



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

Issued by the Chief Inspector

Name of designated centre:	Dunkellin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 April 2022
Centre ID:	OSV-0005037
Fieldwork ID:	MON-0036250

About the designated centre

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

Dunkellin Services can provide a home-based residential service to seven adults with intellectual disabilities, who may present with complex needs such as physical, medical, mental health, autism, mobility, communication and or sensory needs. The service can be provided to people from the age of 18 years to end-of-life. The centre comprises of two detached houses with gardens in a rural area. Residents at Dunkellin Services are supported by a staff team that includes, nurses and social care staff. Staff are based in the centre at all times, and are on waking duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 5 April 2022	10:00hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

An unannounced thematic inspection was carried out in relation to infection prevention and control to assess the providers compliance with Regulation 27: Protection against infection. The inspector met and interacted with four of the five residents residing in Dunkellin.

On arrival at the centre the staff carried out the necessary identification check, temperature check and ensured the inspector had completed hand hygiene and was wearing the appropriate face covering. The staff members met on inspection were wearing FFP2 face masks and were noted to practice good hand hygiene and cough etiquette.

Dunkellin Services comprises of two houses Tara House and Garrai Ard. Tara House is a spacious detached bungalow which has three bedrooms and a large bathroom. There is a spacious sitting room and a large open plan kitchen/dining room. In addition there is also a second smaller sitting room. There is also an office and a large garden and patio area. The house has been adapted to make it more accessible to the residents with the installation of ramps, accessible showers and the provision of handrails for residents.

Garraí Ard is a four bedroom spacious bungalow set on a large site. It is located very close to Tara House. Three of the bedrooms are en-suite with a main bathroom available for the use of the fourth bedroom. There is a large living room with a smaller snug therapy space available if a resident would like to do a quieter activity or have a space to greet a visitor in private. Another living room is available for one resident to provide them with a private living space. There is also a large kitchen dining room, an office and a visitors bathroom. The house is wheelchair accessible and a hoist is available if required. An enclosed safe garden is available for use.

The inspector visited Garrai Ard first on the morning of the inspection. Residents were up and about on the morning of the inspection and were being supported by staff to have their breakfast and with personal care, in a very kind and respectful way. On the day of inspection two residents had a music class while other residents went to a writing class. Generally residents enjoyed going for walks and drives in the house vehicle and one resident particularly enjoyed a coffee out. The residents were comfortable in their home and had input into the decoration of the house and their bedrooms as evidenced by the photographs and personal items around the house and the homeliness of the centre.

From interactions with the residents, observation and review of documentation it seemed the lived experience of the residents was very good. The residents enjoyed meaningful activities in their day. The care in the centre was very person centred and the residents enjoyed an integrated day service where they could engage in classes of choice such as cookery and writing classes. They also enjoyed beauty treatments with staff members and a massage therapist came in once a week. The

residents had asked to go away for a overnight trip and while this had not yet happened the staff were actively planning same with the residents. The residents were also being supported to integrate back into their local community following the COVID-19 Pandemic and were beginning to go out locally for lunch and intended to go to a local sports event.

Garrai Ard was visibly clean and modern, there were no defective surfaces or broken items. The house was warm and there was no evidence of damp and the air quality was that of a well ventilated house. The hand sanitising units were full and there was plenty of personal protective equipment for staff use. There was good guidance for staff around cleaning as there was a regular cleaning schedule and an enhanced cleaning schedule. There was also product information which informed staff of the dilution methods of the cleaning products. Both staff on duty were familiar with protocols around infection prevention and control and how to minimise the risk of infection.

Tara House had one resident residing there and he was asleep when the inspector visited. This resident had significant behaviours that challenge and lived alone for this reason as he found busy, noisy environments overwhelming. This house was not conducive to the maintenance of good infection prevention and control. It was an old house and there were defective surfaces in the kitchen and bathroom including a rusty radiator. There were gaps and crevices on many surfaces including both the floor and wall surfaces. The centre would have been difficult to clean given the upgrade works that were required. This premises was dated and would require a lot of work to comply with Regulation 27: Protection against Infection.

Residents' rights were promoted within the centre and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. There were monthly resident meetings where the residents could choose activities and meals they would like and a meal planner indicated that the residents were involved in choosing meals.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. There was plenty of space for residents to meet with visitors in private if they wished.

