



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

## Issued by the Chief Inspector

Name of designated centre:	Idrone Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0005515
Fieldwork ID:	MON-0039065

## About the designated centre

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

Idrone Lodge is a residential home located in Co.Carlow. The service has the capacity to provide supports to four adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a large bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. A variety of activity rooms are available such as an art room and sensory room. The centre also incorporated a spacious kitchen dining area and a garden area

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 15 August 2023	09:30hrs to 14:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was a follow up inspection to review the providers actions in relation to a previous targeted infection prevention and control (IPC) inspection ( that had occurred in 2022). It was found that improvements had occurred in relation to the monitoring and day-to-day practice in relation to IPC. Some minor improvements were required, but for the most part the provider had identified these areas through their auditing and oversight systems.

There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet with all four residents. The residents living in the centre, primarily used gestures, facial expressions and vocalisations to indicate their immediate needs. Residents were observed to lead staff by the hand to areas of the home when they wanted to get something. Residents freely moved around the home and were seen to go into all rooms of the designated centre. Residents for the most part, appeared comfortable in their home. All residents within the home required full support with all their care and support needs.

The premises was a large detached bungalow building located in a residential area. The outside area of the building presented as well maintained. At the back of the garden there was a well kept garden with raised planted flower beds. On the day of inspection a resident was sitting outside enjoying the sunshine. Staff present described how the resident enjoyed spending time outside.

The inspector completed a walk around of the premises at the beginning of the day with a staff member. The premises comprises of four individual bedrooms, a living room, a visitors room, a large open plan kitchen/dining area, a utility area, a beauty room, a sensory room, an art room and three additional rooms allocated as storage and a staff office and staff sleep over room accordingly. One resident's bedroom was en-suite and the other residents had access to main bathrooms within the home. The inspector noted that on surface level all areas of the home appeared clean. Although there was some build-up of limescale in bathroom areas the provider had systems in place to effectively clean this on a more regular basis. Some minor maintenance works were required in some areas of the home to ensure effective infection prevention and control (IPC) measures could be adhered too this is outlined in the relevant section of the report.

The staff team consisted of the person in charge, and healthcare assistants. There was a full-time person in charge in place. They were on leave on the day of inspection and members of the staff team facilitated the inspection.

During the walk around to the premises areas of improvement were required in number of areas such as hand hygiene facilities, laundry management and waste

management. For example, there were no paper hand towels present in any bathroom. Staff were not adhering to best practice in relation to hand hygiene practices as the essential equipment was not present.

The inspector noted that the residents appeared comfortable living in their home. The centre was warm and well kept. Residents had plans for the day including, going for a walk, reviewing sensory equipment, going shopping and visiting a local fair. When in the home staff were seen to put on television shows for the residents or play their preferred music. Residents were supported with their daily routines and were seen to move around their home freely. There was a room dedicated for art work. Pictures that residents had painted had recently been framed and were going to be hung around the home. On the day of inspection, a resident was supported to complete an art activity with a staff member.

Each resident had their own tablet device. A staff member showed the inspector a sample of photos that were taken over the last few months. In the pictures the resident was seen in local visiting attractions and gardens, attending their local church, visits to seaside towns, family visits both in the home and community.

The inspector noted that residents appeared comfortable living in their home on the day of inspection. Some improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspector 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

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, some minor improvements were required in staff supervision. For the most part the provider was implementing systems and controls that kept residents and staff safe from the risk of infection.

Oversight and review systems were found to be in place and identifying areas of quality improvement. Six monthly unannounced audits on behalf of the provider had commenced. In addition to this the provider had recently completed an annual review of the quality and care within the centre. These audits and reviews were identifying areas of improvement specifically related to IPC and were driving quality improvement in this area. The person in charge also regularly completed specific audits in relation to IPC.

The residents were supported by a staff team of a social care workers, who was appointed as the person in charge, and health care assistants. Regular agency staff

were used when required. It was noted that sufficient staffing levels was in place to meet the assessed needs of the residents and to ensure IPC standards could be met.

The provider had an infection prevention and control policy in place that was comprehensive in detailing the measures in place around the IPC needs of the service. The provider had developed a COVID-19 contingency plan and this was sufficiently detailed to guide staff practice and identified escalation pathways and measures to take in the event of an outbreak of COVID-19.

