



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

Issued by the Chief Inspector

Name of designated centre:	Kerry Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	07 March 2022
Centre ID:	OSV-0003447
Fieldwork ID:	MON-0036310

About the designated centre

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

Kerry Cheshire is a large single-storey purpose built apartment complex in a town. The complex contains 12 self-contained apartments that have an open plan design accommodating a sleeping area, a living/kitchen area and a toilet/shower area. The apartment complex also contains communal areas including a meeting room/lounge, a kitchen, a laundry room, a reception area and office spaces. It provides a full-time residential service for up to 12 residents, of both genders with physical disabilities and neurological conditions. Residents must be between the ages of 18 and 65 upon admission to the centre. Supported is provided to residents by the person in charge, a care coordinator, a senior support worker, care support workers and a cleaner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 7 March 2022	08:00hrs to 15:45hrs	Conor Dennehy	Lead
Monday 7 March 2022	08:00hrs to 15:45hrs	Lucia Power	Support

What residents told us and what inspectors observed

The residents living in this designated centre generally gave positive feedback on the support that they received. While large areas of the centre were seen to be clean, during the inspection some areas were observed by inspectors which clearly required cleaning.

This designated centre was a large purpose built one-storey building that included 12 self-contained apartments. Upon the inspectors' arrival, they were directed by a staff member to check their temperatures. At this time residents were in their individual apartments so inspectors used the initial period of the inspection to review some of the communal areas of the building. In these areas it was seen that there was multiple wall mounted hand sanitiser dispensers and bottles of hand sanitiser present. Such hand sanitiser products were all seen to be in date although for some it was noted that their expiry dates were due in the weeks following this inspection. Various posters related to areas such as hand hygiene and COVID-19 were on display. Some posters related to cocooning were also seen although it was unclear why such posters remained on display.

It was observed that ventilation was provided for in the communal areas of the centre such as in the centre's dining and multipurpose room although it did appear that some of these vents did require some cleaning. Just off the dining and multipurpose room was a kitchen area that was mainly used by staff although it was indicated that on occasion some resident meals were cooked in this kitchen. It was seen that some of the kitchen surfaces were chipped and worn making them harder to effectively clean. In addition, when opening up some of the kitchen presses it was evident that they were dirty and did not appear to have been cleaned in some time. The kitchen area was provided with two sinks for hand washing, one of which had soap present.

Another room visited was the centre's laundry room. This had separate machines for the washing and drying of residents' clothes and cleaning equipment such as mops. On inspectors' first viewing of this laundry it was seen that some mop heads were drying on a window sill while clean mop heads were stored in baskets on the other side of the laundry. Near to these baskets inspectors saw a commode insert which was visibly dusty. Later on during the day this commode insert was seen to have been moved while the dried mop heads were moved into the baskets. Facilities were available for hand washing in the laundry although the hand washing sink in place appeared to require some cleaning. Standing beside this sink was an ironing board that was visibly dirty. It was later suggested that this ironing board was no longer in use.

Multiple bins were seen to be present in this laundry and one of these bins was a foot pedal operated bin that was marked as being for healthcare care risk waste only. This bin was seen to be full to the top throughout the inspection with some disused personal protective equipment (PPE) seen to be present inside. This was

highlighted to the person in charge during the inspection who indicated that while arrangements were in place for such waste to be disposed of, there was currently no healthcare waste being generated by the centre and that the bin was being used by staff for general waste despite it being clearly marked otherwise. It was also noted that this bin was the only foot pedal operated bin seen by inspectors during this inspection with such bins being suited to promoting infection prevention and control. The rest of the bins present were either open topped or required the use of a hand to open them.

Such bins were present in the centre's toilets that were located in communal areas. It was noted that such toilets were generally clean although some areas were noted which could be improved upon. For example, some toilet roll holders had rust on them. Located beside one of these toilets was a storage area which contained boxes of PPE and sanitary products amongst others. Based on a sample of boxes reviewed the majority of the items stored in this room had not passed their expiry dates. However, three boxes contained bottles of the same type of first aid spray all of which had an expiry date from September 2021. This was also highlighted to the person in charge who indicated that it had been previously found that this spray was unsuitable and as a result it had been removed from use in the centre. In light of this it was unclear why multiple boxes of expired products were still present in the designated centre but inspectors did not see any bottles of this first aid spray outside of this storage room during the inspection.

As the inspection day progressed an inspector met five of the residents who lived in this centre in their individual apartments. The other six residents were out shopping, attending appointments or pursuing education and so were not met by inspectors on the day of inspection. The residents that were spoken with had a good knowledge around COVID-19 and infection prevention and control generally. These residents praised the support they received from staff members and the support that was given to them during the ongoing COVID-19 pandemic. However, one resident did tell the inspector that they found it difficult to manoeuvre their wheelchair into the toilet area of their apartment while other residents also mentioned that they wanted additional support for the cleaning of their apartments. The residents' apartment that were seen by an inspector were generally observed to be personalised and homelike. While most apartments seen were reasonably clean an inspector did observe that one apartment required a deep clean.

