

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

Issued by the Chief Inspector

Name of designated centre:	Radharc an Inbhir
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0004966
Fieldwork ID:	MON-0035431

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 two residents over the age of 18 years. Residents receive an integrated type service where community access and a programmes of activities is provided from the centre. The house is located a short distance from the busy local town where residents can avail of a range of amenities and services including a day service operated by the provider. Each resident has their own bedroom and share access to the bathroom, sitting rooms, kitchen and dining area. The house is located on a spacious site. The model of care is social and staff are on duty both day and night to support the residents who live in this centre. The management and oversight of the service is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 14 June 2022	10:30hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was focused on assessing the provider's compliance with Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's National Standards for infection prevention and control in community services (2018). In general, the inspector found infection prevention and control was part of the daily routines and management of the centre. However, there were some gaps in practice, and gaps between practice, risk assessments and plans that informed and guided infection prevention and control practice. This included the plans for responding to an outbreak of infection.

This inspection was unannounced. The house was visibly clean and well ventilated, homely but free from clutter. Staff on duty were noted to wear well-fitting surgical face masks in line with current guidance. There was prominent signage for visitors advising them of the measures in place to reduce the risk of accidentally introducing infection to the service. In line with those controls the inspector was invited to perform hand-hygiene and inspector well-being was ascertained.

Both residents were at home. The assessed needs of the residents differed but they were reported to have known each other for many years and to live compatibility with each other. One resident communicating with comfort with the inspector. The other resident was somewhat more reticent as the inspector was not known to them. The resident listened attentively however to the conversation that developed and responded with a smile to some topics that were discussed. As the resident relaxed with the presence of the inspector in their home they engaged a little and responded by gesture.

There was discussion of family, recent family events that had been enjoyed and upcoming events. One resident was making a card to send to celebrate Fathers' Day. Residents were very much looking forward to an upcoming disco where they were to meet peers some of whom they had not met in person for a while due to COVID-19 restrictions. One resident had recently attended a concert and nodded to confirm they had very much enjoyed this event. It was evident from these discussions and records seen such as of residents' personal goals and objectives that residents were being supported to return to more normalised routines and activities that they enjoyed. In the afternoon one resident was working on a table-top literacy programme aimed at developing their skills to use the self-service checkout in the local supermarket.

Both residents responded positively when asked if they would like to show the inspector their bedrooms. Both rooms were very well presented and had been recently redecorated in line with the expressed preferences of each resident. Residents said or indicated that they loved their bedrooms.

The inspector noted that each resident had a basket for laundry in their bedroom.

Staff described the individualised management of linen and personal items and the appropriate management of linen in the event of suspected or confirmed infection.

Ordinarily, there was one staff on duty but staff described how residents liked to have one to one time with staff and to do different things. There were periods each week when two staff members were on duty to facilitate this. On the day of inspection there was one staff member on duty but one resident went to the local day service to meet with some peers while the staff member supported the other resident to attend a scheduled clinical appointment. The staffing arrangements of the centre will be discussed again in the main body of this report when discussing the provider's plans for responding to outbreaks of infection.

Staff were noted to be mindful and alert to any indicator that the presence of additional persons and chat in the house was upsetting a resident. Staff monitored each resident's health and wellbeing, were alert to any possible sign of illness and sought to protect residents from the risk of preventable infection. Staff described how each resident had a different understanding of the risk posed by infection and how to protect themselves. Staff described a process of consistent communication and the use of accessible easy-read materials. Both residents were reported to be happy to wear a face mask in certain situations such as when travelling in the service vehicle. Staff said both residents were prompted and supported to undertake regular hand-hygiene.

While the inspector did not meet with any resident representatives there was evidence of ongoing contact and consultation between the staff team and the resident's representatives. This included feedback that was sought and provided so as to inform the annual internal service review. The feedback provided was positive. Representatives said they were listened to and the staff team worked well with them. Where the feedback included suggestions and requests these were seen to be included in the quality improvement plan. There were no restrictions on visits other than when this was necessary to prevent the unintended introduction or spread of infection. When restrictions were necessary contact with family was facilitated by phone or window visits.

As stated above all areas of the house were visibly clean and staff were seen to be attentive to tasks such as attending to frequently touched items. Staff spoken with described the standard and transmission based precautions put in place when infection had been accidentally introduced to the service to prevent its spread. However, the practical management of outbreaks was not as set out in the outbreak plan for the centre. A review of cleaning procedures, products and equipment was needed. A review of food storage practices was needed.

