



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

## Issued by the Chief Inspector

Name of designated centre:	Fuchsia
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0005822
Fieldwork ID:	MON-0039573

## About the designated centre

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

Fuchsia is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour seven day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with three staff present at day time hours and one at night. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a detached bungalow. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room.

**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
Wednesday 31 May 2023	08:45hrs to 14:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had for the most part, effective systems for the oversight of infection prevention and control practices in the centre. However, some improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the provider's audits and corresponding action plans, minor gaps in staff training and in the documentation related to cleaning that was present in the centre. These areas will be discussed later in the report.

The designated centre comprises of a large bungalow which is close to Kilkenny City and set in it's own garden. It is registered for a maximum of four residents and is currently home to four individuals. The inspector had an opportunity to meet all four residents over the course of the inspection.

On arrival to the house the inspector entered into the hallway and was directed by staff to an area where hand sanitiser, a visitors book and personal protective equipment (PPE) were available. Throughout the inspection, staff were observed completing tasks in line with latest public health guidance and the provider's revised up-to-date guidance. Directions for periods for example, when PPE may be or was required was in place and clearly directed staff practice. There was a warm and welcoming atmosphere in the house.

There were four residents at home when the inspector arrived with three individuals relaxing and getting ready to start their day in the open plan kitchen/dining room. A fourth resident was still in bed and was reported to be having a lie in. The house appeared clean, warm and comfortable and in keeping with the residents' current assessed needs.

All residents engaged briefly with the inspector and welcomed the inspector to their home. One resident indicated that they had finished their breakfast using non-verbal communication signals that the staff member was familiar with. This resident was relaxing at the table and later went to their social club which they attend in a local town and supported by a staff member. Later on their return the staff member supported the resident in communicating news to others and a plan to purchase a card in town for another group member was made. Another resident smiled at the inspector when they arrived and then continued with their daily activities, they presented as relaxed with the inspector in the house. This resident was supported by staff to complete personal care and to organise their room prior to leaving for a reflexology appointment

A third resident also presented as relaxed with the inspector in their home and staff outlined the activities that residents engaged in over the course of the week such as

social farming, walks, gardening and one resident has a part-time job in a local theatre. Residents were supported to bring items that were important to them into the kitchen or to communal areas where they were supported by staff to engage with the items. Residents were observed to be supported in planning meals and snacks and staff gathered the ingredients for the residents who were present to engage in preparation in line with their ability. The staff members supported them in making plans for their day and later both residents and staff members left the centre at different times for activities of their choosing.

Throughout the inspection, while the residents were in their home they were observed relaxing and happy with staff. They were encouraged to be involved in activities in their home such as deciding on what to eat or drink or making a cup of tea, or in bringing coats, shoes or sun cream to the kitchen in preparation for their day. The inspector observed that the residents were afforded the chance to start their day at a pace they liked and there was no sense of rushing to leave their home. The provider had ensured that staff supported residents in individualised activities thus supporting a sense of calm.

A fourth resident on waking expressed a preference to remain in a quieter area of the house and the staff supported this. The resident relaxed in their room and watched television with staff stopping to chat with them regularly. The resident could call for support as required and later was planning on going for a walk in a wooded area they particularly enjoyed.

Residents were supported to understand why it was important to keep their home clean and tidy and about the steps they take to keep themselves safe from infections. These included checking their temperature or why they had had to wear a face mask at times. During the inspection residents were observed to be supported with their personal care and staff spoke about personal care and support provided for hand washing.

The provider had a clear system in place for the recording and logging of maintenance works that may require completion in the centre and the provider's health and safety reviews provided an overview of any premises works. A number of works had been recently identified such as the installation of storage units in bedrooms and these were scheduled. This ongoing review contributed to the house appearing comfortable. Some areas found on the day of inspection had been identified by the person in charge. Repairs or replacement of items while scheduled remained outstanding on the day of inspection such as repair to minor damage to walls in a visitors bathroom or the replacement of chipped crockery or damaged surfaces to storage units in bathrooms. An overarching review of storage within the centre was also required with the inspector observing that items were stacked on floors such as multiple bottles of hand sanitiser at the end of a bath.