Such observations along with other observations made by inspectors as already referenced in this report suggested that the cleaning of parts of this designated centre could be improved upon although it was noted that large parts of the centre were clean. When conducting this inspection, inspectors also noted that fire doors were present in the centre which are important in preventing the spread of fire and smoke in the event of a fire. However, it was observed that one fire door did not close fully under its own weight while at one point it was seen that device attached to the fire door for the laundry room had been manually deactivated. This meant that the fire door remained fully open thereby completely negating its effectiveness in the event of a fire.

In summary, products such as PPE and hand sanitiser were present in this designated centre. Bins were also provided for but the majority of these were not foot pedal operated bins. Large areas of the centre were seen to be clean although multiple areas were observed which required further cleaning. Residents spoken with generally provided positive feedback.

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

This inspection found some good practice in areas such as staff knowledge and the provision of training related to infection prevention and control. However, taking into account the overall findings of this inspection, some of the auditing practices in operation required improvement.

The designated centre had been previously inspected in May 2021 and following that inspection had its registration renewed until September 2024. As part of a programme of inspections commenced by HIQA in October 2021 focusing on 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 in more recent times. Key areas of focus on this inspection included monitoring of the infection prevention and control practices by the provider, the leadership, governance and management of the centre and staffing.

From reviewing rosters it was found that there had been a consistency of staff working in this designated centre in the months leading up to this inspection. Given the ongoing COVID-19 pandemic, it was noted that staff working in this centre were assigned to different residents and different areas of the centre while on shift to reduce the potential for any unnecessary crossover. Dedicated cleaning staff worked in the centre Monday to Friday but not at weekends. It was indicated that care support staff did additional cleaning at weekends and recent records reflected this although it was noted that such records only commenced in January 2022.

Some of the residents in this centre were supported by staff employed by other bodies but it was seen that the provider had specific protocols in place relating to such staff and COVID-19 with the evidence available suggesting that such protocols were being followed. Members of staff employed by the provider spoken with during this inspection demonstrated a good awareness of matters related to infection prevention and control and were generally seen to follow proper practices in this area. However, an inspector did observe that the wearing of respirator masks by some staff required review to ensure that it was in line with recommended practice.

Records provided indicated that staff had undergone training in relevant areas such as hand hygiene and PPE.

Systems were in place to ensure that staff were provided with updated information and guidance related to COVID-19 and infection prevention and control. For example, it was indicated that meetings took place regularly within the provider which the person in charge attended were new information and updates would be provided. The person in charge would then share this information amongst staff which included printing relevant documents and placing them in folders for staff to review. Inspectors reviewed some of these folders and did note that copies of recently updated national guidance were included although it was also noted that some folders reviewed contained out-of-date information.

The provider had its own guidance documents related to infection prevention and control. These included specific COVID-19 guidance. Inspectors were provided with a copy of this guidance which was dated July 2021. It was indicated that this guidance had been updated more recently and was available for staff to access electronically if required. It was also indicated that at the time of this inspection the provider was developing a shorter version of this guidance. The provider also a specific standard operating procedures and a policy for infection prevention and control both of which had last been reviewed early in 2020.

When reviewing the standard operating procedures, an inspector noted that they appeared to suggest that some specific diseases, such as rotavirus, were non-notifiable diseases. In line with guidance from the Health Protection and Surveillance Centre, such diseases were notifiable and would require notification to HIQA if an outbreak of them was to occur. The person in charge indicated that there had been no outbreak of such diseases in this centre. When reviewing the provider's policy for infection prevention and control it was noted that the policy made reference to the National Standards for infection prevention and control in community services. The policy also provided for an annual infection prevention and control audit along with yearly auditing of the hand hygiene practices of all staff.

Records reviewed indicated that not all staff had been subject to a hand hygiene audit in the previous 12 months but an infection prevention control audit had been conducted in November 2021 which found no areas for improvement. Similar results were also indicated by a COVID-19 checklist completed in December 2021 and a self-assessment on infection prevention and control carried out in October 2021. However, during this inspection some areas for improvement were identified particularly relating to cleaning. This suggested that aspects of the auditing practices in operation required improvement to ensure that issues related to infection prevention and control were identified and actioned. It was also noted that the self-assessment on infection prevention and control was overdue for a review.

Quality and safety

Some good practice was found on this inspection relating to the support provided to residents and the management of visitors to the designated centre. However, improvement was required regarding aspects of the cleaning practices followed in this centre.