The centre had a vehicle which could be used by residents to attend outings and activities. There was a cleaning protocol in place for the vehicle and cleaning records reviewed showed that it was cleaned regularly.

It was evident that management and staff saw infection prevention and control as central to their roles, an integral part of providing safe, effective care and support

for residents on a daily basis. Overall the premises was clean, staff were seen to be diligent in performing hand hygiene and in wearing appropriate face masks. However Tara House did not meet the criteria to comply with infection prevention and control guidance.

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 residents lives.

Capacity and capability

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), however, some improvements were required in order to fully comply. One of the two houses was fully compliant but the second house in the centre was substantially compliant.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in their role by the area manager and team leader. 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 inspector reviewed the actual and planned staff rota and found that there was a regular staff team known to the residents. There were adequate staff numbers on duty on the day of inspection and past rotas indicated that this staff level was maintained. The staff skill mix was in line with the assessed needs of the residents and the statement of purpose and function. The staff team undertook the maintenance of infection prevention and control within the centre and saw it as integral part of their role and there were adequate staff for care of the residents and maintenance of good infection prevention and control. As such there were regular temperature checks for staff and residents and staff were observed to practice hand hygiene and to also support residents with this. Staff on duty were monitored regularly for signs and symptoms of COVID-19 daily.

The person in charge had ensured that staff members had the appropriate training in infection prevention and control and there was a staff member designated as the infection prevention and control lead for the centre. They had received additional training for this role with the Health and Safety Authority. Their role was to regularly audit infection prevention and control practices within the centre, address matters as they arise and bring any further issues to the attention of management. The training matrix reviewed identified that all staff had completed training in various aspects of infection prevention and control including the national standards for

infection, prevention and control in community services, hand hygiene and breaking the chain of infection. There were five trainings listed in the providers guidance document and all staff had received this training. The original infection prevention and control policy was out of date but it was under review and there was a current addendum to the policy regarding the COVID-19 pandemic. During the course of the inspection the inspector spoke with staff about training and they articulated that they received regular training and that the training objectives were in line with practice.

Staff had access to a range of guidance documents in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018). While the provider had an infection prevention and control policy dated May 2021, it had been superseded by an addendum to the policy which outlined guidance for the protection and management of COVID-19 and gave direction around areas such as management of laundry specific to the protection and management of COVID-19. There were outbreak control management guidelines and a COVID-19 management response plan in place to further guide staff. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

The centre had a cleaning schedule which was maintained and signed consistently, there was also an enhanced cleaning protocol and checklist in place. There was clear guidance provided around cleaning, method and equipment used and which products to use and their dilution formula. There were colour food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use. There were colour coded mops available and guidance provided around laundering them, staff were clear on which colour to use in which area.

The provider had some systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audit completed at the end of 2021 had not identified any issues regarding IPC. While the second house in the centre was clean the defective surfaces viewed by the inspector were not conducive to good infection prevention and control. The provider acknowledged that Tara House was a dated building and required upgrade and this was currently being reviewed to formulate a plan to address the matters.

The person in charge confirmed that they had access to support and advice in relation to infection, prevention and control as needed from their line manager, from the centralised COVID-19 response committee. This committee was specifically set up by the provider to provide support, guidance and, case review of specific matters arising in services. There was evidence of communication and correspondence between the centre and this committee. The person in charge also confirmed that they had access to an infection control specialist within the organisation and to public health specialist advice in the HSE.

Quality and safety

The inspector found that the services provided in this centre were person-centred in nature and residents were well informed, involved and supported in the prevention and control of health-care associated infections. It was apparent that residents had been supported to understand why infection prevention and control precautions were taken, this was evident from resident meeting minutes. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats and the inspector found that posters promoting hand washing and sanitisation were visible throughout the centre. However in the second house there were areas for improvement such as repair of defective surfaces and flooring and general upgrade of the house.

