



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

Issued by the Chief Inspector

Name of designated centre:	Cranmor Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	23 February 2023
Centre ID:	OSV-0005005
Fieldwork ID:	MON-0039422

About the designated centre

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

Cranmór Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite for up to three male and female children, who are under the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey dwelling located a few kilometres from Galway city, where children have their own bedrooms and en-suite bathroom facilities. Children have access to communal living areas including sitting rooms, kitchen and dining area and sensory rooms. A large enclosed garden area is available with play and recreational equipment available to children. Children are supported by a staff team which included the person in charge, nurses and social care staff. Staff are available both day and night to support the children who avail of this service.

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
Thursday 23 February 2023	09:00hrs to 16:00hrs	Mary Costelloe	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 inspector met and spoke with staff members and the person in charge. The inspector also met with two children who were availing of respite services during the afternoon of the inspection when they arrived from school.

The inspector observed infection prevention and control measures on entering the designated centre including hand hygiene and face covering. Staff confirmed that there were no staff with signs or symptoms of COVID-19 or any other active infections in the centre and that children due to be accommodated on the evening of inspection had no known infection risks. Staff outlined how text messages were sent to parents on the morning children were due to avail of respite requesting information updates regarding current health status, symptoms of COVID-19 or any other respiratory symptoms.

Cranmór service is registered to provide a respite service for children. Fifteen children receive respite on a planned and recurrent basis, with each child having their own bedroom for the duration of their stay. The length of stay is typically for one or two nights with each child availing of a varying number of days per month. There are a maximum of three children accommodated per night. Children are supported to attend school during the week days while availing of respite services. They usually arrive to the centre in the mid afternoon and leave again in the morning to attend their respective schools.

The centre is a large dormer style detached, bright and comfortable dwelling located in a quiet residential area close to a local village and nearby city. There were three spacious bedrooms with en suite shower facilities located on the ground floor to accommodate children. On the day of inspection, two children were due to arrive and stay for respite. The bedrooms had been prepared with the children's own bed linen, towels and personal effects including cushions, throws, toys and toiletries. There was adequate personal storage space provided in each bedroom which was arranged in such a manner so as ensure that children had access to their own dedicated storage space. There was a large bright and well equipped kitchen and dining room. Children had access to a large communal sitting room as well as two sensory rooms. The walls to the sitting room were bare, however, staff advised that pictures and wall art had been removed due to recent repainting of the internal walls of the house. The room was comfortably furnished and contained a large fish tank with a variety of colourful fish. There were framed photographs of the children displayed in the hallways of the house. Sensory rooms were equipped with comfortable seating, large colourful bean bags, sensory lighting, bubble tube and liquid lava sensory floor mats as well as a range of sensory and musical toys, puzzles, board games, art and crafts materials providing a stimulating environment for children. The staff bedroom, en suite shower room, office and separate bathroom were located on the first floor. Residents had access to a large well

maintained and enclosed garden area to the rear of the house. The garden area was provided with a variety of swings, trampoline and other sensory wall activities. Staff mentioned that some residents enjoyed using items such as a paddling pool, play tent and parachute in the outdoors when the weather permitted. The inspector observed that one child spent time outside enjoying the basket swing and trampoline.

The house was found to be visibly clean, generally well maintained, comfortable, suitably furnished and decorated in a homely manner. Maintenance and repairs were required to wall tiles and drainage outlets in some en suite shower rooms. The interior of the house had been repainted in recent months. A separate utility room equipped with laundry and cleaning equipment had been recently provided to enhance infection prevention and control. There were daily, nightly, weekly and monthly cleaning schedules in place, cleaning records reviewed were completed on a regular and consistent basis. Cleaning records available demonstrated routine cleaning of bedrooms and en suite shower rooms between respite user stays.

The rights of children were promoted and a range of easy-to-read documents, posters and information was supplied in a suitable format. For example, easy-to-read versions of the human rights charter, important information on staying safe, fire safety, COVID-19, infection prevention and control protocols including the techniques for hand washing and as well as signage that was used as reminders for children to wash their hands. Staff had established childrens' preferences through the personal planning process and ongoing communication with the children's representatives. All children had individual bedrooms and bathrooms when availing of respite support in the centre and each had an individualised intimate care and support plan in place to ensure that each child's privacy and dignity was respected.

Visiting to the centre was being facilitated in line with national guidance and children were facilitated to remain in contact with family members while availing of respite services. There were no visiting restrictions in place and there was adequate space for children to meet with visitors in private if they wished. Staff confirmed that while visitors were welcome, due to the respite nature of the service, visits did not take place on a regular basis. Staff advised that while wall mounted hand sanitizing dispensers were not provided due to the risks posed to some children, all visitors were reminded to sanitize their hands and were offered portable hand sanitizing products.

