



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

Issued by the Chief Inspector

Name of designated centre:	The Bridge Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 June 2023
Centre ID:	OSV-0003605
Fieldwork ID:	MON-0038941

About the designated centre

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

The Bridge Community is located in a small town in Co. Kildare and provides residential, day and transitional training services to a wide range of people. There are five residential houses, three located within the main site and two houses located in housing estates in the community. The local town offers an array of amenities such as shops, a supermarket, bank, post office, public library, and community health services. There are various recreational and other facilities and workshops on the main site to provide work and learning experiences for the residents and day attendees. Residential services are provided to people with mild to moderate intellectual disabilities, physical and sensory disabilities and also those on the autism spectrum. The designated centre has capacity to provide full-time residential services for a maximum of 15 adults, male and female, and to provide respite for one adult. Residents are supported by social care staff, care assistants and short-term co-workers (volunteers).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Friday 30 June 2023	10:15hrs to 16:45hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. Areas of good practice were identified in relation to the how clean the houses were during this unannounced inspection, and in relation to the provider's audits and reviews. However, some improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to some areas of a number of the premises, and some documentation in the centre. These areas will be discussed later in the report. The inspector acknowledges that the provider was self-identifying these areas for improvement in their audits and reviews, and that a work plan was in place to bring about the required improvements.

The designated centre comprises of a five premises. Three of these are on a campus and two houses are in the local community. The centre can provide care and support for up to fifteen residents. There were fifteen residents living in the centre at the time of the inspection and the inspector had the opportunity to meet nine of them. Three residents chose not to engage with the inspector when they visited their home and the other residents were not home when the inspector visited.

On arrival to each of the houses, the inspector was directed by staff to an area of the house where hand sanitiser, and the visitors book was. There was a warm and welcoming atmosphere in each of the premises visited. Overall, the inspector found that improvements that has been made to the premises in the centre had contributed to the houses appearing more homely and comfortable, and in the ability to clean and disinfect areas of the house. However, there were areas where maintenance, repairs and painting was required as these were impacting on the ability to clean and disinfect these area. These will be detailed later in the report. Warm, kind and caring interactions were observed between residents and staff throughout the inspection. Staff were observed to be very familiar with residents likes, dislikes, and communication preferences.

In one of the houses a resident showed the inspector around their home. They talked about the premises works that had been completed in their home recently and other works that were planned. They described their involvement in the upkeep of their home. They spoke with staff and the inspector about how the dishwasher was broken, but said that it didn't matter as they liked washing up. They showed the inspector their bedroom and talked about how they liked to keep it clean and organised. They also showed them their ensuite bathroom and talked about picking new lino for the floor as the tiles were old. They spoke about their favourite pass times and places they liked to go on holiday.

In the second house visited one resident was home and they were having a cup of tea before they prepared lunch. They spoke with the inspector about their favourite things to do, and chatted to staff in the kitchen. They talked about recent meals they had prepared and cooked. They spoke about the ingredients they used and the methods they used to prepare and cook the meals. Later, they were observed preparing lunch with staff.

In another house there were four residents at home and they each greeted the inspector and engaged with them briefly. One resident showed the inspector around their home, including a tour of their bedroom. One resident was getting ready to go visit their family and talked about looking forward to this. Another resident talked about being excited to go on holiday abroad with their family. A number of residents talked about their favourite things to do and about how they liked to spend their time. One resident was resting in their bedroom and invited the inspector in for a quick chat. They appeared comfortable and content and said they were happy.

The inspector spoke with two residents in another house. One resident who enjoyed keeping their room clean and organised was very happy to show the inspector their room. The other resident was relaxing in their bedroom. They were both observed to appear very comfortable in their home.

One resident spoke with the inspector about the COVID-19 pandemic. They talked about having their vaccines and how they felt it had kept them safe as they had not contracted COVID-19 despite people they shared their home with contracting it. They also discussed steps they were taking to keep themselves safe from infection such as washing their hands regularly and keeping their environment clean.

Another resident spoke with the inspector about the rationale for the IPC inspection. They talked about the steps they and staff were taking to keep themselves safe from infection. For example, they spoke with the inspector about how staff washed their hands before providing them with support. They also spoke about how their opportunities to engage in community based opportunities had increased over the last few months. They spoke about reviewing staff rosters weekly and then planning their activities.

During the inspection residents showed the inspector and staff pictures of the important people in their lives and talked about some of their favourite things to do. One resident showed the inspector a number of patches of black mould on their ceiling and told them that it was being treated and painted soon. They said they were looking forward to it being fixed as they loved spending time in their bedroom.

Another resident showed the inspector around their apartment. They spoke about things they liked to cook and what they did every week to keep their home clean. They spoke about a number of improvements that had been made in their apartment since they moved in. They were complimentary towards the staff team and the supports that they provided, when they needed them.

In summary, residents appeared happy and comfortable in their homes. They had things to look forward to such as upcoming trips and holidays. A number of improvements had been made in their homes since the last inspection, and more

were planned. Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. Areas where some improvements were required will be detailed later in the report.

The next two 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 then include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, there were good practices identified relating to infection prevention and control in the centre during the inspection, but there were a small number of areas where improvements were required. As previously mentioned these areas related to the premises, and some documentation in the centre.

