



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

## Issued by the Chief Inspector

Name of designated centre:	Azalea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	25 August 2022 and 07 September 2022
Centre ID:	OSV-0004463
Fieldwork ID:	MON-0037731

## About the designated centre

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

Azalea Services is a residential service, which is run by the Brothers of Charity Services. The centre provides accommodation and support for five male and female adults over the age of 18 years, with moderate to severe intellectual disability, including those with challenging behaviour and autistic needs. The centre comprises of two bungalows which can accommodate two and three residents in each and have suitable facilities and accommodation. Both bungalows comprise of single residents' bedrooms, en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Both houses are located in close proximity to each other on the outskirts of a large town. Staffing is available all times to support the residents and residents attend day services locally during the week. There are two staff in one house and a single staff in the second. Both waking and sleep over staff are provided.

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

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 August 2022	11:00hrs to 12:30hrs	Jackie Warren	Lead
Wednesday 7 September 2022	10:40hrs to 16:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. The inspection was carried out over two days as to the centre was not accessible on one day due to prior arrangements and plans of residents. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff throughout the day.

None of the residents who lived in the centre had the verbal capacity to speak with the inspector or to discuss their lives there. However, the inspector met with three residents during the course of the day, saw how they spent the day, and observed the interaction between residents and staff. The fourth resident was out in the community during the inspection. The three residents who were present, were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. The inspector also noticed that care had been taken with residents' appearance. All residents were nicely dressed and their outfits were clean and coordinated.

It was clear that residents lived their lives in accordance to their preferences. On the morning of the inspection one resident who liked to go out had already left the centre for planned activities in the community, one was enjoying table-top games before heading off for a day with family, another was relaxing and watching the television and one resident, who preferred a lie-in in the mornings, was still in bed.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre had dedicated wheel-chair accessible transport, which could be used for outings or any activities that residents chose. As this was a home-based service residents had choices around doing things in the centre or going out to do things in the community. Some of the daily activities that residents enjoyed included going out for walks, drives to beaches, shopping, going out for coffee and going to an activity centre where a wide range of appropriate activities were taking place.

Family contact and involvement was seen as an important aspect of the service. Although visiting restrictions had been in place during the earlier part of the COVID-19 pandemic, visiting has now fully returned to normal in line with national public health guidance. On the day of inspection, one resident went home to the family home for the afternoon, which happened frequently. There was evidence that other residents were also being supported by staff to visit family members, both locally and further away, and to visit graves of deceased loved ones. One resident kept in

touch with a relative abroad through computer technology.

On the day of inspection, residents had a freshly cooked meal at lunchtime which was prepared using fresh produce and vegetables, to suit each person's needs and preferences.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre consisted of two houses and could provide a full-time residential service for up to four people. One house could accommodate three residents and the other was an individualised service for one person. Both houses were located close to each other in a residential area close to a busy town. This gave residents good access to a wide range of facilities and amenities. The centre was comfortably furnished and clean. Both houses had sitting rooms, well-equipped kitchens with dining areas and laundry facilities. All residents had their own bedrooms and adequate bathroom facilities were available. Some overhead hoists were provided to increase the comfort and safety of residents who required this support. Overall, the inspector found the centre to be clean and well maintained. However, some areas required minor attention to ensure that all surfaces could be effectively cleaned and to reduce any risk of spread of infection.

Measures were in place to reduce the risk of COVID-19 infection for residents. All access to the centre was through identified entrance doors. These entrance areas were supplied with hand sanitiser, masks and thermometers. Information about infection control was also displayed to inform staff and visitors to the centre.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good infection prevention and control practices, there were some minor areas for improvement, which will be discussed in the next sections of this report.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported, and that residents were safeguarded from infectious diseases, including COVID-19. However, some improvement was required to various aspects of infection control documentation and staff training to ensure that this standard

would be maintained.

There was a clear organisational structure to manage the centre. The person in charge was suitably qualified and experienced. The person in charge worked closely with both staff and the wider management team, and was very involved in the oversight of infection control management in the centre.

There were effective arrangements in place for the management of the centre and support of residents and staff in the absence of the person in charge. At the time of inspection, the person in charge was absent, but there were suitable arrangements in place to manage the centre during this time. Another manager was deputising for the person in charge and she was present in the centre during the inspection. The deputising person in charge will be referred to as the 'person in charge' in this report. On-call arrangements to access the support of senior managers were also in place at all times and this contact information was clearly displayed to staff.