During the afternoon, the inspector met with two children when they arrived at the house from school. The children were unable to tell the inspector their views of the service but seemed to be happy and content in their environment and interacted with staff in a familiar and friendly manner. Both children were assessed as requiring one to one staff support and the inspector was satisfied that there was adequate staff on duty to meet their support needs. Staff were observed to be very attentive and it was evident that they were very knowledgeable regarding the individual needs, likes, dislikes and interests of the children. The inspector observed children being supported to have drinks and snacks, play outside in the garden, watch their preferred programme on television and with a sensory water based activity. From conversations with staff, observations in the centre and information reviewed during

the inspection, it appeared that children were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices while availing of the respite service.

Staff spoken with told the inspector that the children who availed of respite continued to be supported to engage in meaningful activities in the centre and in the local community. All children generally attended school during the weekdays and were supported to partake in their preferred activities in the evening time and at weekends. Staff advised that some children preferred to relax and listen to music, watch television, use their hand held computer tablets in the evening time, some enjoyed going for walks or spins in the bus, others enjoyed spending time outside in the garden using the various swings and trampoline or spending time in one of the sensory rooms. Some children enjoyed going to the cinema, eating out and going for drives particularly at the weekends. The centre had access to its own transport and staffing levels facilitated children to partake in activities of their choice.

Staff spoken with confirmed that they had received a range of training in relation to infection prevention and control. Staff outlined how infection prevention and control was part of their daily routine in the centre and important in providing safe, effective care and support for children. Staff generally showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the children.

Capacity and capability

The provider met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

The provider had clear governance arrangements in place to ensure that a good quality and safe service was provided to children who availed of respite services in the centre and also to ensure the delivery of effective infection prevention and control. There was a clear organisational structure to manage the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. They were supported in their role by the senior management team within the organisation. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The provider's staffing arrangements sought to safeguard children from the risk of preventable infection. While the staffing levels were not in line with that set out in the statement of purpose there was adequate staff on duty to meet the support

needs of children. The staffing roster reviewed indicated that this was the regular staff pattern. Staff spoken with told the inspector that staffing levels in the centre were flexible in order to meet the assessed support needs of the respite users. The person in charge advised a number of locum staff had been recently recruited and that further recruitment was taking place to fill two vacant full-time posts. There were no dedicated housekeeping staff, cleaning was the responsibility of all staff on duty. Staff spoken with were satisfied that the current staffing arrangements allowed for adequate time and resources to ensure routine and deep cleaning of the centre.

The registered provider had provided ongoing training for staff. Staff training records reviewed showed that all staff with the exception of recently recruited locum staff had completed a range of training in various aspects of infection prevention and control including the national standards, hand hygiene and putting on and taking off personal protective equipment (PPE). During the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including infection, prevention and control audit tools, cleaning systems, cleaning protocols and safe storage of cleaning equipment.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The provider had a comprehensive infection prevention and control policy in place which provided clear guidance to staff in a range of areas including hand hygiene, PPE, environmental hygiene, cleaning of equipment, management of laundry, management of spillages including blood and bodily fluids, management of waste and management of needle stick injuries. Staff had access to a hard copy of these policies as well as the latest and most up-to-date guidance from the HPSC (Health Protection and Surveillance Centre). Staff also had access to a comprehensive cleaning guidance manual. Staff spoken with were knowledgeable regarding the cleaning protocols, colour coded cleaning systems and were observed implementing it in practice.

There was a COVID-19 folder available to staff which contained the COVID-19 outbreak management plan, COVID-19 contingency response plan and the organisations guidelines for the prevention and management of COVID-19. There was evidence that these plans had been regularly reviewed and updated. A COVID-19 lead worker was identified with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought the attention of the management team. A COVID-19 response committee had been set up by the provider to provide support, guidance and, case review of specific matters arising in services. The management team were aware of the requirement to notify the Chief Inspector of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. To date there had been no outbreak of COVID-19 in children while availing of respite services in the centre. The staff team had access to an infection prevention and control nurse specialist in the organisation as well as public health specialist advice on infection prevention and

control matters.

