



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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford East
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	24 January 2022
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0034226

## About the designated centre

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

Cairdeas Services Waterford East is a large bungalow set on its own site on the outskirts of Waterford city, with access to all amenities by vehicle. The service currently provides full-time residential care for one person and part-time residential care for five people. There is never more than four persons residing within the service at any one time. The centre remains open year round with no closures and the profile of residents include both male and female adults with severe to profound disabilities and additional needs. Meals can be prepared within the house and laundry facilities are available to residents within the house. Residents are facilitated to access medical services within the community, and nursing care can be provided by staff, either within the house by staff or through the on-call nursing arrangement operated by the registered provider. The staff team in this centre incorporates care assistants in addition to nursing staff.

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

Number of residents on the date of inspection:	4
--	---

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 24 January 2022	09:30hrs to 16:30hrs	Sinead Whitely	Lead
Monday 24 January 2022	09:30hrs to 16:30hrs	Lisa Redmond	Support

## What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was the centres first inspection which focused only on Regulation 27.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival and exiting the centre, there was a small hallway area where staff, residents and visitors could sanitise their hands, sign the visitor's book, take their temperature and record that they did not have any symptoms of COVID-19 infection. There was also a pedal operated bin available, so that any used personal protective equipment could be disposed safely.

The service provided full-time residential care for one person and part-time residential care for five people. There is never more than four persons residing within the service at any one time. There were no residents in the house on the day of the inspection. One person had stayed in the house the previous night but had left the house to attend day services prior to the inspectors arrival. Therefore the inspectors endeavoured to determine the residents experience living in the centre through speaking with the staff who supported residents and by reviewing documentation which evidenced the care and support provided.

The premises was a large single story detached bungalow with five bedrooms. Four of these bedrooms were residents rooms and one was used as a staff sleepover room. Three bedrooms had en-suite facilities. The premises also had a large kitchen and dining area, living area, utility room, accessible bathroom and storage spaces and a staff office. While surface areas were visibly clean on the morning of the inspection, it was noted that a number of measures were required to promote a clean environment that minimised the risk of transmitting a healthcare associated infections.

The staff team comprised of nursing and support workers. There was a full time person in charge in place who had a regular presence in the designated centre. Residents all had personal plans in place. Activation was being supported by the staff working in the centre and through the providers day service facilities and residents were experiencing regular weekly meetings.

The COVID-19 pandemic was ongoing and the centre had not experienced an outbreak of COVID-19 to date. Regular temperature monitoring of both residents and staff members had been completed. There was also evidence that staff members observed for other symptoms of COVID-19, and completed a declaration that they had no symptoms before each shift. This was recorded on the visitors log in the centre. Staff members also spoke with staff in residents' day services to

identify if any resident displayed signs or symptoms of a potential infection, prior to their stay in the centre

Overall it appeared that residents were happy and comfortable living in the centre. However, improvements were required to ensure that infection prevention and control measures were consistent and effectively monitored and to ensure that measures were in place to provide care and support which were consistent with the National Standards and in line with the provider own policy on infection prevention and control. The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection

## Capacity and capability

The purpose of this inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). In general, the inspector found that the provider was demonstrating capacity and capability to provide individualised care and support to residents. However, with regards to infection prevention and control, a number of improvements were required in the centre to reduce the risk of healthcare associated infections.

The inspection took place during the COVID-19 pandemic. A thermometer was available on arrival to the centre, so that staff arriving on duty and visitors could be subject to a temperature check in line with public health guidance. Regular temperature monitoring of both residents and staff members had been completed. There was also evidence that staff members observed for other symptoms of COVID-19, and completed a declaration that they had no symptoms before each shift. This was recorded on the visitors log in the centre. Staff members also spoke with staff in residents' day services to identify if any resident displayed signs or symptoms of a potential infection, prior to their stay in the centre. However, it was noted that the handle of the thermometer was broken and has been secured with tape. It was identified that the tape would impede effective cleaning and sterilisation of this regularly used device between uses.

The centre had a full time person in charge and team leader in place. The person in charge had a full time position and had responsibility for this one designated centre only. There was a clear management structure and lines of accountability. Two COVID-19 lead worker representatives had been appointed in the designated centre. An on-call management system was in place for staff to contact outside of regular working hours. The person in charge communicated that the centre had developed a contingency plan for in the event of an outbreak of COVID-19. However the service contingency plan for in the event of an outbreak of COVID-19 reviewed on the day

of inspection did not include guidance with respect to the donning and doffing areas in the centre, waste and laundry management and escalation pathways.