At all times during the inspection residents appeared content and comfortable in their home, and in the presence of staff. They were observed to spend their time in their preferred spaces including communal areas and their bedrooms. The person in charge facilitated the inspection for part of the day and the director of services facilitated the remainder of the inspection. They were both found to be familiar with

residents' care and support needs and to be motivated to ensure that each resident was happy and safe living in the centre. The residents who lived in this centre had complex medical presentations however, these did not take from the goal of supporting residents to achieve personal goals. Risk assessments reflected the medical vulnerabilities of residents and ensured that control measures in place were detailed and focused on mitigating potential risk. Residents had been supported during hospital visits and in the transition to hospital and back home again with the provision of detailed personal care plans and risk assessments in addition to allocated staff support. Residents were supported to take part in vaccine programmes and prior to taking part they were provided with information about the vaccines. This information was available in an easy-to-read or symbol supported format should they require it.

A number of staff spoke with the inspector about some of the infection prevention and control practices and procedures in the house. This included the cleaning cloths and mops they used, the cleaning schedules and the products used for cleaning and disinfection. They also spoke in general about what they would do on a daily basis to keep themselves and residents safe from infection. For example they spoke about the processes for laundry and waste management, management of body fluid spills and cleaning procedures and protocols. During the inspection, the inspector observed that staff were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring interactions were observed between residents and staff.

Residents had access to plenty of private and communal spaces. Due to the use of the external garden space around the centre residents were supported to spend time outside. This was very important to all residents with some residents who loved to garden having access to a poly-tunnel which was outside the back door. Other residents from centres operated by the provider also used the tunnel on occasion as part of a group who were being supported to learn about gardening. The resident in this centre was growing garlic and salad crops and had previously grown flowers that were cut for display. Another resident who had recently celebrated a significant birthday had purchased a water feature and garden ornaments which were placed close to where they liked to sit and waiting to be installed. Residents' bedrooms were warm, clean, and decorated in line with their preferences. Residents had soft furnishings, televisions and some personal belongings on display with residents' art work and photographs also on display in the communal areas.

The house was found for the most part to be very clean during this unannounced inspection. The cleaning was completed both at night by night staff and over the course of the day while residents were engaged in activities. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff. The inspector found that there were gaps however, in the recording of cleaning completed, in the detail regarding cleaning of resident specific equipment. In addition areas within the centre had not been identified on the schedule and were not being cleaned with regularity. While some of these omissions on the schedule had been identified during a provider audit the inspector found there was no system used to ensure these actions had been reviewed or completed.

One area, a storage press on the hallway which was not included as part of a cleaning schedule presented as very untidy, with flat mop heads in a box with resident socks, old buckets and mops waiting for collection and overall the area required items to be lifted off the floor and correctly stored. In addition, the staff office had not been cleaned and was visibly unclean on the floor, skirting boards and on shelves. Finally some pieces of resident equipment such as splints used for postural management or chair covers were also not recorded on the schedule for cleaning although the inspector acknowledges these were visibly clean there were no records of these being cleaned. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure vehicles were regularly cleaned.

In summary, residents appeared happy and comfortable in their home. They were busy doing things they enjoyed, and had things to look forward to. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of small improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under 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, as previously mentioned some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the provider's audits and corresponding action plans, minor gaps in staff training and in the documentation related to cleaning in the centre.

Overall, the inspector found that the provider was for the most part self-identifying the areas where improvements were required and implementing a number of systems and controls to keep residents and staff safe from the risk of infection. A COVID-19 outbreak risk assessment was developed and there were contingency plans for the centre in the form of isolation plans for individual residents.

The provider had completed an annual review in June 2022 and the next review was scheduled. While a six-monthly review of the centre had been completed in

February 2023 the previous one had not been completed within the timeframe as specified by the Regulations. The provider had identified the need to complete these audits in line with the Regulations and the next one was scheduled as required. However as stated earlier the actions identified in the February 2023 report with respect to infection prevention and control had not been completed and it was not evident how they were monitored or reviewed. The provider had a suite of meetings that were held such as quality assurance for persons in charge or service development meetings and infection prevention and control was discussed and considered as part of these. A sample of minutes of these were reviewed by the inspector. These also demonstrated that guidance reviews led to policy and procedural changes such as, recent changes in mask wearing. The provider had clear links with public health locally.

