



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

Issued by the Chief Inspector

Name of designated centre:	No 2 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0005685
Fieldwork ID:	MON-0036195

About the designated centre

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

No. 2 Portsmouth provides residential services for a maximum of two adults. It provides support to persons with an intellectual disability, including those who have autism, behaviour that challenges and who may have a dual diagnosis of mental health and intellectual disability. The centre comprised two bungalows which have recently been reconfigured. The centre is located in a large campus style setting on the outskirts of Cork city. Each bungalow is single-occupancy. The service provides support to males and females and utilises the social care model. The centre offers a person centred approach and encourages residents to reach their fullest potential in all areas of their lives. The staff in the centre have a varied range of qualifications, skills and experience of supporting people with intellectual disability, which ensures a quality service is delivered to each individual living here. The staff team work a rota system of day and waking nights shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 10 October 2022	10:40hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards.

The centre comprised of two single occupancy apartments located next to each other in a campus setting. Residents had access to the facilities of the campus including a swimming pool, walking pathways and a chapel. The apartments included a fully fitted kitchen, a bedroom with storage facilities, a spacious living area and access to a private pleasant garden areas. There was access to laundry facilities both in the centre and on the campus. Both residents living in this centre were seen to be provided with a high quality, person centred service tailored to their individual needs on the day of this inspection. However, some improvements in relation to IPC measures in place were required.

On arrival to the centre, one resident was observed to be cleaning up after their breakfast and there was one staff member present. The door to this unit was left open during the day when the resident was present as was the resident's preference. On entering both units of the centre, an area was dedicated to facilitate visitors' to check to their temperatures, to log records of any visitors or contractors to the site, and where visitors, staff and residents could attend to hand hygiene on entering the centre. The inspector was based mainly in one unit of this centre for the duration of the inspection due to the specific needs and wishes of residents on the day.

The inspector met with both of the residents of this designated centre during the inspection. Residents were supported to communicate by staff that knew them well and had a good awareness of their communication styles. One resident spoke for a short period of time with the inspector in their sitting room and garden area and consented to the inspector looking around their home. The other resident interacted briefly but otherwise chose not to interact with the inspector and this wish was respected. This resident showed the inspector their room and was observed to go out and return to the centre on planned activities on the day of the inspection and to prepare for a home visit. This resident had returned from a trip abroad on the previous evening and the inspector was told about how the resident had planned this holiday, and taken part in and visited preferred activities and places of interest. Staff spoken with told the inspector about some of the positive changes that had taken place for residents of the centre since they had moved in and staff presented as committed and knowledgeable about the needs of the residents.

Both units of the centre were homely and decorated in line with residents' individual preferences and interests. Efforts had been made to personalise the living areas and bedrooms for residents. One resident had an interest in trains and, as described in the previous inspection report, this was incorporated throughout the centre. The inspector heard staff to prompt a resident to wash their hands regularly throughout

the day and the staff told the inspector that this resident was also supported to wear a mask when accessing certain places in the community in line with public health guidance. Social stories were seen to be in place to support a resident through any changes that occurred and staff were observed and heard to communicate with residents in line with their assessed needs.

High contact areas in the centre, such as counter tops and bathroom fittings and fixtures were seen to be very clean and there were supplies of gloves, soap and paper towels available in bathrooms. However, some low traffic areas of the centre, for example, corners and windowsills, had not been sufficiently cleaned to eliminate all dust and debris. Some signage was observed to prompt residents and staff in performing appropriate hand hygiene. There were no medical devices or mobility equipment in use in the centre at the time of this inspection.

The inspector completed a visual inspection of the centre and saw that some areas required attention. A desk in one resident's bedroom was worn and a storage cabinet required cleaning, as did some soft furnishings in the den and living area of this unit. Some maintenance and refurbishment issues were identified also. Flooring in the kitchen and bathroom was seen to be worn in some areas. A bathroom in one unit of the centre was seen to have a large hole in the floor behind the sink, and this appeared to lead directly to the masonry of the building. The location of this did not present a trip hazard to residents or staff.

However, the presence of this hole prevented effective cleaning and had the potential to provide an entrance or concealed area for vermin. There was no evidence of the presence of any such vermin. Pest control stations monitored by a competent contractor were located throughout the centre and the person in charge told the inspector that there had not recently been any vermin infestations in the centre. Significant water damage to a storage unit in this bathroom was noted and there was a large crack in the side of a bathtub. Some staining of the flooring was evident.

In the living and kitchen area of one unit, while overall clean, some black residue was noted at a seal between the window and the windowsill and some window handles were seen to be chipped. The surface of a computer desk was worn. The kitchen baseboard was seen to have water damage and a metal bin was observed to have areas of rust. Some areas of paintwork required touching up. These issues could prevent effective cleaning of some surfaces.

Staff were seen to use the correct personal protective equipment (PPE) during this inspection. It was observed however, that lone working staff occasionally would have to remove their masks at times when the resident could be present. For example, to take refreshments or eat breakfast following a sleepover shift. This was brought to the attention of the person in charge on the day of the inspection and it was observed that staff maintained good distance when possible and the open door in the kitchen provided adequate ventilation.