In summary, this was a person centred service where residents enjoyed a good quality of life and the provider had systems in place that sought to protect residents and staff from the risk of infection. However, some practices as described above had the potential to increase the risk of exposure to infection for residents.

The next two sections of this report will describe the governance and management arrangements in place and how these arrangements impacted on the quality and

safety of the service provided to the residents. This will include the impact on compliance with Regulation 27: Protection against infection.

Capacity and capability

There were governance arrangements in place that generally supported infection prevention and control practice. However, more robust oversight would have identified the gaps in practice, policy and plans identified by this HIQA inspection and consequently better assured the infection prevention and control arrangements in the centre.

Infection prevention and control practice was seen as a responsibility of management and staff but there were designated responsibilities. For example, the community manager was the designated COVID-19 lead for the service and described how they shared infection prevention and control guidance and updated information to the person in charge and the social care worker. The community manager was also informed of any suspected outbreak of infection. Access was available if needed to the centralised Covid-19 committee. Updates were shared with the staff team and could be accessed for example in the shared soft-copy document folder. The inspector saw that infection prevention and control was also discussed at management and staff team meetings.

Hard copy records were also in place in the centre. For example, the inspector saw that the most recently updated provider policy on the management of COVID-19 was available in the centre. More general infection prevention and control policy was under review. Management confirmed the first draft had been circulated and feedback on the revised policy had been invited and submitted.

The available hard-copy records included an isolation plan for each resident and the providers plan for responding to and managing an outbreak of infection in the centre. However, there were inconsistencies between these plans, the underpinning risk assessment and the actual management of the outbreak of infection. The risk assessment, isolation and outbreak plans referred to the allocation of "key staff", a designated staff member who should not crossover between residents where one resident was suspected of having an infection and the other was not. The plan also referred to transfer to a dedicated isolation facility and stated the use of either an FFP2 mask or a surgical face mask was sufficient. However, in practice residents remained in their own home in such circumstances and one staff member supported both the resident detected to have COVID-19 and the resident not detected. While the available evidence indicated infection had not spread this staffing arrangement had the potential to increase the risk of exposure to infection for residents. Such an outbreak response, perhaps due to staffing constraints required robust assessment of the risk posed to residents and the robust controls needed in response to that risk

explicitly and consistently set out in the relevant records.

Two differing diagrammatic outbreak plans were on file. There were differences between them in relation to identified clean and contaminated zones in the event of an outbreak.

There were systems for reviewing and maintaining oversight of infection prevention and control. For example, there was a nominated lead worker representative who completed monthly reviews, other site reviews were undertaken, there were spot checks of staff adherence to PPE (Personal Protective Equipment) requirements and two outbreak reviews had been completed. However, while these reviews stated plans including the outbreak plan were reviewed, this review had not identified the gaps and inconsistencies identified by this HIQA inspection. Outbreak reviews had focused on the timely identification of possible infection, the response to this and the management of an outbreak when infection was confirmed. These reviews would have been strengthened by also exploring how infection may have been accidentally introduced to the centre and inadvertently transmitted. This would have provided better assurance of the controls in place to reduce the risk of accidental entry and onward transmission.

On a day to day basis staffing levels and arrangements were responsive to and met the needs and preferences of both residents. As stated in the opening section of this report residents were happy to do things together but some periods of one to one staff support were also facilitated. As discussed above, the provider needed to review, more robustly risk assess and assure itself of its staffing arrangements to adequately and safely meet the needs of both residents in the event of an outbreak of infection.

The provider had prescribed for staff the suite of baseline and refresher infection prevention and control training to be completed. Based on the records seen by the inspector all staff working in the centre had completed training in hand hygiene, putting on and taking of PPE, and in infection prevention and control. Staff spoken with described for example how and when they would complete hand-hygiene and the use of PPE as appropriate to the task. Staff confirmed their use of an FFP2 mask in the event of suspected or confirmed COVID-19.

Quality and safety

This was a person centred service where the management of the service and the care and support provided respected resident individuality and sought to protect and promote resident safety, health and quality of life. It was evident from these inspection findings that protection against infection had become part of the daily operation and oversight of the service. However, as discussed in the previous section of this report more robust systems of quality assurance would have identified the gaps identified by this HIQA inspection, gaps that had the potential to

increase the risk of exposure to preventable infection for residents.

