



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

Issued by the Chief Inspector

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| Name of designated centre: | Dárog Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 May 2023 |
| Centre ID: | OSV-0004065 |
| Fieldwork ID: | MON-0038193 |

About the designated centre

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

Darog services provides a residential service to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service can accommodate both male and female residents from the age of 18 upwards. The service can accommodate up to four residents at a time and operates seven days a week. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities and shared bathrooms, a kitchen and dining area and sitting room. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents. There is also a compliment of staff to support residents during both day and night time hours.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|---------------|------|
| Wednesday 10 May 2023 | 09:00hrs to 13:00hrs | Ivan Cormican | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control (IPC). The inspection was facilitated by the centre's person in charge and three staff members were present on the morning of inspection. Overall, the inspector found that residents enjoyed a good quality of life and that IPC measures were generally held to a good standard; however, some improvements were required in regards to maintenance and upkeep of some bathrooms.

There was a very pleasant atmosphere in this centre and upon arrival three residents had just finished their breakfast and they were preparing for the day ahead. Residents interacted warmly with staff members and there was constant chatting and updates on what the plans were for the day. Staff explained that one resident had chosen not to return to their respective day service following the pandemic and one resident was trialling their return to these services one day per week. The remaining resident attended five days per week and staff explained how they enjoyed their day service. One resident was non verbal and the two remaining residents had some verbal skills. Although they decided not to directly converse with the inspector, it was clear that they were relaxed and comfortable in their home and they enjoyed the company of staff who were on duty. Two residents attended their day service that morning and two staff members were supporting the remaining resident to go for a walk in the late morning. Staff members explained that residents lived a full life and that two residents had gone on holidays together last year and that one resident was planning a trip to London to see an Abba stage show. They explained how residents help with shopping and how they love to go swimming and get out and about on a daily basis. The staff also explained how there were no restrictions upon visitors and that residents keep in regular contact with their families. One resident also meets up their family twice a week and other residents also meet with their respective families on a regular basis.

On the day of inspection three residents were availing of a residential service. There was one vacancy and the person in charge indicated that there were no immediate plans to admit any further residents to this centre. Each resident had their own bedroom, two of which were ensuite and the remaining resident had the sole use of a large identified bathroom which had both a shower and a bath facility. Residents had the use of a large reception room and one resident had the sole use of a medium sized conservatory where they kept personal belongings and watched television. There was also a large kitchen/dining area and access to the kitchen was restricted for one resident when meals were being cooked due to safety concerns. However, this area was restriction free at all other times of the day. The kitchen/dining and conservatory were pleasantly decorated with photographs of residents enjoying life and the area had been recently re-painted. However, the centre's main reception room had minimal soft furnishings which detracted from the homeliness of this area. In addition, resident's wheelchairs were also stored in this room as there was no suitable storage elsewhere. The inspector found that these

arrangements required further review.

It was clear that residents were actively involved in decisions around lives and as mentioned above staff members frequently informed residents throughout the morning as to what activity was occurring next and what they had planned for the evening. Information in regards to their local area was displayed with pictures describing local shops, amenities and public services such as a banking institution and post office. Information in regards to hand hygiene and cough etiquette was also displayed and staff were observed to remind residents to wash their hands. In addition weekly residents' meeting were in place and these meetings were used a platform to facilitate information sharing and engage with residents in regards to decisions about their home. IPC was a standing agenda item and recent discussions occurred in regards to changes in mask wearing guidance. In addition, staff used these meetings to demonstrate hand hygiene techniques with all residents actively participating in hand hygiene at the last residents' meeting. The inspector found that these arrangements ensured that promoted residents inclusion in care and ensured that IPC was promoted.

The inspector found that residents were assisted to understand IPC and that the measures implemented by the staff team promoted their wellbeing. Some areas of maintenance which required review will be discussed in the subsequent sections of this report but overall, this was a pleasant centre in which to live and IPC measures were generally held to a good standard.

Capacity and capability

The inspector found that there was good oversight of IPC within this centre and the provider had ensured that staff were trained and informed in regards to IPC.

The provider had delegated responsibility for IPC in this centre to the person in charge. They were supported in this role by the centre's team leader and also a lead worker representative. The person in charge attended the service on a weekly basis and staff who met with the inspector stated that both the person in charge and the team leader were readily available and provided consistent support to the service. The centre's team leader also facilitated regular team meetings in which IPC was a standing item on the agenda and gave staff an opportunity to discuss changes to national guidance and any issues which may be impacting upon IPC in this centre such as maintenance.

