



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

Issued by the Chief Inspector

Name of designated centre:	Bluebell Lodge
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0007754
Fieldwork ID:	MON-0037528

About the designated centre

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

Bluebell Lodge is a four bedroom bungalow situated in its own grounds on the outskirts of Waterford City. It is registered to provide a full time residential home for up to four residents with intellectual disability. The house comprises of a kitchen-dining room, and has two sitting rooms, all bedrooms are en-suite. Externally there is a large decked area and well maintained garden. Transport is available to the residents who live here. The staff team comprises of a social care team leader, social care workers and health care assistants. Four staff members are on duty to provide supports to residents each day.

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
Thursday 6 October 2022	08:30hrs to 14:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27 and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

Overall, the inspector found that there was a lack of governance and management oversight in this centre in relation to infection prevention and control. The inspector was not assured that there were appropriate systems in place for the identification, management, review and learning with respect to infection prevention and control.

The inspector met with all four residents living in the designated centre, as they were supported to get ready to go to day services. Residents were unable to verbally express their views about their life in the centre. Residents used a variety of methods to communicate including gestures, physical prompts and vocalisations. One resident was observed writing down their plan for the day and communicating this to a staff member.

Staff members supported residents to have their breakfast and engage in personal hygiene. Although residents appeared relaxed and content at all times, the inspector did observe staff members engaging in practices that impacted on residents' rights and did not demonstrate effective infection prevention and control measures were in place. While residents were eating their breakfast, a staff member walked through the kitchen with a waste bag of used incontinence wear, after attending to a resident's personal hygiene. When one resident had finished their breakfast, a staff member was observed cleaning their face and hands with a household cleaning cloth. These practices did not respect residents' dignity.

On arrival to the centre, the inspector observed a large window by the front door of the residents' home. In the window, there was 14 boxes of residents' incontinence wear. Staff members noted that the boxes had been stored in this location for some time. While it was inappropriate that these items were stored in direct sunlight, it also impacted on residents' rights to privacy, given that these items were visible from the street outside.

The premises of the designated centre was a large bungalow, with a garden to the front and back of the house. Each resident had their own private bedroom and ensuite bathroom. Three of the four residents also had a walk-in wardrobe. The centre was clean, with the exception of some high dusting in areas. However, the residents' home was quite cluttered. In a number of areas, this negatively impacted on the provision of effective spaces to carry out duties such as medicines administration. This was an infection control issue. A number of items awaiting disposal were also observed in the residents' garden. These areas will be further discussed in the

quality and safety section of this inspection report.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The person in charge and their line manager were both on planned annual leave on the day of this inspection. Staff on duty were aware that a member of the senior management team was providing oversight to the centre during this time. This individual facilitated the inspection of the designated centre.

The inspector reviewed a number of audits and reviews completed in the designated centre. This included infection prevention and control audits, unannounced six monthly visit reports and annual reviews of service provision. It was observed that the centre's lack of adherence to infection prevention and control measures were not identified through these oversight systems. For example, the designated centre's annual review noted that there was no areas for improvement in the centre. This did not demonstrate ongoing quality improvement, and it was not consistent with the findings of this inspection. When issues were identified in audits, there was no effective action plans to address areas for improvement. In some instances, these issues were still evident on the day of the inspection. This did not provide assurances that governance and managerial arrangements were in place to ensure the delivery of safe and effective infection prevention and control practices.

The staff team comprised of care assistants, social care workers and a social care leader. There was a high number of staff members on duty in the centre each day and night. Four staff were on duty each day, with two waking staff members on duty at night. On review of the training matrix, it was evident that all staff members working in the centre had been supported to receive training in response to the COVID-19 pandemic. This included hand washing, infection prevention and control and the donning and doffing of personal protective equipment (PPE). However, the findings of this inspection evidenced that the practical application of infection prevention and control in the centre was not in line with best practice.

There was evidence of logs and checklists outlining staff members' roles and responsibilities relating to infection prevention and control. This included cleaning schedules for high-touch areas, which were completed multiple times each day. An enhanced cleaning checklist had been in place for night duty staff to document cleaning of items including sensory items and beanbags used by residents. However this document had not been completed since February 2022. It was also noted that there was no record for cleaning other items including hoist slings and mattresses.

A COVID-19 contingency plan had been developed to provide guidance to staff

members in the event of an outbreak of COVID-19. This included relevant information including the importance of residents receiving nominated visitors, in line with best practice and National guidance. It did require review in relation to the management of waste in the centre, and the measures in place given that one resident cannot self-isolate and that previous isolation arrangements were now in use as a respite service full-time. Contact details were provided for Public Health in an accessible location for staff members. There was also a contact number in the event staff members required additional PPE.

Quality and safety

As part of this inspection, the inspector completed a full walk around of the designated centre with a member of the senior management team. A number of areas for improvement were noted. The laundry area in the centre was very cluttered, and there was not sufficient space to complete tasks in this area in a manner that promoted effective infection control practices. For example, staff members' bags were observed being moved from the floor to the counter area and the sink draining board to allow effective passage through this area. It was also noted that medicines were administered from this counter space, which was not appropriate. Equipment used to administer medicines including medicines pots and measuring spoons were stored in a plastic container. However, there were items including pens, pencils and screws in the container with these items which was not appropriate.