In summary, this inspection found that residents were well cared for in this centre and were afforded some protection against infectious agents. However, there were

some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with relevant national standards.

The next two sections of the report present 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 service being delivered in relation to IPC.

Capacity and capability

Overall this centre was seen to be providing a responsive and good quality service to residents. There was a clear management structure in place for this designated centre and there was an identified line of accountability for IPC in the centre. On the whole, local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs. However, improvements were required to ensure that all appropriate action had been taken to ensure that residents were fully protected by the IPC measures in place.

The provider had in place a suitable IPC policy that contained relevant guidance on areas such as the management of linen and laundry and waste management procedures. Guidance available to staff was comprehensive and included information about the prevention and management of a number of infectious agents. The person in charge told the inspector about the arrangements in place to provide suitable equipment and supplies to the centre in the event of an outbreak of infectious disease. There had been a previous outbreak of COVID-19 in this centre. The person in charge spoke with the inspector about the management of this and the measures that had been put in place to prevent ongoing transmission of the virus. A formal, documented outbreak review had not been completed and this meant that learning from this outbreak was not incorporated into plans to deal with future outbreaks, should this occur.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. Staffing arrangements were outlined in the event of potential staff shortages. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. However, local contingency plans viewed had not been updated to reflect the current public health recommendations and were also not centre specific. This meant that the guidance available to staff about what to do in the event of an outbreak of infectious disease was not fully clear. For example, the plans in place for this centre referenced additional bathroom facilities that were not available. This will be discussed further in the next section of this report.

Monthly audits of IPC in the centre were completed and had identified some issues, such as staff training that was required. Issues identified were considered and acted

upon. A person had been identified as an IPC lead and there were trained COVID-19 testers available to test symptomatic residents in their homes if required. A six monthly unannounced audit had been completed by the provider and included some information and review of the IPC arrangements in the resulting report. The most recent annual review report was also viewed. Some of the issues identified on the day of this inspection had not been previously identified by the provider and there were no clear actions identified in either of these reports in relation to IPC.

The centre was staffed by a dedicated core team of staff that were seen to provide a dedicated person centred service to residents in this centre. The staff team consisted of a mix of social care staff and care assistants. One or two staff supported each resident throughout the day and at night residents were supported by a mix of sleepover and waking staff. Staff working in centre were responsible for completing cleaning duties as required. At the time of this inspection staffing was seen to be sufficient to ensure that appropriate IPC precautions could be taken in the centre. The person in charge did identify that dedicated cleaning staff could be an addition to one area of the centre, where the resident required the staff team to be available to them at all times and this meant that sometimes staff could not always attend to cleaning duties immediately. Nursing expertise was available to residents if required and the IPC lead was available to support staff if required.

There was good oversight of training in this centre. Staff training had been completed in a number of areas such as hand hygiene, breaking the chain of infection and donning and doffing PPE. The majority of staff had also completed food hygiene training, with the remainder booked for an upcoming training course. There was evidence that staff attended supervision meetings and that there was ongoing informal supervision of staff taking place. IPC matters were not a standing item on the agenda for discussion with staff during supervisions but the person in charge told the inspector that any relevant issues, including IPC, would be discussing during these meetings and during team meetings.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. IPC procedures in place in this centre to protect residents, staff and visitors did require some improvements however to ensure that residents were protected from infection in a manner that was consistent with relevant national standards.

Staff and management of the centre confirmed that residents living in this centre did not have any specific concerns that might put residents at a higher risk of

contracting or transmitting an infectious disease. Risk assessments were in place for this centre that included measures and controls in place to protect residents, staff and visitors from infection and disease, including COVID-19. Further clarity was required in documentation to ensure that adequate guidance was in place adequately addressed the individual isolation arrangements in place for residents of the centre. Cleaning schedules were in place that detailed daily and weekly tasks for completion by the staff team. Not all areas of the centre or all tasks for completion had been identified on cleaning schedules. This meant that despite cleaning duties being regularly carried out in the centre, some areas did require attention on the day of the inspection, as discussed in the first section of this report.

There was hand sanitiser located at key areas throughout the centre, such as at the front door, the bathroom and the office. There were ample stocks of replacement sanitiser and other PPE such as face masks and aprons in stock and these were seen to be in date. The centre also had a sufficient stock of chemicals for the cleaning and disinfection of the centre. Cleaning products were observed to be stored in a hot-press and this was not in line with the manufacturers storage guidelines. This could render these products less effective and prevent thorough decontamination of surfaces. Colour coded clothes were available in the centre but one flat-head mop was observed to be in use for all areas of one unit in the centre, including kitchens and bathrooms. Staff reported that the mop head was regularly laundered/changed. However, the mop head was visibly soiled on the day of the inspection. This could present a risk of cross contamination between defined areas of the centre.

There was evidence of good practice occurring in this centre also. Social stories had been completed in line with one residents' communication preferences that informed the resident about important issues such as the COVID-19 vaccination. Guidance was in place in relation to the management of laundry and signage was observed reminding staff about laundry segregation procedures in place in the centre. Guidance was in place in relation to what cleaning products to use for specific tasks.

