



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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 4
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0004815
Fieldwork ID:	MON-0036187

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. All four residents are supported to attend off-site day services Monday to Friday; transport to and from these is provided. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory needs. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Staff are rostered on duty Monday to Friday with additional staff support hours provided in the evenings and at the weekend. Residents are supported at night time with a sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 28 July 2022	10:20hrs to 15:15hrs	Elaine McKeown	Lead
Thursday 28 July 2022	10:20hrs to 15:15hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

This was a focused inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspectors were able to meet with all four residents during the inspection. All of the residents in this designated centre had been supported by a core staff team during periods of illness due to COVID-19 in November 2021. All residents recovered well from their illness. However, areas for improvement that were observed during this inspection related to cleaning practices, governance and management, in addition to aspects of the premises provided.

On arrival at the designated centre, a resident who was looking out a window, informed the staff on duty that there were visitors at the front door. One staff member was supporting all four residents and inspectors noted it was a busy time in the house. The staff member was wearing appropriate personal protective equipment (PPE) when they opened the front door. The staff member was observed to explain to the resident who the inspectors were before the inspectors entered the house. This resident greeted the inspectors with an elbow tap. Both inspectors also wore PPE in line with current public health guidelines during the inspection.

The inspectors were introduced to two other residents who had just completed their breakfast. The staff member was very familiar with all of the residents and explained to the inspectors the individual communication methods used by the different residents. The residents had returned from a planned mini break the previous day and were delighted to tell the inspectors what activities they had enjoyed. The staff explained that the group had enjoyed a two night hotel break in a large tourist town, attended two concerts and enjoyed outdoor activities in the area. The person in charge and another staff member had supported the group during their planned holiday. The inspectors were informed that the residents day service was closed for a planned two week period so daily activities were being planned from the house during this period.

Another staff member was observed to come on duty shortly after the inspectors arrived. They were observed to put on appropriate PPE when they arrived, complete the required checks as per the current public health guidelines and in line with the provider's procedures, in addition to completing appropriate hand hygiene prior to commencing their duties. This staff outlined to the inspectors that they were providing one to one support to a particular resident for the day in the designated centre.

One resident was happy to show the inspectors their bedroom, which was well ventilated and decorated with personal items. The resident also had their weekly schedule in easy-to-read format available for them to refer to. This resident informed the inspectors they were expecting a visit from a family representative in the afternoon. The staff member present was observed to explain the plan of activities for the day to this resident so that they were aware they would be back in

the designated centre when their family representative was scheduled to visit them later in the afternoon.

Another resident was observed by inspectors to attend to their household chores after finishing their breakfast. This included cleaning the table and putting their used items in the dishwasher. The resident then proceeded to complete their routine of getting ready to go out on a planned activity with their peers. Another resident, was observed to request assistance from one of the staff, who was very familiar with the resident's routine and was observed to put on gloves before attending to the needs of the resident.

Another resident was still resting in their room as per their wishes early in the morning and this resident met the inspectors briefly before they left the designated centre to go out for a planned activity with their peers and staff. This resident required assistance and mobility aids to ensure their safety while mobilising. These aids included a rollator and a wheel chair, in addition to hand rails which had been installed internally in the hallway of the house and externally to assist with the resident's safe mobilisation. The resident spoke of how they were very happy with their recent holiday and were looking forward to having lunch with their peers later on the day of the inspection.

This resident had a dedicated transport vehicle which had been adapted to assist staff load the wheel chair safely into the rear of the car. However, one inspector noted a build up of debris on the internal floor area of the car which required review. There was also a second larger transport vehicle available for residents to use. This also had evidence of debris build-up on the floor surfaces, a used face mask was observed in the open storage compartment on the driver's door alongside a number of unused face masks. The cleaning logs for both vehicles were not consistently completed and neither clearly identified which vehicle the log referred to. This will be further discussed in the quality and safety section of the report.

The designated centre was well ventilated and homely. It was decorated with personal items reflective of the residents living in the designated centre. However, some aspects of the premises required further review by the provider. Some areas were not maintained or effectively cleaned in line with current public health guidelines- Community infection prevention and control manual. A practical guide to implementing standards and transmission based precautions in community and health care settings- March 2022. This will be further discussed in the next two sections of this report.

While inspectors observed some good practices relating to infection prevention and control (IPC) which included staff knowledge and evidence of cleaning being completed on some regularly used surfaces, not all areas of the designated centre were being effectively cleaned. These included areas in all of the bathrooms and some floor surfaces. In addition, items which were not regularly being used had evidence of large amounts of dust visible on surfaces. For example, two portable electric fans in the dining room and documents being stored on an open shelf on a unit in the hallway had build up of dust evident. This will be further discussed in the

quality and safety section of this report.

