

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

Issued by the Chief Inspector

Name of designated centre:	Kilcar House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	19 September 2022
Centre ID:	OSV-0007715
Fieldwork ID:	MON-0035882

About the designated centre

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

Kilcar House is a dedicated respite service that provides 4 respite beds to children within the Kilkenny/Carlow area over 3 nights in active partnership and in line with the needs and wishes of the child and family. The house is a four bedded, single storey house with a kitchen, sitting room, dining room, sensory room and play room. Three bedrooms are en suite and all bedrooms have an overhead hoist. There is also an outdoor play area. The house is located in a rural setting, within easy reach of several towns. A wheelchair accessible vehicle is allocated to the house.

Children who may attend respite age between five and eighteen years of age and children are grouped together within their age group, interests and ability when planning respite. Children do not share rooms unless a parent of siblings request that siblings share a room which compliments their home living arrangements and consent to the same.

This service is provided to children with Autism Spectrum Disorder (ASD), Intellectual, Physical and Sensory Disabilities. Respite breaks are available to children with low, medium and high dependency levels. The number of respite breaks available to individual children is dependent on the referral, admission and assessment process in place. Care is provided by a team consisting of nurses and support workers. Where necessary the respite team will liaise with schools, clinicians and other agencies in order to ensure consistent support with health and social care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 19 September 2022	08:30hrs to 14:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed relevant public health guidance. This included the use of personal protective equipment (PPE) and regular hand hygiene.

This centre provided a respite service to children and young people under the age of 18. Residential respite was mainly provided on Friday, Saturday and Sunday nights. Approximately 50 children availed of this service. The majority of children had between five and 14 nights respite assigned to them across a calendar year. The registered provider and person in charge worked closely with families to ensure the children availed of the respite to best benefit each child and families individual circumstances. The centre had capacity to accommodate four children at a time, but due to the ongoing pandemic, a maximum of three children were availing of an overnight stay at any one time.

The inspector arrived early at the centre to meet the three children that had availed of the respite stay the previous night. Three children had stayed overnight. For one of the children it had been their first overnight stay within this house. The children were up, dressed and ready for school. Staff explained that it was an approximately a one hour journey to all the children's respective schools. Two children were in the car with their school bags. A staff member was with them. One child opted not to speak with the inspector. The other child answered yes or no to some direct questions. Both children were well presented and seemed comfortable waiting for their peer to join them in the car.

One resident was in the kitchen and was being supported by the person in charge. They smiled at the inspector and told the inspector they had a good night. They were seen to call staff by name and frequently smile when spoken with. They appeared very comfortable in the house and with the staff present. They readily followed instructions that were given to them and walked with the inspector out to the car. Staff were kind and patient with all interactions with the children.

From documentation review and speaking with staff it was evident that a child-centred approach was considered for all children who availed of respite with the centre. An informal meeting was held with all children on collection from their home or school to ascertain what activities they wanted to completed while on their stay. Activities such as visits to parks, playgrounds, cinema, swimming and child friendly restaurants were offered. Staff spoke about the importance of ensuring the visit was fun for the child an that that they got to engage in preferred activities. This would

ensure the visit was a positive experience for the child. Specific routines were clearly documented in the children's personal files such as specific night time routines. On arrival at the centre a staff member explained that the new child had a specific routine in place to help them fall asleep. This had been completed by the staff member and they reported that the child slept through the night.

The most recent unannounced provider visit completed in June 2022 was reviewed by the inspector. As part of this process the views of families in regards to the service provision were sought. Parents were very complimentary of the service provided especially in relation to the commitment of the staff team. One parent stated that the staff team 'go above and beyond' their allocated duties to ensure their child had a comfortable stay.

The person in charge completed a walk around of the premises with the inspector. The premises presented as a large, very well maintained, clean, warm and child friendly environment. The premises consisted of a bungalow building outside a town in Co. Carlow. There was a large open plan kitchen/dining area, a separate sitting room, a play room, a sensory room, four individual bedrooms, three of which had en suite bathrooms. There was also a main bathroom, a small bathroom with a toilet and sink, staff sleep over room and office spaces for staff to work from.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infections. These included regular temperature monitoring of the residents, pedal operated bins, PPE and hand hygiene facilities. The premises was observed to be visibly very clean and cleaning schedules were in place. However, laundry procedures required review to ensure they were in line with the provider's policy and best practice in relation to infection prevention and control (IPC) measures.

Overall it was found that the children appeared relaxed and content following their respite stay. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with the Regulation 27, the national standards and in line with the provider's 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

Overall, the inspector found that the registered provider was demonstrating the

capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The centre was also supported by a senior management team. The person in charge was allocated as the IPC lead within the centre and had the appropriate skills and knowledge to complete this role effectively. The person in charge was present in the centre on a very regular basis. They had been on call over the weekend and were also present on the morning of the inspection when the inspector arrived to the centre.

it was evident that the provider was undertaking regular audits of infection prevention and control. Audits included mattress condition audit, a weekly environmental audit and regular hand hygiene audits. In addition to this an annual IPC audit occurred within the centre which fully reviewed many important aspects of IPC management. For the most part, these audits and reviews were identifying areas of improvement. For example improvement in local policies had been identified in the most recent audit. This has been completed by the person in charge and suitable information was in place to guide staff practice.

There was an established staff team comprised of Clinical nurse managers, staff nurses, social care workers and respite support workers. Staff members were assigned as key workers to children during their stay and where responsible for ensuring the he providers systems and policies regarding infection control were implemented in the centre during their shift. The existing staff team covered any staff absences to ensure consistency of care was maintained.