Staff spoken to on the day of the inspection were clear on what to do in the event of an outbreak of infectious disease and reported good support was provided from the management team of the centre in the event of such an occurrence. A recently recruited staff member told the inspector about their induction process and about the information they received in relation to IPC during this process. Staff were familiar with IPC procedures in place in the centre and were knowledgeable about specific areas such as the donning and doffing of PPE.

Residents in this centre lived in single occupancy apartments and as such had appropriate facilities to allow for self-isolation in their home if required. Each apartment contained one bathroom and these facilities were shared by the resident and the staff supporting them. The guidance in place indicated that staff should use a separate bathroom facility. Staff and the person in charge confirmed that during a previous outbreak of COVID-19 staff and residents had shared bathroom facilities with cleaning implemented between uses. However, this was not documented and this meant that unfamiliar staff might not have the appropriate information available to them if required.

Residents were supported to meet with their families and friends and spend time with them. Family members completed self-declaration screening forms prior to residents visiting. Staff were familiar with these and told the inspector about how regular contact was maintained with family members to ensure that residents were not unnecessarily exposed to individuals that might be suspected or confirmed to have the COVID-19 virus. While the staff members assured the inspector that family contact did always occur prior to a home visit through phone calls and text messages, it was observed that these forms were not always completed in line with the procedures in place.

Resident's rights were seen to be respected during this inspection, including the right to refuse certain medical interventions, such as vaccination. Significant efforts had been made to educate and support residents about relevant issues, such as public health measures put in place during the COVID-19 pandemic and the COVID-19 vaccination. Information relating to consent and non-consent of residents was presented in a very positive manner and in a way that provided evidence that the resident's rights were respected in this area. Review of resident documentation showed that there was ongoing review of residents' healthcare needs.

Residents in this centre did not take part in formal resident meetings. As an alternative to this, there was in place a person centred record called a meaningful day report. While this did not include information about how residents were communicated with about IPC and topical areas such as the COVID-19 virus, the person in charge and staff told the inspector that residents were regularly communicated with about these topics through a combination of visuals and spoken communication. This was in line with residents assessed needs and with what the inspector observed on the day of the inspection.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, improvements were required to ensure that IPC practices and procedures within the designated centre were consistent with relevant national standards. Areas for improvement identified included;

- Damage to bathroom floor in one unit required repair and flooring in this bathroom noted to be stained and have black residue at joints near a radiator.
- Water damage to the base of a storage unit in a bathroom
- Water damage to baseboard of kitchen units in one unit
- Large crack on side panel of a bathtub
- Worn flooring in kitchen/bathroom of one unit
- Some minor painting works required in kitchens of both units
- Rust on fitting of assistance bar in one bathroom and on pedal bin in another bathroom could prevent effective cleaning
- Cleaning products not stored in line with manufacturer's instructions

- Colour coded mopping system not in use in the centre
- Cleaning procedures required some review to ensure that all surfaces and all areas of the centre were included and were effectively cleaned on a regular basis.
- Contingency plans in place were not centre specific and did not provide sufficient guidance to staff regarding individual arrangements for residents in the event of an outbreak of infectious disease
- Outbreak reviews not taking place
- Monitoring systems in the centre were not identifying all relevant IPC issues.
- Documentation in place did not always support discussed/observed practices in place in the centre.
- Inconsistent use of screening forms prior to resident departing and returning to the centre on home visits.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for No 2 Portsmouth OSV-0005685

Inspection ID: MON-0036195

Date of inspection: 10/10/2022

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 Provider will ensure that the ICP internal control systems for effective in the Centre on an ongoing basis and that</p> <ul style="list-style-type: none"> • The bathroom has had remedial works completed including bath side panel replacement [18/10/2022]. The bathroom is scheduled for renovation including the flooring to be completed in Q1 2023 [31/03/2022]. • Remedial works to the kitchen will be carried out on water damaged kickboards [12/12/2022] The Kitchen is scheduled to be upgraded including flooring to be completed in Q1 2023 [31/03/2022]. • The minor painting works in the centre were completed on [18/10/2022]. • A Pedal bin was purchased for the bathroom [16/11/2022]. • Cleaning products have been relocated within the centre to an identified press [12/10/2022]. • The colour coded mopping system in use in the centre and storage has been reviewed to ensure consistency of approach by all staff [12/10/2022]. • The Cleaning procedures and comprehensiveness of the cleaning schedule has been reviewed within the centre to ensure all areas are identified and cleaned regularly. [26/10/2022] • The ICP Contingency plans in place were reviewed [26/10/2022] to ensure they are personalised to the residents in the centre. 	

- The Provider will ensure that a review of any future outbreaks will be recorded and any learning actioned.
- The Person in Charge will ensure that the residents are consulted in relation to ICP measures in the house and that this is recorded and further supported with accessible information available in the centre [26/10/2022].
- The Provider will ensure that the COVID screening self- declaration forms are completed prior to residents departing and returning to the centre from home visits on all occasions [12/10/2022].
- The Provider will review its monitoring systems including the Provider 6 monthly visits and annual review will report on ICP measures going forward[31/12/2022]

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	31/03/2023