fittings to be replaced • Water damaged door in respite room to be repaired 	30.06.2022
Ensuring safe storage of medication	<ul style="list-style-type: none"> • Staff to be reminded that the door to medication room must be kept closed at all times • Signage to be placed on the door to medication room prompting staff to keep the door closed • All medication to be stored in locked presses (presses with locks to be provided in the medication room) 	30.06.2022
Staff to wear PPE in-line with the guidelines	<ul style="list-style-type: none"> • All staff to complete training in relation to putting on FFP2 masks 	31.05.2022

Ensuring that resident's Intimate Care Support Plan is up to date	<ul style="list-style-type: none">• Intimate Care Support Plans to be updated	Completed

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	30 June 2022