The inspectors observed during the inspection that the staff on duty prioritised the assessed needs of the residents. However, inspectors observed all four residents required ongoing support from the staff, which included supervision during mealtimes. Staff spoken to during the inspection outlined the regular routines of the residents and cleaning activities completed in the designated centre. Some of the daily and weekly cleaning activities were completed after residents had retired for the evening to their bedrooms. While the staff on duty during the inspection were part of the core staff team, inspectors were informed that there were only three core staff team members. There were also another three regular relief staff available but additional hours were being filled as required by other relief staff. This will be further discussed in the capacity and capability section of this report.

The inspectors observed some signage relating to IPC measures which included hand hygiene. However, one notice in the kitchen was dated April 2020 and was not in line with current public health advice regarding monitoring of staff temperatures. Inspectors also noted there was also no signage or information regarding the colour coding protocols in operation for cleaning equipment in this designated centre. While some of the cleaning equipment in use had hand written areas of use on them, these were either faded and worn or did not have any information identifying what area they were to be used in.

Residents in this designated centre attended regular house meetings but the topic of IPC had not been discussed /documented on meeting notes since September 2021. However, two residents were able to keep themselves informed by watching national news and television programmes. In addition, residents were supported to self advocate and make complaints. These included complaints relating to staffing levels in the designated centre.

The inspectors were informed of the plans for community activities on the day of the inspection and residents were observed to be consulted with a change in the original plans for going on a boat trip which was deferred to the day after the inspection due to unavailability of an appropriate time slot on the day of the inspection. Residents informed the inspectors that they were going out for a spin and lunch and would be returning in the afternoon. The inspectors continued with a review of documentation and the premises after the residents departed.

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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

The overall governance and management in place, in particular in terms of monitoring systems being carried out required review to ensure that there was consistent and effective prevention and control practices followed in this designated centre. This inspection found that the provider had structures in place to escalate concerns around infection prevention and control while also providing access to policies and guidance for staff on how to respond to such matters. However, the most recent provider led audit in April 2022 relating to regulation 27: Protection against infection identified only one action. This referred to staff training in IPC. The most recent monthly IPC audit in June 2022 had not identified the issues relating to the premises and effective cleaning that were found during this inspection.

The inspectors met with the person participating in management and the person in charge during the inspection. Both were aware of assessed needs of the residents and were observed to interact in a respectful and familiar manner with the residents during the inspection. The designated centre operated as a residential centre for adults and had been previously inspected in March 2021. Non-compliance was found in some regulations reviewed at that time which included staffing, governance and management, residents' rights and fire precautions. Following that inspection and resulting compliance plan response, the centre had its registration renewed until September 2024 but with a restrictive condition requiring the provider to improve fire safety and the governance and management of the designated centre by 31 December 2022. 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.

One inspector reviewed the annual report of 2021 which outlined completed actions which included the replacement of flooring in two bedrooms and evidence of regular cleaning being completed by staff following a review of cleaning checklists at that time. However, most of the actions identified referred to the requirement of additional staffing and funding requirements. The inspectors wish to acknowledge that the provider has provided unfunded hours each week in this designated centre and continues to seek additional funding for this designated centre. In addition, on-call support staff also provide support in the evenings and at weekends but this is subject to change, sometimes at short notice. The provider had also ensured a six monthly report had also been completed in April 2022 which included actions for the person in charge to continue to monitor the requirement for additional staffing and to ensure all staff had up-to-date training in IPC.

While a number of actions from both reports had been completed, as previously mentioned, the issues relating to premises and IPC found during this inspection had not been identified in either report. In addition, on the day of the inspection following a review of training records not all staff had completed up-to-date training in IPC. The inspectors were advised on the day after the inspection that a staff had completed their on-line training on the evening of the inspection. Monthly IPC audits had also been completed by the COVID-19 lead in this designated centre. The most recent audit was completed in June 2022. However, the findings of this audit and a similar audit completed in April 2022 were not consistent with the issues found during this inspection relating to the premises and IPC cleaning

While the person in charge had completed a contingency plan which was reviewed during the last six monthly audit, this plan was not centre specific. For example, there was no specific plan in place regarding isolating residents who were required to share bathroom facilities. This plan was last reviewed by the person in charge on 7 July 2022. Information reviewed by the inspectors for staff relating to COVID-19 included references to monitoring of staff temperatures which was not in-line with public health guidelines at the time of this inspection.