There was a consistent staff team in place which assisted in ensuring that they were familiar with the centre's IPC arrangements. Staff on duty had a good understanding of recommended cleaning and disinfection arrangements and they spoke confidently about a colour coded cleaning system which prevented cross contamination between areas within the centre. They outlined resident's individual needs and how these

were linked to individual isolation plans should a resident contract a notifiable illness. They had a clear understanding of these isolation plans and they recounted how effective they were when the centre went through a recent outbreak of COVID 19. In addition, the provider had ensured that staff had undertaken training in regards to IPC, hand hygiene and the use of personal protective equipment (PPE) which also promoted the effectiveness of IPC measures in this centre.

The person in charge spoke at length in regards to the IPC measures which were in place and also how changes in regards to public health guidance had been distributed to staff through regular team meetings and through information which was readily available in the centre. For example, a comprehensive IPC guidance manual was in place which gave concise instruction in areas such as hand hygiene, general home hygiene, laundry management and required response to common a common illness such as gastroenteritis.

The provider had three main audits in place in regards to IPC with the team leader, lead worker representative and an external auditor taking responsibility in this area of review. The team leader completed a quarterly review of IPC measures and the lead worker representative completed regular reviews, both having similar themes such as PPE usage/stocks, hand hygiene, cleaning, working environment, visiting and COVID 19 information. In addition, an external person completed the centre's six monthly audit and closely examined the arrangements which promoted IPC such as training, preparedness and isolation planning, residents' awareness and cleaning schedules. Although IPC arrangements were well reviewed on a regular basis these oversight measures did not identify some maintenance issues which may impact upon staff members' ability to clean and sanitise some bathroom areas. For example, damaged wall tiles had not been repaired sufficiently and there was mould and mildew present in some of the bathrooms. In general, cleaning in communal areas was maintained to a good standard, however maintenance and upkeep of some bathrooms required additional review.

Quality and safety

The inspector found that the centre had robust IPC arrangements in place and although some improvements were required in regards to the maintenance and upkeep of some bathrooms, overall this centre was well managed in terms of IPC.

At the time of inspection there were no outbreaks of COVID 19 and the centre was free from any identified illness. Residents had received their primary COVID 19 vaccinations and also the associated booster vaccinations. As mentioned earlier residents were actively supported in the area of hand hygiene and there were sufficient hand sanitising stations located throughout the centre. Information in regards to cough etiquette and hand hygiene was also clearly displayed which promoted the fundamentals of IPC. In addition, the provider had produced a range of easy-to-read documents which aimed to assist residents to understand what was

happening throughout the national pandemic.

Staff held responsibility for the day-to-day cleaning of the centre and there was a range of cleaning schedules in place to guide staff in regards to areas which required general cleaning and those which may require additional attention such as frequently touched areas of the residents' home. Staff clearly described how areas of the centre were cleaned and sanitised and they referred to a colour coded cleaning system which prevented cross contamination between areas of the home. The staff also identified cleaning and disinfection products which were approved for use and the provider had also produced indepth guidance for the cleaning and sanitisation of the centre which staff could refer to if required.

There was waste management procedures in place and guidance was available which informed staff of the safe disposal any contaminated waste. There was also specific information in regards to the management of bodily fluids and the person in charge outlined the procedure for cleaning and disinfection which would be required, including the recommended products and dilution rates. The centre had a utility room where laundry was managed. There were arrangements for the segregation and management of resident's individual laundry and staff clearly explained the procedures for managing soiled or contaminated laundry which further promoted IPC.

The person in charge held overall responsibility for risk management within the centre and the provider had appointed health and safety personnel to assist with overall safety and the management of risks within this centre and the organisation at large. There was a robust and indepth risk assessment in regards to IPC which clearly outlined how the provider was supporting this centre in this area of care. The person in charge had a clear understanding of this risk assessment and they spoke confidently about the controls and measures which were implemented to mitigate against poor IPC outcomes for residents and staff.

The inspector found that IPC was actively promoted through the actions of the provider, local management and the staff team. Although, some bathrooms required additional attention in terms of maintenance and upkeep, overall this centre was operated to a good standard and promoted the welfare and wellbeing of residents.

Regulation 27: Protection against infection

The provider promoted infection prevention and control in this centre and staff who met with the inspector were well informed in regards to the promotion of this area of care and support. Local management of the centre ensured that IPC was generally maintained to a good standard and that residents were well informed and enjoyed a good quality of life. Although this was an overall positive inspection, some adjustments were required in regards to the maintenance and upkeep of bathrooms.

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 Dárog Services OSV-0004065

Inspection ID: MON-0038193

Date of inspection: 10/05/2023

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 |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection: A maintenance schedule of works has been completed by the Person in Charge. This schedule includes renovations and repairs to two bathrooms within the service. Works are due to be completed by 31 August 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).

| 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 | 31/08/2023 |