All staff had completed up-to-date training in the areas of infection prevention control, hand hygiene and donning and doffing Personal Protective Equipment (PPE). As part of every staff members' role they were delegated particular duties such as infection prevention control aspects of care and support. The implementation of associated duties was to be discussed during quality conversations as this was utilised as a mechanism for oversight. On review of the supervision notes some staff had not received supervision since 2022. There was no evidence to indicate if staff had received supervision in 2023. It was unclear how this mechanism for oversight was being implemented effectively.

## Quality and safety

Overall, with regards to infection prevention and control, the inspector found that a some improvements were required to ensure that the service provided was always safe and in line with National Standards for infection prevention and control in community services (HIQA, 2018).

The centre comprises a large bungalow building located in a residential area in a small town in Co. Carlow. All residents had their own bedrooms. There was adequate communal areas available to residents. The size of the premises meant that cleaning duties were considerable for the staff team, however, the majority of the home was very clean and well kept. Some areas of the home were cluttered and this required to be addressed to ensure that all areas of the home could be cleaned effectively.

Due to general wear and tear and maintenance work that had occurred in the centre, the condition of some parts of the building and equipment required review to ensure that effective cleaning could take place. For example, a bath panel was broken, tiles had drill holes present, some minor painting work was required and flooring required sealing to reduce gaps. Although the majority of this work had been identified by the provider, it remained outstanding on the day of inspection.

The inspector observed some appropriate infection control practices in relation to waste disposal and laundry management. However, some general day-to-day practices required review to ensure they were in line with best practice. For example, the separation of residents' laundry from other types of laundry required

review. In addition, although the provider had implemented a colour coded mop system in line with their own policy there was limited signage available to staff to guide them effectively.

Cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined all areas of the centre to be cleaned including the residents' bedrooms, bathrooms and kitchen/dining area and all other rooms within the home. The centre was observed to be well ventilated on the day of inspection, with windows open where possible.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Some control measures required review to ensure they were in line with the most updated guidance.

From a review of resident meeting notes infection control and COVID-19 measures were discussed with residents. Due to residents specific assessed needs around communication it was unclear how these messages were effectively conveyed. For example, there were no specific documents in place such as easy read or other suitable communication tools.

## Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the majority of requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was visibly clean on the day of the inspection and cleaning schedules were in place. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, improvements were required in the following areas to ensure 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:

- Policies and procedures were not guiding practice at times, this was seen in areas such as hand hygiene, laundry procedures and waste management.
- The level of staff supervision required improvements to ensure delegated duties around IPC measures were adequately accounted for.
- Some improvement was required in the environmental maintenance to optimise the ability of staff members to effectively clean and sanitise surfaces around the house. These included minor painting, sealing floors, and replacing a bath panel.
- Improvements were needed in how pertinent information around IPC was

communicated with residents.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Idrone Lodge OSV-0005515

Inspection ID: MON-0039065

Date of inspection: 15/08/2023

## 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> <ol style="list-style-type: none"> <li>1. The PIC has reviewed the 24hr cleaning schedule and will bring to September '23 team meeting (22.09.2023) to reiterate good IPC in the centre and highlight areas of concern with the staff. PIC will add the checking of hand towels to list to include the replenishing of same</li> <li>2. Laundry management will be discussed at Team meeting on 22.09.2023, to ensure each of the ladies are supported to do their laundry. Each of the ladies have their own laundry basket, and will be supported at agreed time to complete their laundry.</li> <li>3. As per report environment improvement have been identified and logged on ViClarity, conversations had with H&amp;S in regards to when tasks were to be completed, agreed by 29.09.2023</li> <li>4. Easy Read on hand hygiene were brought to the Focus on Future meeting and went through with all ladies, staff will continue to model good hand hygiene on a daily basis.</li> <li>5. A specific box with Easy Reads and location will be discussed and agreed on at Focus on Future Meeting.</li> <li>6. At weekly Focus on Future meeting one Easy Read will be communicated with the ladies</li> <li>7. The PIC has developed a QC schedule that reflects staff dates for QC until year end, PIC has commenced QCs and has four completed to date.</li> </ol>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/09/2023