Quality and safety

While there was evidence that infection prevention and control practices were part of the routine delivery of care and support to residents, improvement was required to ensure these were carried out in a consistent and effective manner.

The inspectors identified issues relating to the premises during the inspection which directly impacted effective cleaning and IPC measures. Not all areas were subject to regular cleaning. As previously mentioned in this report, inspectors observed visible build-up of dust in a number of areas throughout the designated centre which included floor surfaces and underneath furniture. In addition, surfaces that were not frequently used which included open shelving on a unit in the hallway and two electric fans that were being stored on top of a unit in the dining room had visible dust deposits.

Cleaning schedules were in place including specific COVID-19 cleaning for regularly touched items such as work surfaces and door handles. A sample of these records were reviewed but inspectors did note some inconsistencies. While there were daily and weekly checklists and evidence of most actions being completed regularly, this was not being consistently completed. For example, the floors in the residents bedrooms were documented as being cleaned on 11 July 2022, but not completed during the week commencing 18 July 2022. Other entries during June and July 2022 outlined, either bedroom floors were not cleaned or one / two rooms only had been cleaned. On the day of the inspection, there was evidence of dust build up in some of the residents bedrooms. In addition, some records referred to a hoist being cleaned, but none was present in the designated centre. The person in charge had identified this issue prior to the inspection and a more centre specific cleaning checklist was provided for the designated centre at the time of this inspection.

In addition, one waste bin was missing a lid, another had evidence of rust. A laundry basket had stains evident in one bedroom. A personal chair for one resident had stains evident and was covered in a fabric that was difficult to effectively clean. While the internal area of the dishwasher was clean, build up of food particles was evident on either side of the door. There was also damage evident to the outer surface of the dishwasher which impacted on the effective cleaning of the surface. While the other electrical kitchen appliances and work surfaces had evidence of

regular cleaning the internal surfaces of the kitchen presses required cleaning at the time of the inspection.

While high dusting was part of the regular cleaning some areas required further review, in particular the area of ceiling entering into the utility room. Also, the completion of low dusting required review as a number of areas throughout the designated centre had cobwebs evident. At the time of the inspection, a wheelchair was located in the communal sitting room. The inspectors were informed that this had been provided in the previous months to one of the residents to aid their mobility while they awaited their new power wheel chair. Following a review of the resident's personal plan by one of the inspectors it was documented that the resident had received their power wheel chair in February 2022. The power wheel chair had evidence of regular cleaning, but the other wheelchair did not at the time of the inspection.

All of the bathrooms were observed to require review. There was evidence of build up of grime deposits on shower screens and a shower curtain. Three shower enclosures had discolouration evident with some rust also present in one enclosure. Build up of lime scale was evident on a number of taps. There was incomplete flooring behind one toilet and damage to another area of flooring in the same bathroom which impacted effective cleaning of that area. A bath which was not being used by the residents in the designated centre had not been subject to regular flushing as per the public health guidelines to reduce the risk of legionnaires disease. Extractor fans in all of the bathrooms had evidence of dust build up. In addition, the floor surface in the dining room was observed to be worn and damaged in a number of areas.

The effective cleaning of the transport vehicles also required review. Inconsistent completion of the cleaning logs was evident when compared to the logs completed by staff for the mileage of journeys completed. Cleaning logs did not clearly identify which vehicle they were recorded for, no make /model or registration number was referenced on any of the logs reviewed by the inspector. Both vehicles had a build up of debris on the floor areas, internal surfaces also required more effective cleaning and used PPE was observed in the driver's door of one vehicle. This was observed to be removed by staff during the inspection. The storage of unused PPE in the vehicles also required review, at the time of the inspection these were visible in the same compartment as the used PPE on the vehicle.

Both inspectors observed no facilities were available for staff or visitors to dry their hands in the bathrooms. While the rationale for the lack of provision of disposable hand towels was explained to the inspectors, a review of adequate hand drying facilities for non residents was required while adhering to effective and safe IPC protocols. All residents had their own coloured towels and dedicated location in the shared bathroom to hang their personal towels.

While regulation 27; Protection against infection had been reviewed in the most recent provider led audit in April 2022 and two monthly IPC audits had been completed since then in this designated centre the findings were not consistent with

the findings of this inspection.

Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

The governance and management arrangements in this centre had not ensured that that there was effective monitoring of infection prevention and control practices in the designated centre.

Staffing levels which included a reliance on a high number of relief staff within the designated centre impacted the consistency of cleaning and effective IPC measures within this designated centre.