Overall, the inspector found that the provider was self-identifying areas where improvements were required and implementing a number of systems and controls to keep residents, staff, and visitors safe from the risk of infection. The six monthly reviews, annual review, and meetings in the centre all referred to IPC. There was a detailed site specific contingency plan in place and it was being reviewed and updated as required.

From reviewing a sample of audits in the centre it was evident that the provider was identifying and following up on areas for improvement in relation to IPC. For example, the audits had identified that works were required in a number of the premises and the provider was in the process of installing outdoor storage for some cleaning equipment in the centre.

There were a number of IPC related risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. For example the risk register identified risks and controls related to exposure to infection for residents, staff or visitors. For residents who had certain health conditions which made them vulnerable to infection, considerations had been made to how to keep them safe from infection. Staff were implementing a number of control measures; however, these were not detailed in a protocol or risk assessment.

There were policies, procedures and guidelines available to staff on IPC. They had access to the most up-to-date public health and IPC guidance. Staff had completed a number of IPC related training courses.

Through discussions with staff and a review of a sample of rosters, there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. There were deputising and on-call arrangements in

place. The centre's contingency plans identified additional management supports for residents and staff should there be an outbreak of infection affecting the local management team. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

Quality and safety

The provider had a number of measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in place, and the impact of these on their day-to-day lives. However, some improvements were required to the premises, and documentation in the centre.

As previously mentioned a number of improvements had been made in the centre which had a positive impact on IPC in the centre. More works were planned and the inspector was shown the work plan for these works. Maintenance requests were recorded and there was a clear system to record when these works were completed.

Residents had protocols, guidelines, and care plans in place. However, as previously mentioned some documentation relating to residents' health conditions which made them vulnerable to infection were required. Residents were being provided with information on IPC. There were posters on display and folders with IPC related information in an easy-to-read format. In addition IPC was being discussed at residents' meetings. There were systems and equipment in place to ensure that residents' observations were recorded should they show any signs of infection. The contact details of medical and allied health professionals were available in residents' plans. There was a detailed contingency plan in place should there be an outbreak of infection in the centre. While antibiotics usage was recorded, there was no central/resident specific log in place.

There had been a small number of residents and staff who had contracted COVID-19 since the last inspection, but the control measures implemented had proved successful as there was no ongoing transmission of infection. The provider had sought public health advice as required. However, an outbreak report was not available in the centre to identify how effective control measures were, or to share learning across the staff team.

Throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. There were stocks of PPE available and systems for stock control. Each of the premises were found to be clean during this announced inspection. Overall, there were suitable arrangements in place for cleaning and disinfecting the premises, laundry management, and waste management. There were dedicated areas for waste, and a system in place for the storage and collection of clinical waste.

There were colour-coded chopping boards in the kitchen of each of the premises. There were different coloured cloths and mops for different cleaning tasks around the houses. There were posters on display to guide staff on the colour of cloths and mops to use for specific areas. The provider had installed outdoor storage for cleaning equipment such as mops and buckets in one of the houses and this storage was being sourced for the other areas of the centre. They had systems to segregate mop heads to ensure clean and dirty mop heads were stored separately. There were cleaning schedules to ensure that equipment and each area of the houses were cleaned regularly. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to cleaning and disinfecting.

Regulation 27: Protection against infection

Overall the inspector found that 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 for them to be fully compliant.

The inspector identified a number of areas of good practice; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. The inspector acknowledges that the provider had a plan of work in place to bring about the required improvements in a number of premises.

Examples of the areas where improvements were required included:

- Some press doors in one laundry room were damaged and there was damage to the kitchen and dining room floors, and to kitchen presses and counter tops. This damage was affecting the ability to effectively clean these areas.
- There was black mould in a number of areas in a number of premises. Plans were in place to treat and repair these areas after the inspection.
- The tiles in a number of bathrooms were due to have grout replaced.
- A number of bathroom refurbishments were due to be completed.
- Some furniture was due to be replaced to ensure that it could be cleaned effectively.
- Some protocols and risk assessments were required for residents with health conditions which made them vulnerable to infection.
- An outbreak plan was required for the centre.
- A template for antimicrobial stewardship was required.

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 The Bridge Community OSV-0003605

Inspection ID: MON-0038941

Date of inspection: 30/06/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The provider will replace all doors in the laundry room and ensure the buffing and varnishing of the floors within the designated center by 23/09/23.</p> <p>The provider will ensure black mold across all areas of the designated centers are treated by 23/09/23.</p> <p>The tiles in bathrooms within the designated center will be regouted by 23/09/23.</p> <p>Bathrooms which require refurbishment have planned works in place to begin on 11/08/23 and completed by 17/11/2023.</p> <p>All new furniture required within the designated center has been logged and will be purchased by 23/09/23.</p> <p>Protocols and risk assessments that are required for residents with health conditions which make them vulnerable to infection have been actioned and implemented.</p> <p>A template for antimicrobial stewardship has been implemented for each resident within the designated center.</p> <p>Action has been taken to formulate an outbreak plan for the designated center and will be reviewed and implemented by 10/08/23.</p>	

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	17/11/2023