The staff team comprised of nursing staff and support workers. There appeared to be an appropriate number of staff in place to meet the needs of the residents and to safely provide care and support. In line with the assessed needs of residents, nursing support was provided at all times in the designated centre. This ensured that clinical expertise regarding the management of infection prevention and control was available at all times. There was evidence that the provider had reviewed the staffing in the centre, and was satisfied that there was sufficient staff in the centre. It noted that in the event of an outbreak, day service staff could be redeployed to the centre, and that as a last resort, agency staff could also be utilised. The person in charge completed a weekly review of personal protective equipment (PPE) in the centre, in line with the contingency plan. There was also storage of additional PPE in the organisation's head offices, which could be accessed if additional stock was required

The person in charge communicated that staff meetings took place regularly, however the person in charge also communicated that meeting minutes were not always recorded in writing. This meant there was limited evidence to demonstrate that service policies, local centre protocols and national updates regarding infection control were regularly shared and discussed with staff. The service did have an online system with regular updates regarding national guidance that was available at all times to staff.

A program of training was in place for all staff working in the centre. The inspector reviewed training records relevant to IPC and found that training was provided in areas including general infection prevention and control, hand hygiene, and donning and doffing. All staff had received up-to-date training in these areas. The person in charge had a regular presence in the centre and regularly worked shifts with staff and residents. The person in charge was also completing regular formal one to one supervisions with staff in line with service policy.

Systems were in place to ensure that the service provided was regularly audited and reviewed. An annual review of the care and support provided had been completed, as well as an unannounced six monthly inspections. The person in charge had completed a self assessment questionnaire published by HIQA which reviewed the centres preparedness for an outbreak of COVID-19. The service also had a health and safety team who were regularly reviewing infection control procedures in the centre and developing improvement plans when required. However, inspection findings indicated that the services auditing systems were not appropriately self-identifying the issues found on the inspection day and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider had a range of policies and procedures in place to both guide and instruct staff on infection prevention and control (IPC) measures in the centre. The service policy on infection prevention and control had not been reviewed since 2018 although an addendum was added during the pandemic which was specific to the

management of COVID-19. At times the service policy did not appear to be informing practice. This was seen in areas including laundry procedures, cleaning procedures and cleaning products used.

## Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared to enjoy an individualised service with staff who were familiar with their needs and preferences. With regards to infection prevention and control, a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs. Most of the residents who lived in the centre required full support to meet their intimate care needs. It was evident that IPC and COVID-19 were regularly discussed with residents. Residents experienced weekly meetings with staff where IPC measures were discussed. A number of social stories has also been developed which communicated topics such as cough etiquette, hand hygiene and mask wearing in an accessible version to residents. Residents had appropriate access to healthcare professionals to support them to manage their health. Residents were support to attend their GP when required. Residents also had full time access to nursing support and weekly meetings were held with the service multi-disciplinary team.

When speaking with staff, it was found that some practices in place for the provision of intimate care required review. Basins were used for bed baths at times for one resident. These basins were observed stored on the floor of a bathroom. There was no cleaning records in place for these and the same basins appeared to be used for both intimate care and personal hygiene of the residents face and hands. This posed a high risk of cross contamination of harmful bacteria to the resident. Furthermore, one bath in the centre was unused and was labelled as such. There was no records to evidence that procedures were in place to reduce the risk of water-borne diseases for the water outlet. Staff members spoken with, told the inspectors that one resident's personal hygiene and intimate care was carried out in a living area at times. Staff members used mats to complete the resident's personal hygiene on the floor. There was no cleaning checklist in place for these mats. It was noted that these mats were stored in the communal sitting room area, beside a number of soft furnishings including curtains and the resident's blankets. The person in charge advised that the practice of attending to the resident's intimate care in the sitting room was necessary, due to the assessed needs of the resident and only carried out when there were no other residents staying in the house. However, there was no evidence of an effective risk assessment to identify additional controls to prevent and protect all residents from potential droplet infection, with respect to this

practice.

The premises was a large single story detached bungalow with five bedrooms. Four of these bedrooms were residents and one was used as a staff sleepover room. Three bedrooms had en-suite facilities. The premises also had a large kitchen and dining area, living area, utility room, accessible bathroom and storage spaces and a staff office. While surface areas were visibly clean on the morning of the inspection, it was noted that a number of measures were required to promote a clean environment that minimises the risk of transmitting a healthcare associated infections. The tiling in some of the bathrooms was noted to be cracked and chipped in areas. It was also identified that the tiling in the staff bathroom was stained and a radiator in one bathroom was rusting. This did not promote effective deep cleaning in these areas. A storage room where personal protective equipment was stored did not have flooring, which impacted cleaning of this area. There was evidence of dust on the floor in this room. Tiling in a number of bathrooms was noted to be cracked and chipped in areas, which did not promote effective cleaning. It was also identified that the tiling in the staff bathroom was stained.