A centre specific contingency plan was required.

The surface of some furnishings were either damaged or stained. For example, some seating in the sitting room had damaged/worn surfaces. In another location the covering on one chair was made of a fabric which could not be easily cleaned & had stains evident.

Aspects of the premises provided and the facilities contained within it required review to help infection prevention and control efforts. For example, all three shower cubicles had evidence of rust or discolouration, with build-up of deposits evident on two half height shower screens and one shower curtain. There was damaged and worn floor surfaces in the dining room and one of the bathrooms. The risk of legionnaire's disease had not been identified or protocols in place in this designated centre at the time of this inspection for a bath that was not in use. Build-up of dust particles and cobwebs was evident on a number of surfaces throughout the designated centre, including under furniture, the corners of rooms, on portable fans, extractor fans in all three bathrooms and reading materials located in a container in an open unit in the hallway.

One waste bin had no lid and another had rust /discolouration marks evident. Documentation of cleaning logs was not consistently completed as per the provider policy. For example, the transport cleaning logs and the weekly cleaning schedule within the designated centre.

Both transport vehicles required cleaning internally.

Build-up of food deposits was evident on the door of dishwasher.

Build-up of lime scale was evident on a number of water taps in the designated centre.

Regular cleaning of personal denture containers required review.

The internal surfaces of kitchen presses required cleaning.

Hand drying facilities in the bathroom for staff and visitors required review.

A wheel chair which was no longer required by a resident was being stored in the communal sitting room at the time of the inspection.

Easily accessible information for staff relating to colour coding and use of cleaning equipment within the designated centre required review.

Information on display in the kitchen relating to COVID-19 staff monitoring required updating to be reflective of current public health guidelines.

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 Goldfinch 4 OSV-0004815

Inspection ID: MON-0036187

Date of inspection: 28/07/2022

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"> • The PIC provides management and oversight to the designated Centre. This includes monthly staff meetings, completion of monthly Quality Improvement tool, and fortnightly review of IPC practices with the Centre, quarterly staff supervision, weekly team meetings with Area manager, and monthly meetings with Director of Services. In the absence of the PIC the Area Manager meets with the Head of community services and any IPC measures will be discussed and forwarded to the relevant PIC when required. PIC and Area Manager will ensure to complete unannounced visits to the Center in order to monitor record keeping and ensure all IPC measures are in place and completed appropriately. • The center was deep cleaned by professional cleaners on 11/08/2022. Staff are reminded to complete cleaning duties, including high and low dusting where required. Ensure that the dishwasher in the kitchen is kept clean and no built up of food around the area. • A center specific contingency plan has been developed by the Person in Charge. • A new chair, with a wipe down surface, has been ordered to replace the stained chair. • New furniture order to replace the worn furniture in the sitting room. • A shower curtain has been replaced 29/7/2022 • Professional cleaners cleaned the bathrooms, removing build-up of deposits on the shower doors. Completed 11/8/2022 • The worn surfaces on the floor have been reported to the Facilities Manager who has visited the house and taken measurements to replace the new flooring. • The bath that is not in use will be removed. In the meantime, the tap is run at regular intervals to prevent against Legionnaires disease. Bath will be disposed of by 30/9/2022 • Dust and cobwebs were removed during a deep clean on 11/08/2022. Staff are reminded to complete high and low dusting as part of the weekly cleaning schedule. • The damaged waste bins were replaced on 29/7/2022 • At staff meetings, staff are reminded to complete all cleaning checklists as required. Cleaning check list are reviewed in line with the DC for staff too complete on shift. 	

- Both transport vehicles were professionally cleaned on 18/08/2022.
- The dishwasher has been replaced.22/8/2022
- The taps in the bathrooms will be replaced by 30/9/2022 maintenance plumber contacted.
- Staff are required to support a resident to ensure they are cleaning the denture container appropriately. This will be completed and will be added on the cleaning schedule specific to that resident.
- Kitchen presses have been cleaned thoroughly 29/7/2022. Staff are reminded to clean the presses as part of the weekly cleaning schedule and same will reviewed by PIC & Area Manager.
- All residents use their own towels when drying their hands. There are disposable hand towels available for staff and visitors in the staff room, when required.
- The wheelchair that was no longer in use has been removed and send back to Bawnmore 29/7/2022
- Information for color coding and use of cleaning equipment is on display in the staff room and in the mop storage unit. Completed 29/7/2022
- Fans have been cleaned and stored away for when required of hot weather. 29/7/2022

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	30/09/2022