Staff described how each resident had an understanding of the risk posed by infection and the controls put in place to protect them. For example, staff described how both residents had complied very well with any requirement of them to isolate in their home and from their peer. The inspector saw from records how staff during this time monitored resident well-being and ensured residents had access to interventions to maintain their physical but also their psychosocial well-being. For example, staff ensured that residents had ongoing telephone and virtual contact with family, had access to their preferred media and while kept separate from their peer were not strictly confined to their bedroom. Staff spoke with residents and explained everything that needed to be put in place or done. The ability residents demonstrated to successfully isolate and restrict their movements in their home was another reason why the individual isolation plans and the outbreak plans required review.

Based on records seen staff and family worked collaboratively together to ensure that residents had access to and received the healthcare services that they needed. For example, residents had access to their General Practitioner (GP), to nursing staff affiliated to the practice, to dental care, chiropody and other specialist services reflective of their individualised needs. Staff were attuned to possible indicators of infection, monitored and recorded resident well-being at least twice daily and promptly reported any concerns they had. Staff spoken with were aware of the emphasised importance of monitoring for symptoms so that there was timely identification of possible infection. In general both residents were reported to enjoy good health and were not for example in the category of at increased risk from infection. There was no requirement for shared clinical equipment.

There was no vacancy in the service and no imminent transfer or admission. Therefore, there was no active requirement for the sharing of infection information.

A staff member described the controls implemented in response to the outbreak of infection. This included the identification of clean and contaminated zones for both residents. The staff member described the level of PPE used, the putting on and taking off of PPE in the designated zones before and after resident contact, and the completion of hand hygiene. The doffing area was a shed external to the main house. The review of the risk assessment should refer to this and any associated risk including its use at night-time as staff responded to resident support needs.

As stated in the opening section of this report the house was in good decorative order, homely but not cluttered and visibly clean. Resident personal laundry was completed on an individualised basis and staff confirmed they had water soluble bags if needed for managing linen and laundry that was possibly contaminated. Waste bins throughout the house were pedal operated and staff described the management and storage of waste including waste generated during an outbreak of infection. The practice described was in line with national guidance. There was only one bathroom and one designated wash-hand basin was used by staff and residents. Products for sanitising hands were located in the kitchen, in the front

hallway and in the staff office.

There were gaps seen in some practices. For example, some but not all staff had completed food hygiene training. The inspector saw open packets of cooked and uncooked food products stored together on the same shelf in the refrigerator.

There was signage indicating the use of a colour coded cleaning system. Staff maintained records of what was cleaned and how often items were cleaned. However, the equipment in place did not allow for the consistent implementation of the colour coded cleaning system. There was an over-reliance on the use of disinfecting products which meant that surfaces and items were disinfected rather than cleaned and then disinfected as needed. Staff diluted a commonly available sterilising fluid. However, it was in a spray bottle designed for use with another product and the rate of dilution was not indicated on the handwritten label.

Regulation 27: Protection against infection

Overall this inspection found the provider had procedures in place that were consistent with HIQA's National Standards for infection prevention and control in community services (2018). However, more robust oversight and systems of review including the review of outbreaks would have identified the gaps in practice and the gaps and inconsistencies in the assessment of risk, isolation plans and outbreak plans as identified by this HIQA inspection. This would have better assured the infection prevention and control arrangements in the centre. While the available evidence indicated infection had not spread during the most recent outbreak the staffing arrangement put in place in response had the potential to increase the risk of exposure to infection for residents.

Cooked and uncooked food products were not stored correctly.

The equipment in place did not allow for the consistent implementation of the colour coded cleaning system. There was an over-reliance on the use of disinfecting products which meant that surfaces and items were disinfected rather than cleaned and then disinfected as needed. Routine decontamination of the environment was performed using a diluted disinfectant solution when there was no indication for its use.

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 Radharc an Inbhir OSV-0004966

Inspection ID: MON-0035431

Date of inspection: 14/06/2022

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>A robust risk assessment will be put in place regarding the management of Covid-19 in the center. All documentation in place regarding Covid-19 will be reviewed and up-dated to allow for flow and consistency throughout, in line with organisational policy and HSE guidelines. Staff arrangements will be included in the risk assessment and managed in accordance with the situation presented.</p> <p>Training matrix will be reviewed to ensure all staff are trained in food safety. Cleaning equipment will be reviewed along with the present cleaning schedules and updated where required.</p> <p>In-depth audits will continue to be carried out and actions from same followed up on in a timely manner, along with unannounced spot checks by PIC.</p> <p>The importance of the correct use of cleaning products, cleaning equipment, food storage, labelling of food and the cleaning schedule will be on the agenda for the next team meeting.</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	04/09/2022