The provider had systems in place to monitor and review infection prevention and control in the centre. The provider had reflected upon infection prevention and control as part of the six monthly unannounced visits. The annual review for 2022 had yet to be completed, however, the person in charge advised that feedback from children and their families, as well as a review of infection prevention and control was planned to be included. Action plans as a result of the six monthly reviews had identified areas for improvement which had been addressed. For example, the internal walls of the centre had been repainted and the washing machine had been relocated from the kitchen to the recently refurbished utility room in order to enhance infection prevention and control. The COVID-19 lead worker continued to complete monthly reviews to ensure that the agreed infection prevention and control measures were in place. A review of recently completed checklists indicated good compliance with the agreed protocols. The person in charge worked full-time in the centre and confirmed that they continued to monitor cleaning and the implementation of infection prevention and control protocols on an on-going basis.

Quality and safety

The provider had good systems in place to ensure that the well-being of respite users was promoted. The inspector found that the services provided were person-centred in nature and children were informed and supported in the prevention and control of health care-associated infections. Some improvements were required to the updating of personal plans, to the repair of some wall tiles and drainage outlets in some en suite shower rooms.

Respite users continued to be supported to implement good infection prevention and control practices. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read picture formats. The inspector found that posters promoting hand washing, correct hand washing techniques, and facts on COVID-19 were displayed throughout the house as a reminder for staff and children. Staff spoken with advised that they continued to support and encourage children implement good infection, prevention and control practices with a specific focus on hand hygiene.

From discussions with staff and observations in the centre, it was evident that staff understood the importance of infection prevention and control, had an clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting children from preventable healthcare-associated infections. Throughout the inspection, staff were observed to implement cleaning programmes, to be diligent in performing hand hygiene and in wearing face masks appropriately. Staff continued to make contact with families of children who were due to avail of respite services to get updates regarding their current health status, symptoms of COVID-19 or any other respiratory symptoms.

Due to the intermittent nature of the childrens' respite breaks in the centre, their health care arrangements were mainly supported by their families. Staff spoken with were familiar with and knowledgeable regarding the childrens' up to date health care needs. Children had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Children had been supported to avail of the COVID-19 vaccine programme

The inspector reviewed a sample of the childrens' files and noted that while their health, personal and social care needs were assessed, improvements were required to ensure that they were kept under regular review and up-to-date. Some risk assessments reviewed had not been updated since 2020. While some children had hospital passports which included important and useful information specific to them in the event of they requiring hospital admission in an emergency, some had not been recently reviewed and were dated 2019 while other files reviewed did not include a hospital passport. There were positive behaviour support plans in place to support children with their behaviours of concern. While staff were knowledgeable regarding these recommendations and all staff had received training in managing behaviours of concern, the support plan for one child reviewed had not been updated since October 2020. There were some restrictive practices in place, however, there was no protocol in place for a recently introduced restriction and the individual rights assessment for the child had not been updated since October 2019.

The house was found to be maintained in a visibly clean condition throughout. The interior of the house had been repainted in recent months. There was clear guidance and written protocols in place which clearly outlined guidance on cleaning and disinfection, colour coding for cleaning systems, kitchen and laundry hygiene, standard precautions and decontamination of equipment. Staff confirmed that there was no specific shared equipment in use. There were reminders for staff displayed regarding the colour coding system in place, and the inspector observed it being implemented in practice. There were daily, weekly and monthly cleaning checklists in place. Cleaning records reviewed indicated that cleaning was taking place on a regular and consistent basis. The laundry area and cleaning stores were maintained in tidy and clean condition. Cleaning equipment and chemicals were safely stored. Staff were knowledgeable regarding infection prevention protocols in place for the management of laundry, including the correct temperature requirements for infected laundry. There were supplies of soluble alginate laundry bags available for soiled or infected clothing. All waste was being managed appropriately in line with infection, prevention and control guidance. There was a plentiful supply of suitable waste storage bins available and contracts were in place for the removal of waste on a fortnightly basis.

As previously mentioned in this report, some areas of the house required repair and maintenance to ensure surfaces were conducive to effective cleaning and to enhance infection control. These areas included the replacement of missing wall tiles to one en suite shower room. The drainage outlets to two showers required review to ensure that soiled water could freely drain away and prevent the ponding of stagnant water in the shower areas.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The provider had systems in place to review and maintain oversight of infection prevention and control and where improvements were identified, action plans had been put in place to address the issues. Staff working in the centre with the exception of recently recruited staff had received training in various aspects of infection prevention and control and were observed to implement this training in practice. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. The centre was found to be generally well maintained and visibly clean.

While there was evidence of good practice in relation to infection prevention and control noted, some improvements were required to updating personal planning documentation, to the provision of training to recently recruited locum staff, to the repair of wall tiles and drainage outlets in some en suite shower rooms.

Judgment: 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	Compliant