The provider and management team were focused on the welfare of residents and were introducing changes to the service to accommodate this. It was found during the pandemic restrictions that residents enjoyed receiving a home based service. To enable this to continue, the provider was restructuring the service to ensure that a more flexible arrangement would continue to be available to residents on an ongoing basis.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These resources included the provision of suitable, safe, clean and comfortable environment, and adequate staffing levels to support residents and to ensure that the centre's cleaning schedule could be carried out. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels, supplies of disposable gloves and aprons, cleaning materials and thermometers. There was a plentiful supply of face masks, and staff were seen to wear appropriate face masks at all times during the inspection.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of infection control management was being provided and maintained. A detailed infection control audit had recently been completed in the centre. Unannounced audits were being carried out twice each year on behalf of the provider, in which the auditing of governance included a review of COVID-19 management. Ongoing compliance reviews of prevention and management of COVID-19 were also being carried out by staff. Furthermore, up-to-date COVID-19 preparedness assessments were being carried out by staff. Records of these audits showed high levels of infection control compliance, and that any identified issues gave rise to action plans and were being addressed within realistic time frames.

Although the centre was being well maintained, internal painting had been identified at the most recent audit, and arrangements had commenced to have this addressed. This work was scheduled to take place in the near future.

The provider had developed a contingency plan to reduce the risk of COVID-19

entering the centre and for the management of the infection should it occur.

The infection control and COVID-19 documentation viewed during the inspection was generally informative and up to date, however, some was not sufficient to guide practice and required review and update. Some documentation and guidance was unclear while some was not up to date. It was found, however, that staff were aware of the most up-to-date requirements and were implementing these. For example, while the visiting protocol described measures that were no longer required, visiting was being managed in line with the most up-to-date public health recommendations and residents had returned to full visiting arrangements with their families and friends.

Documents that required improvement included the provider's COVID-19 response plan, visitors protocol, cleaning schedule, and some aspects of the infection control and admissions and transfer policies. While there was insufficient information available to guide staff on aspects of these processes, this did not appear to impact negatively on staff knowledge of best practice and the provision of a safe service to residents. However, it did present a risk that the absence of the most up-to-date information and guidance could give rise to the delivery of an inconsistent standard of care, particularly if new or unfamiliar staff were rostered to work in the centre.

There were measures in place in the centre to ensure that staff were informed of infection control protocols and practices. A range of policies and guidance documents were available to guide staff, and these were generally informative and up to date. Training in breaking the chain of infection, hand hygiene and donning and doffing PPE was mandatory for all staff in the centre. However, training records indicated that some staff had not attended some of these training modules. The person in charge acknowledged that these records were not up to date & did not reflect the training that staff had attended. It was, therefore, difficult to evaluate if all staff had been trained as required. Furthermore, the provider's protocol for infection prevention and control and cleaning required improvement as it did not provide clear guidance on the management of potentially infectious laundry and associated use of PPE and hand hygiene.

The person in charge was mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre and she explained how this would be achieved. However, although up-to-date information is recorded in hospital passports which have been developed for each resident, the requirement to share infection status information is not stated in the centre's transfer policy and there did not appear to be any other protocol available to guide staff should this be required.

The risk register had been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider.

## Quality and safety

However, some areas required minor upgrade to maintain this standard. Although surfaces in the centre were generally in good condition, there was some minor damage to paintwork and surfaces throughout the buildings, which presented a risk that these areas could not be effectively cleaned as required. This had been identified through the auditing process and there were plans for the centre to be re-painted in the near future. It was also noted that there was staining on a utility room ceiling, although this did not impact directly on residents' quality of life. These required improvements had been identified by the person in charge and arrangements to address them were in place. In addition, there was an unsealed gap between a tiled kitchen splashback and the worktop which created an area which could not be readily cleaned.

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was being provided to residents. However, improvements to some internal surface finishes, and to the documentation of the cleaning schedule, were required to ensure that effective cleaning could consistently be carried out.

The centre consisted of two adjacent bungalows, in a residential area of a busy town. The location of the centre enabled residents to visit the shops, swimming pool, coffee shops, restaurants, cinema, and concerts in hotels in the nearby town. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed both in the centre and in the community included outings to local places of interest, sensory activities, going out for coffee, housekeeping tasks including food preparation, baking and folding clothes, table-top games, arts and crafts, gardening, community volunteering, involvement in advocacy services and music.