As highlighted earlier in this report, while large parts of the centre were seen to be reasonably clean, inspectors did observe other parts of the centre which clearly required cleaning. On the day of inspection cleaning was seen being carried out while cleaning supplies were also readily available. Cleaning records provided suggested that cleaning was regularly carried out in the centre. However, based on the records provided a clear schedule for the cleaning of some parts of the centre was not in place and some areas of the centre, such as the laundry, were being cleaned on an inconsistent basis. It was also noted that there were inconsistencies in the cleaning records used for different periods of the day and that some of these records contained some potentially misleading information.

For example, some daily cleaning records suggested certain cleaning was being carried out twice a day by one staff member but on speaking to this staff they indicated that they only did this cleaning once a day. In other records, it was not clearly stated what was to be cleaned nor what specifically had been cleaned. The records reviewed indicated that some cleaning had not been carried out on some of the days when the centre's assigned cleaning staff was not working in the centre. However, it was stressed that other staff present did cleaning on these days and that records had been recently introduced to reflect this. These records had commenced on 26 January 2022 which generally indicated that cleaning was done on a daily basis although an inspector did observe a gap in these records in the days leading up to this inspection.

Other records reviewed during this inspection relating to the temperature checking of residents and staff. Given the ongoing COVID-19 pandemic, relevant national guidance requires temperatures to be checked twice a day and an inspector reviewed a sample of relevant records in this area. In these it was noted that there were inconsistencies in the checking of both residents' and staff members' temperatures. While these were regularly recorded as being checked twice a day, it was also evident from the sample reviewed that there were days when temperatures were only recorded as being checked once.

Visitors to the designated centre were also required to check their temperatures upon their arrival to the centre. During the inspection it was observed by inspectors that visitors to the centre, including staff employed by other bodies supporting individual residents, were having their temperatures checked and were also completing a visitors' checklist. A sample of these checklists were reviewed which indicated that these were being completed consistently. Residents spoken with were aware of what checks visitors to the centre had to complete before entering and also indicated that such checks were being done.

Documentation relating to individual residents were also reviewed during this inspection primarily from an infection prevention and control perspective. It was noted that residents had individual monthly meetings relating to COVID-19 which

were used to give residents information and provide them with support if required. Key information relating to relevant clinical information for individual residents was included in key documents such as risk assessments and hospital passports. In addition, such information was clearly known to some staff members spoken with. However, when reviewing information relating to one resident it was noted that they required some additional support to meet their needs that was unrelated to infection prevention and control.

Regulation 27: Protection against infection

While some good infection prevention and control measures were found to be in place, this inspection did highlight some areas for improvement. These included;

- Auditing practices not capturing all identifiable matters related to infection prevention and control
- A self-assessment on infection prevention and control had not been reviewed in over 12 weeks
- Some folders containing out-of-date information related to COVID-19
- Inconsistencies in staff and resident temperature records
- The absence of a clear cleaning schedule for all areas of the centre
- Inconsistencies in the cleaning records used
- Some areas of the centre requiring further cleaning
- The centre having limited foot pedal operated bins

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 Kerry Cheshire OSV-0003447

Inspection ID: MON-0036310

Date of inspection: 07/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Plan in place to commence deep cleaning of all apartments. All areas of the building to be cleaned thoroughly by May 31st 2022. • Clear Cleaning Schedules to be developed to capture all areas to be cleaned, adhering to good infection control practices by April 30th 2022. Senior Management Team to have weekly oversight that the schedules have been adhered to. • Records of cleaning to be developed for both day and night cleaning to ensure consistency and will have specific instructions on cleaning required by April 30th 2022. • Infection Control Audit has been reviewed by the Clinical Team. Checks to include expiry date of hand sanitizers and other cleaning products. Audit has been amended to enable auditor to identify areas in Centre that need cleaning or areas needing deep cleaning. Action plan on audit will be used more effectively. • Self-Assessment on Infection Prevention and Control has been completed and scheduled to be completed every three months. New template being used. Self-Assessment and Quality Improvement plan will be on the one document. Clinical Partner and Care Co coordinator will review this every 3 months. • Out of date information on Covid 19 has been removed from Covid Planning folders and a more concise up to date version of guidance is being developed by the organization by June 30th 2022. All up to date information from the National Call is placed in folder for staff to read. 	

- Reminder in place at each handover for staff that temperatures and Covid symptoms need to be recorded twice daily for both service users and staff. If service users choose to decline to be recorded. Monitoring of symptoms and temperature is also recorded in Service Users care plan. Audits on these will be completed by SCW.
- Foot pedal operated bins to be provided in communal areas of the building and in Service User apartments with their consent.
- Clinical Waste bin has been removed.
- Business case to be sent to HSE by Regional Manager for extra funding for 19.5 hours extra cleaning support for service user apartments and main building.

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	30/06/2022