The staff team practices were guided by the provider's policies and procedures. For example, the provider had a number of local policies in place to guide staff practice in relation to the relevant IPC needs. In relation to COVID-19, the provider had developed a clear centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. Staff meetings were taking place regularly and the inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed. There was evidence that the person in charge was also regularly communicating with the staff team regarding infection prevention and control through regular supervision.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to infection control, a small number of staff required up-to-date training in some areas.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, as noted some improvement was required in a small number of areas to ensure best practice in this area was consistently adhered too. For example, improvements were needed in laundry management, reviews of risks and storage of some personal items.

In terms of laundry management there was some good practices in place. There was an up-to-date local policy in place, a dedicated space to complete laundry, separate baskets for clean and dirty laundry and a stock of alginate bags that could be used if required. However, on the walk around of the premises, a pile of dirty laundry was located on the floor of the utility room in front of the washing machine. This was not in line with the providers policy or good practice in relation to effective infection prevention and control measures.

The designated centre was subject to a deep clean on a regular basis. A contract cleaning company was employed to complete a deep clean of the premises after each respite stay. Staff from this cleaning company arrived on the day of inspection and were observed to be completing a deep clean. The cleaning staff utilised cleaning schedules devised by the organisation. These schedules were comprehensive in nature and included all areas of the home. From a review of a sample of cleaning schedules no gaps in recording had been noted. The person in charge had direct oversight of these schedules. As noted, the premises was observed to be visibly very clean. However, some surfaces required review so that they could be effectively cleaned and sanitised. This was an area that had been self-identified by the provider and they discussed the measures in place that would be taken to address this.

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. However, a number of risks had not been reviewed in line with the providers policy. For example some risks were identified as needing a review in a six month period. This review had not taken place.

There was adequate storage facilities for all residents personal belongings. There was a wardrobe located in each room and other storage facilities noted around the home. However, the inappropriate storage of some personal items was noted in bathrooms. This posed a risk, as the integrity of the product would be compromised in a damp environment.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services,

and keeping the staff team and the children 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 specific policies in relation to IPC needs. Staff spoken with were knowledgeable about the importance of effective infection prevention and control measures.

Some minor improvements were needed across a small number of areas to ensure best practice in relation to IPC measures could be consistently adhered to. This was observed in the following areas:

- Laundry procedures required review to ensure that staff were implementing relevant measures as stated in the providers policy.
- A small number of staff required up-to-date training in a number IPC areas.
- Some parts of equipment required review so that they could be effectively cleaned at all times.
- Storage of some items required review to ensure they did not impact on the efficacy of the product.
- Systems in place for reviewing stock checks on sterile items kept on the premises required improvement to ensure that items were disposed of in a timely manner once they were out of date.
- Management of risks in the form of formal reviews required improvements to ensure it was in line with the providers stated timelines.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Kilcar House OSV-0007715

Inspection ID: MON-0035882

Date of inspection: 19/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Kilcar Respite house will continue to provide an environment that promotes effective and appropriate systems of IPC. We are committed to providing a safe service, which is in line with National guidance for residential care facilities. The following systems are in place to ensure effective IPC oversight and monitoring.</p> <ul style="list-style-type: none"> • Daily and weekly external cleaning contractor service in place and monitoring of its effectiveness. • Internal cleaning systems in place between sessions. • Contracted maintenance services in place alongside, individual service contracts for the regular review of all equipment. • Waste disposable contractors in place. • Adequate safe storage systems in place and reviewed regularly. • Regular auditing of both the building and documentation. • Stock taking system in place to ensure adequate supplies of cleaning equipment and PPE. • Material Safety Data folder in place to ensure all products used are safety compliant and in line with European directives. • Systems in place to ensure effective cleaning and sanitization of vehicles. • Internal focused unannounced HIQA inspections. • Risk assessments in place. • Covid prevention procedures in place in line with National guidance • Continued IPC training for staff with regular review of the training tracker by PIC. • Overall adherence to National IPC policies, regular review and development of local IPC policies. <p>Improvement plan</p>	

- Laundry procedures required review to ensure that staff were implementing relevant measures as stated in the providers policy.

Laundry procedures will be reviewed and discussed with all staff during next scheduled staff meeting.19/11/2022. In the interm a verbal and email reminder was given on 03.10.22 to all staff to adhere to current laundry procedures by PIC and shift leads.

- A small number of staff required up-to-date training in a number IPC areas.

Theses staff have been reminded to complete outstanding training, this will be completed before 31/10/2022

- Some parts of equipment required review so that they could be effectively cleaned at all times.

Identified equipment was sanded and sprayed with sealer to provide a rust free surface for regular efective cleaning.

- Storage of some items required review to ensure they did not impact on the efficacy of the product.

Identified items will stored in either childs bedroom or in house utility area and brought to bed room as required. This will be verbally discussed with staff and brought to November scheduled team meeting and will also be emailed to all staff.

- Systems in place for reviewing stock checks on sterile items kept on the premises required improvement to ensure that items were disposed of in a timely manner once they were out of date.

Auditors of the first aid boxes will be reminded by PIC by email by 07.10.22 to ensure that the expiry dates of products does not extend past the next quarterly review.

- Management of risks in the form of formal reviews required improvements to ensure it was in line with the providers stated timelines.

The risk register review time lines will be reviewed by PIC and PPIM in line with the roll out of the Enable Ireland risk management system by the end of Q4.

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	31/12/2022