During a walk around the centre, the inspector found that the houses were clean and comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. While both houses were well maintained and comfortable, one had been fully refurbished and redecorated to a high standard since the last inspection. In this house wall and floor surfaces were of good quality and were clean. Wall and floor surfaces in bathrooms were of impervious material, and junctions were coved which allowed for effective cleaning.

However, some areas required minor upgrade to maintain this standard. Although surfaces in the centre were generally in good condition, there was some minor damage to paintwork and surfaces throughout the buildings, which presented a risk that these areas could not be effectively cleaned as required. This had been identified through the auditing process and there were plans for the centre to be re-painted in the near future. It was also noted that there was staining on a utility room ceiling. These required improvements had been identified by the person in charge and arrangements to address them were in place. In addition, there was an

unsealed gap between a tiled kitchen splashback and the worktop which created an area which could not be readily cleaned.

Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals.

There were cleaning plans in place and the centre was visibly very clean throughout. Cleaning schedules had been developed which detailed the centre's hygiene requirements. Staff members carried out the required daily cleaning tasks and signed to verify that these had been completed. Records indicated that staff were completing daily cleaning of the centre up to five times daily and also at night. However, some parts of the cleaning schedules were unclear, as they did not differentiate frequencies for areas that required enhanced cleaning, such as door handles and light switches, and regular cleaning of lower risk areas.

A supply of colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. Both houses had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice.

Arrangements were in place for residents to have visitors in the centre as they wished, in line with latest public health guidance.

## Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. Minor repair and maintenance was required to some areas of the centre to ensure surfaces could be effectively cleaned. In addition, improvement to some aspects of documentation was also required to ensure that the overall quality of infection prevention and control would be maintained. The documentation of the cleaning schedule and the contingency plan also required improvements. Although the person in charge and staff had a very clear knowledge of infection prevention and control processes, some guidance documents did not adequately reflect this information.

The areas for improvement included:

- the cleaning schedule did not include sufficient guidance about the required cleaning frequencies for various areas based on risk
- the provider's infection prevention and control and cleaning protocol required improvement as it did not provide clear guidance on the management of

- potentially infectious laundry and associated use of PPE and hand hygiene
- the infection control guidance on managing potentially infections laundry was not in line with the practice in the centre
  - the visiting protocol required review and updating as it described measures that were no longer required
  - some aspects of the provider's COVID-19 response plan did not did not provide sufficient guidance for staff
  - there was no written protocol to guide staff on the sharing of information regarding residents' infection status if transfer from the centre was required
  - in one house there was an unsealed gap between the kitchen worktop and wall tiles which created an area which could not be effectively cleaned
  - there was minor damage to paintwork in parts of the building
  - there was some staining on a utility room ceiling in one house.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Azalea Services OSV-0004463

Inspection ID: MON-0037731

Date of inspection: 07/09/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The following areas have been reviewed with improvements made in order to come into compliance with Regulation 27;</p> <p>Cleaning schedules have been updated so that they are site specific and reflective of the requirements for each individual service. Schedules clearly state the required cleaning frequencies for various areas based on the identified risk.</p> <p>Protocols are now in place to guide all staff on the management of potentially infectious laundry and associated use of PPE and hand hygiene guidance.</p> <p>Visitor's guidance and the provider's COVID-19 response plan have been reviewed and updated to reflect the most up to date guidance.</p> <p>Staff training records have been updated, all mandatory IPC training has been completed by staff teams in Azalea services.</p> <p>The following maintenance issues have been addressed and planned for:</p> <ul style="list-style-type: none"><li>• in one house there was an unsealed gap between the kitchen worktop and wall tiles which created an area which could not be effectively cleaned. This action was completed week ending 23/09/2022</li><li>• there was minor damage to paintwork in parts of the building. Painting in the communal areas of one house is planned to be completed by the housing association by the month end of January 2023.</li><li>• there was some staining on a utility room ceiling in one house. This issue has been brought to the landlord's attention, the area will be treated and repainted by year end</li></ul>	

31/12/2022

A transfer protocol has been developed to guide staff on the sharing of information regarding people's infection status if transfer from the service is required. This information is available in the section for admissions and discharges to and from other health care facilities.

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2023