Staff members advised that COVID-19 cleaning checklists had replaced a previous cleaning schedule that had been in use in the centre before the COVID-19 pandemic. It was noted that this previous cleaning schedule was comprehensive in nature, and had included clear guidance on the days and shifts where staff were responsible for cleaning certain items in the centre. This included hoisting slings, changing mats and wheelchair straps. As this document was no longer being used by all staff in the centre, it was not documented that such cleaning was taking place on a regular basis in recent months. Cleaning records did not demonstrate how deep cleans were completed, or how often regular touch points such as light switches were disinfected. It was noted that cleaning records documented high touch points were cleaned once daily on some days, this was not in line with guidance on touch point cleaning in the centre. Procedures for washing and cleaning mattresses were unclear and not in line with manufacturers guidance. This posed a risk at times as residents presented with incontinence and some mattresses were shared due to some residents availing of a part time residential service.

Storage areas for cleaning products and equipment required review. One storage press was observed to be visibly dirty on the day of inspection. The area for floor mops to dry was outdoors and this area was visibly dirty with dust and cobwebs on the day of inspection. This area was also not fully weather proof and did not promote a dry environment for mops to dry between uses. There was a colour coding system in place for cleaning different rooms in the premises. Staff spoken with appeared familiar with this system. The mop bucket for cleaning bathrooms was observed as damaged and cracked. Upon a review of cleaning products in the centre, it was identified that there was no spill kit in the centre, to promote effective cleaning in the event of a spillage of blood or bodily fluids in the centre. The person in charge advised that they would review this, and purchase a spill kit for the centre in line with the service policy. The inspector observed a suctioning machine stored on the floor of a bedroom on the day of inspection, this was not subject to a recorded cleaning schedule.

The centre had a designated utility room and this was the area that staff were doing residents laundry. There was ample space in this area for the separation of clean and dirty laundry. Staff were knowledgeable when spoken with regarding temperatures for washing laundry however some staff were unclear regarding procedures for the management of soiled laundry. Alginate bags for the washing of soiled laundry were available in the centre as per service policy, however staff did not appear to be aware of the location of these and did not appear to use them.

## Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, a number of improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- The service policy on infection prevention and control had not been reviewed since 2018. At times the service policy did not appear to be informing practice. This was seen in areas including laundry procedures, cleaning procedures and cleaning products used.
- Inspection findings indicated that the services auditing systems were not appropriately self-identifying the issues found on the inspection day and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).
- The service contingency plan for in the event of an outbreak of COVID-19 reviewed on the day of inspection did not include guidance with respect to the donning and doffing areas in the centre, waste and laundry management and escalation pathways.
- Current cleaning schedules were not documenting the cleaning and deep cleaning of all aspects of the designated centre to include the environment and residents equipment.
- Storage areas for cleaning products and equipment were visibly dirty on the day of inspection.
- Areas of the premises required maintenance to promote full deep cleaning of these areas.
- Laundry procedures required review to ensure all staff were familiar with the appropriate management of soiled laundry and to ensure that the laundry room allowed for the separation of clean and dirty laundry.
- Some intimate care procedures posed infection control risks to residents. These risks were not assessed and mitigated appropriately.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Cairdeas Services Waterford East OSV-0005074

Inspection ID: MON-0034226

Date of inspection: 27/01/2022

## 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:

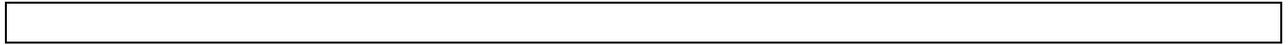
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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> <p>The service policy on infection prevention and control is a National Policy and has been brought to the attention of the South East Service Executive .The Director of Services for the South East Region has referred this issue to the Brothers of Charity National Clinical team. This policy was due for review in 2021 having been signed off in 2018 for three years. During the pandemic an addendum was added which states that “the guidelines for the prevention and management of Corona virus/Covid-19 supersedes this policy. These guidelines were updated and reviewed in line with Public Health Guidance .The infection control measures contained in the guidance are more extensive than those in the policy and will remain in place for the duration of the pandemic or 12 months whichever is sooner”. Addendum added on 17.06.2021 and provided on day of inspection.</p> <p>The service are currently reviewing their internal auditing systems. Addendum added to contingency plan which clearly defines donning and doffing areas, waste and laundry management and escalation pathways.</p> <p>A new robust cleaning schedule has been implement in the designated center. All storage areas for cleaning products and equipment have been included in this schedule. Maintenance has been contacted to rectify any issues noted on date of inspection. Laundry procedures are in place all staff have been reminded of said procedures. Procedures in relation to procedure re intimate care infection prevention control have been reviewed and guided by best practice.</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.	Not Compliant	Orange	31/03/2022