A walk through of the centre was completed by the inspector in the company of a senior staff member and for the second house the person in charge accompanied the inspector. Overall Garrai Ard was clean, the house, kitchen, bathrooms and bedrooms had been cleaned prior to the inspector arriving. The hand gel dispensers were full and clean and there was adequate supply of face coverings available. The staff were noted to wear the correct FFP2 face covering and were observed to take both their own and residents temperatures during the day. There was an area for donning and doffing and a bagged bin for disposal of same. There were paper towel dispensers in all communal bathrooms. There were colour coded food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use. The staff were also fully aware of which colour mop head to use for each area and how to launder them after use. There were no aerosol generating procedures in use in the centre such as nebulising although they were aware of the protocols around such procedures. A sharps box was available if required. There was a COVID -19 contingency plan as part of the guidance document provided to staff. This outlined the reporting procedures, isolation protocol and staffing arrangements in the event of a confirmed case.

A walk through of Tara House with the person in charge was completed in the afternoon. The centre was clean however repair and upgrade was required to ensure surfaces were conducive to effective cleaning and to enhance infection control. The areas identified included defective surfaces on the kitchen cupboards and defective floor surfaces with gaps and crevices where bacteria could reside. The floor tiles had been drilled for assistive equipment and when removed the drill holes were not repaired. There were also rusted radiators evident and it was apparent that the house in general required upgrade.

There were good arrangements in place for the laundry of residents clothing and centre linen in both houses. The practice in relation to the flow of linen in and out of the laundry room required improvement as there was clean and soiled clothing in the same area, however soiled linen was transported in alginet bags and there was a clean linen basket for clean clothes out of the laundry room. The staff washed the residents clothing separately at a high temperature using the appropriate products. Cleaning products as indicated in the Covid-19 guidance document were used for

floors and surfaces and diluted correctly. There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste, with a 72 hour wait period before waste disposal collection if there was a confirmed case. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were effective arrangements in place for the management of maintenance issues and staff members reported that maintenance issues were promptly resolved in the centre.

There was a cleaning protocol in place for the house vehicle and cleaning records reviewed showed that contact surfaces were cleaned after each use. The vehicle was supplied with disinfectant wipes, hand sanitiser and a supply of face masks.

The inspector reviewed resident meeting notes and noted that infection prevention and control was on the agenda for every meeting. It was apparent that the need for restrictions had been explained to the residents and that they had some understanding of this. However it was noted that for the residents there was a slight fear about going out for activities again. They did not frequent restaurants or cafes as much as they once would have done. This was an area that the staff were committed to discussing further with the residents in order to allay their fears and provide meaningful activities for the residents. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector noted posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed.

The staff members on duty on the day of the inspection were able to clearly articulate their roles in maintaining good infection prevention and control within the centre. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for sign and symptoms of COVID-19 on a daily basis. Staff members spoken with during this inspection demonstrated a good awareness infection prevention and control, of the COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

Overall the centre was clean and homely, there was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The COVID-19 addendum to the policy outlined what products to use and the formula for dilution.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with isolation of residents in their bedrooms.

Residents' health, personal and social care needs were met throughout the COVID-19 pandemic, residents continued to have access to General Practitioners (GPs) and a range of allied health professionals. Residents were supported to access

vaccination programmes and national screening programmes. The provider had put in place a process to support residents make an informed decision when offered a COVID-19 vaccine. All residents had availed of the COVID-19 vaccine programme.

Regulation 27: Protection against infection

The provider was substantially compliant with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018).

-Tara House had defective kitchen and floor surfaces that required repair and the house required upgrade.

-The COVID - 19 addendum to the IPC policy, provided guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the frequency of training staff and which training in relation to IPC was required.

-There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. The enhanced cleaning schedule outlined areas to be cleaning such as frequently touched surfaces. It included guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used and the products and equipment to be used. There was clear guidance in relation to the frequency of cleaning equipment such as cloths and mop heads.

-There were adequate supplies of PPE and staff were observed to wear appropriate PPE such as FFP2 masks and were also observed to sanitise hands regularly.

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 Dunkellin Services OSV-0005037

Inspection ID: MON-0036250

Date of inspection: 05/04/2022

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>In order to come into compliance with Regulation 27 in Tara House post the inspection new floor covering was fitted in the kitchen. In addition in the bathroom the rusty radiator has been cleaned and repainted. The gaps and crevices that were evident on the floor and wall have been repaired and filled by the painter. The material stored in the laundry has been removed and staff undertook a deep clean of the house and areas needing painting were repainted. Externally a tidy up of all the gardens took place.</p> <p>An infection prevention and control guidance manual has been developed by the service which will be now used by staff to enhance Infection and Prevention Control measures across the Designated Centre.</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	24/05/2022