Residents' communal areas were observed to be cluttered. Effective storage was required throughout the designated centre. Inappropriate storage of cleaning equipment including mops and brushes was also observed.

Due to its small size and lack of effective drainage, the hand-washing sink in the bathroom used mainly by staff members was not sufficient to carry out effective hand hygiene. One resident's shower area did not have a curtain guard to protect nearby equipment from splash-back.

The inspector noted a number of items outside awaiting disposal including a shower chair and a large window frame. Two bags of waste were also observed. On closer inspection, it was observed that the bags contained used PPE equipment which was consistent with the level of PPE required for a suspected/confirmed case of COVID-19. It was evident that these items had been in the garden for sometime. It was also noted that the designated centre's contingency plan did not clearly outline the arrangements for the management of this waste.

A check-in station had been set up so that staff and visitors could don and doff PPE, complete a symptom check and sanitize their hands, on arrival to the centre. Throughout the inspection, staff members were observed wearing a level of PPE that was appropriate for the task they were completing. There was also evidence that staff members monitored themselves for signs and symptoms consistent with a

possible COVID-19 infection. It was noted that there was no effective waste management, so that staff and visitors could safely dispose of PPE on leaving the centre.

Weekly house meetings were held with residents to discuss issues and news in the designated centre. Infection prevention and control was not a standing agenda item at these meetings. In an audit, the person in charge had identified that social stories were required to ensure information relating to infection control was communicated to residents in a format that supported their understanding. This action had not yet been completed.

All residents had access to their G.P (general practitioner) as required. Care plans had been developed for residents with respect to COVID-19. In one resident's care plan, it was identified that they could not self-isolate. There was no specific plan of care regarding what staff should do, should this resident be suspected/ or have a confirmed COVID-19 diagnosis. Staff advised that the resident could be supported to go to one of the organisation's respite centre's, however this centre was now operating as a respite centre on a full-time basis. It was unclear as to whether this arrangement was still in place. There was no evidence of a risk assessment regarding the risk this posed to other residents living in the centre.

Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, significant improvements were required to promote increased levels of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*.

Inspection findings indicated that the service's auditing systems were not appropriately self-identifying issues found on the day of the inspection. Governance and oversight systems were not ensuring that the service was in compliance with HIQA's *National Standards for infection prevention and control in community services*. This was discussed with senior management on the day of this inspection.

The designated centre was observed to be cluttered, with items included used PPE being found in the designated centre's garden. It was also observed that despite the large size of the centre, it was not laid out in a manner that supported effective infection prevention and control practices.

Staff members were observed engaging in practices which were not appropriate in terms of effective infection prevention and control, which also impacted on the rights of residents. This included the use of household cleaning cloths to attend to a resident's hygiene needs.

Clear plans were not in place to direct staff members on the actions required to support a resident who was unable to self-isolate.

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 Bluebell Lodge OSV-0007754

Inspection ID: MON-0037528

Date of inspection: 06/10/2022

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> <ul style="list-style-type: none">-A full review of Infection Prevention Control measures has been undertaken in the centre and the following actions taken:-A designated office area in one room of the house is now in place. Completed.-All clutter has been removed from the house. Completed.-Each resident has their own washing basket and each resident's washing is completed separately. Completed.-The fridge freezer in the utility room will be moved in to the main kitchen to prevent crowding in the utility room during busy meal times. To be completed by 11th November 2022.-Excess incontinence wear which has been removed from the service. Completed.-Guidance on the practical application of IPC education has been given to the staff team through team meetings and individual supervisions. The role of IPC and maintaining the dignity of residents has been emphasized to staff. Staff are now aware that no laundry is carried through the kitchen. Completed but ongoing training at team meetings and supervisions will continue.-All re-usable cloths have been removed from the designated centre and only single use disposable wipes are available. Completed.-A review of all cleaning schedules has been done and these have been updated to provide additional guidance for staff. Completed.-Mops are currently hung separately in a clearly marked area in the garage. An appropriate indoor area for the storage of mops will be available by the 11th November 2022.-A donning/doffing/IPC station has been set up by the front door for staff and visitors which includes a hazard bin. Completed.-All items in the garden which were waiting to be disposed of have been removed. Completed.	

-The managers internal audit forms have been updated to reference the findings of the six monthly and annual unannounced audits. This will support compliance with HIQA's National Standards for infection prevention and control in community services. Completed.

-The contingency plan will be reviewed to reflect the plan to support people who will not self-isolate and the management of waste. To be completed by 11th November 2022.

-The hand washing sink in the wc used mainly by staff has been serviced by a plumber and now has adequate drainage. Completed.

-A shower curtain will be put in place in the wet room. To be completed by 11th November 2022.

-IPC easy read/social stories are available and will be re-distributed to the centre in addition to the agenda for resident's weekly meetings being updated to include IPC. 18th November 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	18/11/2022