Infection prevention and control was regularly on the agenda at staff meetings and from reviewing a sample of these minutes areas discussed included, antimicrobial resistance, cleaning, the use of PPE, temperature checks and visiting. The person in charge was visiting the house regularly and it was evident that the provider and person in charge were consulting with residents about their care and support and their home, and picking up on individual infection prevention and control risks.

The person in charge completed audits in relation to infection prevention and control. They had been implementing the provider's audit schedule across the centre. Examples of improvements brought about as a result of audits included, the identification of the need for new crockery, the monitoring of support to residents who required hospital treatment and monitoring of the condition of armchair covers that were worn.

There was a risk register and a number of general risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. For example, there were risk assessments for risks associated with, use of the poly tunnel, potential outbreak of infectious diseases, risk of pressure sores, exposure to blood and body fluids and the risk of distress in hospital. There was information available in residents' plans and in the information folders in the centre in relation to other centre specific infection prevention and control risks. These included protocols and guidelines on for example the management of resident specific medical conditions or when residents volunteered as part of their job in the community.

There were policies, procedures and guidelines available to staff to ensure they were aware of their infection prevention and control roles and responsibilities in the centre. Staff signed when they had read and understood the content of these. Staff had completed a number of infection prevention and control related training courses. There were a number of courses that related to resident specific care needs such as epilepsy management or postural management, and completion of specific trainings were identified as a control measure in risk assessments and care plans for residents. Not all core and agency staff had completed training resulting in a small number of staff requiring infection prevention and control related-training/refresher trainings.

There were sufficient numbers of staff on duty to support residents and meet the

infection control needs of the centre daily. However, there were a substantial number of vacancies on the core staff team with three whole time equivalent (WTE) positions vacant from an identified staff team of 7 WTE. This included the position of nurse on the staff team which was currently not filled by another nurse although it was being recruited for. These positions were currently filled on the roster by agency staff with the person in charge endeavouring to use a small number of core agency staff only to support consistency of care and support. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to infection prevention and control.

## Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to infection prevention and control measures in the centre and the impact of these on their day-to-day lives. However, some minor improvements were required to the storage in the premises and documentation relating to cleaning in the centre.

Residents had protocols, guidelines, and care plans in place relating to infection prevention and control risks. There were detailed and up-to-date care plans for areas such as epilepsy care or the management of pressure sores or urinary tract infections. Records reviewed indicated that plans were reviewed and updates completed in a timely manner as required, ensuring the information present to guide staff was current. Risk assessments were in place associated with care plans such as management of skin integrity or the management of clinical waste and specific PPE use.

Residents were being provided with information on infection prevention and control in an easy-to-read or symbol supported format. For example, there were social stories available and infection prevention and control related information in an easy-to-read format. This included information on standard precautions, viruses, infections, how to keep yourself safe from infection, COVID-19, vaccine programmes, the use of PPE, and the use of antibiotics. Residents met frequently supported by staff and minutes reviewed from these meetings reflected discussion on a wide range of infection prevention and control topics.

Residents' medical observations were recorded regularly and the contact details of medical and health and social care professionals were available in residents' plans. Where residents had 24-hour postural equipment requirements such as sleep systems, orthotic splints or required hoisting all these areas were reviewed by health and social care professionals. However, not all this equipment had identified care and management plans or guidance in place. For example in the case of a postural

support boot worn daily there was no guidance on the cleaning or disinfection practices that were required whereas these were in place for bathing and sleeping systems.

There were stocks of PPE available although the storage of this required review. A large quantity was present in the centre and was observed stacked on the floor in a bathroom, in a press that also held bedding, incontinence wear and cleaning equipment. and systems for stock control and auditing in place.

The house was found to be for the most part very clean during the inspection. The presentation of the centre in some areas required review due to either the area not being identified on the schedules such as the presses or not being completed as required such as in the staff office. Other areas were found to have been recorded as completed well in advance of the cleaning being completed such as in the utility room.

There were suitable arrangements in place for the management of laundry in the centre. There was a washing machine and dryer available in the house, and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry management in the event of an outbreak of infection in the centre. There were dedicated areas for waste and a system in place for the storage and collection of clinical waste.

There were policies, procedures and guidelines in place for cleaning. Guidelines on dilution methods of cleaning products were also readily available for staff. There were colour-coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. A flat mop system was in place in the house although the storage of the mop heads required review and they were observed to be mixed in with resident socks. The residents had access to two bathrooms that were shared between the four of them and guidance was in place for staff on the cleaning and use of clinical waste bins and shared equipment such as shower trolleys in these. There was hand soap, sanitiser and paper towels available for visitors and staff and residents had use of their individual toiletries and towels.

## Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some minor improvements were required to

ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- While the inspector acknowledges that the provider had identified their audits were not being completed in line with the timeframes as required and have taken steps to change this the allocation and overview of actions arising from these audits also required review.
- There were some surfaces in the house which were damaged and this was impacting the ability to clean and disinfect them. For example, around the sink in the visitors bathroom, the surfaces of drawer units and storage in resident bathrooms and missing drawer fronts in resident bedrooms. These had been identified by the person in charge but remained outstanding.
- Staff were in receipt of training and refresher training to support them in carrying out their role. However, a small number of staff required specific infection prevention and control-related training or refresher training. One staff member required refresher training since May 2022 however, they were currently on leave from the centre. In reviewing the training of the regularly assigned agency staff to the centre the inspector found that one staff member had completed no training other than the donning and doffing of personal protective equipment.
- The details on cleaning schedules required review to ensure all areas were included, such as postural equipment and areas used for storage such as presses. This was of particular importance given the high levels of agency staff working in this centre.

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 Fuchsia OSV-0005822

Inspection ID: MON-0039573

Date of inspection: 31/05/2023

## 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> <p>PIC submitted resource forms on the 6th June 2023 requesting the following items following the IPC inspection.</p> <ul style="list-style-type: none"> <li>- A steel shed to store incontinence wear.</li> <li>- Broom grippers for the boiler room for appropriate storage of mops.</li> <li>- The damaged areas of flooring identified in the inspection has been requested for repair on the 8th June and this was completed on the 14th June 2023.</li> <li>• PIC reviewed the current cleaning schedule on the 6th of June 2023 to ensure same is more defined and robust, the following has now been added to the cleaning schedule;               <ul style="list-style-type: none"> <li>· The boiler room is now identified on the cleaning schedule</li> <li>· The study is now included on the cleaning schedule.</li> <li>· Storage Press has been added to the cleaning schedule.</li> <li>· Night time delegated duties are now clearly defined and communicated with the staff team to ensure completion in line with ways of working.</li> <li>· Person supported footwear(boot) is now identified on the cleaning schedule.</li> <li>· The drawer units and storage press in two bathrooms one in people supported bathroom added to cleaning schedule.</li> </ul> </li> </ul> <p>Training</p> <ul style="list-style-type: none"> <li>• PIC reviewed and took further action on the training report on the 7th June 2023. All training is now up to date.</li> <li>• Review of agency staff completed by the PIC on the 7th June, with a view of securing minimum of two regular agency staff to work in Fuchsia. Aurora employees rostered on days at present and agency by night. PIC aims to use the same agency staff, with mandatory training completed to work in Fuchsia.</li> <li>• HIQA Report, IPC and relevant documentation was discussed with all team members at the team meeting on the 13th of June 2023.</li> <li>• Aurora auditor has a schedule developed that reflect the required audits as per regulations are carried out.</li> </ul>	

- A review of skill mix across all designated centres is currently being completed by DOS and ADOS to ensure each designated centre and PIC has adequate teams to support the people living in their homes. A review of nursing supports and nursing skills is underway with the opportunity shape a new service delivery across Aurora by staff nurses.

## 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	22/06/2023