



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

Issued by the Chief Inspector

Name of designated centre:	Nagle Services Clonmel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0007816
Fieldwork ID:	MON-0035545

About the designated centre

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

Nagle Services Clonmel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to two adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a bungalow which comprises of a sitting room, kitchen/dining area, relaxation room, an office, two bathrooms and two individual bedrooms. There was an enclosed garden to the rear of the centre. The centre is staffed by a person in charge, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 February 2022	09:30hrs to 15:00hrs	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.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE), regular hand hygiene and social distancing.

On arrival to the centre, there was an area which had a supply of alcohol based hand sanitizer, disinfectant wipes, a thermometer and face masks. Staff and visitors entering the centre completed a health screen, attendance and contact tracing log. This was used to ensure staff and visitors to the centre did not have any symptoms of COVID-19 infection, including a temperature. This log could also be used for contact tracing in the event that this was required. On completing this document, there was clear signage indicating that there were pens which had been sanitized, and an area to put pens that had been used. There was also a pedal operated bin, so that on leaving the centre, used personal protective equipment (PPE) could be safely disposed.

Two residents received full-time residential care in the designated centre. There were no residents in the centre on the day of the inspection. Both residents were attending day services, and one resident was due to visit family when they finished day service. Therefore, the inspector reviewed documentation which evidenced the care and support they received, and spoke with the person in charge.

This designated centre had experienced an outbreak of COVID-19. Staff members discussed how residents were informed about this outbreak. Visuals were used to inform one resident about their COVID-19 diagnosis. This included using the resident's visual schedule to inform them that they would not be attending their day service. During the outbreak, the resident who contracted COVID-19 was supported in their home. The second resident (who did not contract COVID-19 during the outbreak) spent their days in a day service location that was provided for them alone. They returned to the centre each night. It was noted that both residents had responded well to the changes to their daily schedules and activities during the outbreak of COVID-19. Staggered mealtimes and plans meant that residents were provided with individualised supports in their home. This was in line with their assessed needs. Residents had access to separate bathrooms and bedrooms at all times, including during the outbreak. Strict cleaning protocols were adhered to in the kitchen and communal areas that residents shared.

Overall, it appeared that residents were happy and comfortable living in the centre.

However, some improvements were required to ensure that infection prevention and control guidance was consistent and available to staff members and residents to ensure that measures were in place to provide care and support which were consistent with the National Standards. 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 purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and HIQA's National Standards for infection prevention and control in community settings. The inspector found that the provider was providing a good standard of individualised care and support to residents. There was evidence of a good standard of management and oversight systems in place.

The centre had a full-time person in charge who carried out the role for this designated centre alone. There were clear lines of authority and accountability in the centre. This included an on-call management system, so that staff could contact management outside of regular working hours. There were arrangements in place in the event the person in charge was absent from the centre.

The staff team comprised of care assistants and social care workers. There appeared to be an appropriate number of staff in place to meet the needs of residents and to safely provide care and support. Staff members had access to clinical expertise with regards to infection prevention and control from nursing staff in the organisation, if this was required.

All staff working in the centre had received training to support them in their role. This included areas such as the use of PPE, hand hygiene and infection prevention and control. COVID-19 lead worker representative training had also been completed by most staff in the centre. The roles and responsibilities of the lead worker representative was clearly outlined in a guidance document. Responsibilities included the completion of a daily walk-around checklist and weekly audits regarding the centre's preparedness for an outbreak of COVID-19 and general infection prevention and control measures. As most staff had completed this training, the most senior staff on duty on each shift was the appointed lead worker representative. It was evident that these audits and checklists were completed consistently. It was also identified that appropriate action was taken based on the findings of these reviews. In addition, the person in charge completed a comprehensive COVID-19 audit each quarter. This included reviewing the level of PPE worn by staff on duty, staff awareness of standard and droplet precautions, hand hygiene and social distancing.

Staff members could access information regarding infection prevention and control

in a variety of ways. An online provider portal could be accessed by staff. It was also noted that changes in guidance were notified via emails and the organisation's website. A folder was dedicated to information regarding infection prevention and control, which included information from a variety of sources including Public Health and the registered provider. The registered provider had a number of policies, procedures and protocols in place to guide staff members on the infection prevention and control measures in place. It was noted that the guidance was subject to change based on emerging advice from Public Health. It was noted that the service policy on infection prevention and control had not been reviewed since 2018.

The designated centre had a contingency plan which outlined the actions to be taken in the event of an outbreak of COVID-19 in the centre. This included step-by-step guidance on how to seek a COVID-19 test, guidance on what to do if a staff member began to display symptoms while working and the escalation pathways in the centre. A large stock of PPE was located on-site in the designated centre's relaxation room. This included gowns/aprons, goggles, gloves, masks and alcohol based hand sanitizer. The person in charge reviewed the stock levels monthly. There was also evidence that staff members regularly checked the stock levels during audits on infection prevention and control. Additional stock could be requested if required. Staff members also had access to additional stocks of PPE which was held in a central location.

Quality and safety

Residents appeared to enjoy an individualised service with supports provided by staff who knew their needs and preferences. It was evident that the management and staff team provided a good quality service to residents. With regards to infection prevention and control, some minor improvements were required to ensure the service provided increased compliance with the National Standards for infection prevention and control in community services (HIQA 2018).

The premises was a single storey detached bungalow located on the outskirts of a large town. There were two residents' bedrooms, an office, living area, kitchen/dining room and a relaxation room. The centre was clean and tidy, with effective and appropriate storage. Regular touch point cleaning was completed by staff at a minimum of four times daily. This was documented and recorded as completed. Night-time cleaning checklists were also completed by staff on waking night duty in the centre. It was noted that there was no schedule of cleaning for some items in the centre including sensory items, a soft foam mat and a harness used by one resident on transport daily. Procedures for washing mattresses were unclear as the manufacturers guidance on cleaning was not known in the centre. The person in charge found this information during the inspection and it was noted that the cleaning of mattresses had not been in line with the manufacturers guidance.

This posed a risk as residents presented with incontinence. One residents protective mattress cover was slightly torn.

Mops were stored in an external area that was sheltered. It was noted that this area was dusty and required some cleaning. There was a colour coding system in place for cleaning different rooms in the premises. There was a good supply of cleaning products in the centre. There was a separate laundry area in the centre. Staff were aware of the appropriate procedures for managing laundry, including soiled laundry. Effective waste management was also observed in the centre.

Residents required staff support to meet their intimate and personal care needs. During the walk around it was identified that drain covers had been removed from both residents' showers. The person in charge noted that they had been removed as they posed a hazard and impede effective cleaning due to the presentation and assessed needs of one of the residents. The infection and prevention control risk that led to the removal of drain covers did not have an associated risk assessment or protocol to ensure that contact precautions were carried out and that effective cleaning was completed to protect residents and staff from potential infection.

Meetings were held with residents individually on a regular basis. During these meetings, staff members discussed a variety of topics with residents. There was evidence that staff members had discussed infection prevention and control measures with residents including hand hygiene. It was noted that there was minimal easy-to-read information for residents regarding infection prevention and control in the centre. However, staff spoken with told the inspector that these methods would not be in line with the communication needs of both residents. Therefore, staff members discussed topics using reference items and visuals including face masks. Residents had also been provided with supports and training on hand hygiene and cough etiquette.

Risk assessments and support plans had been developed for each resident, in the event of an outbreak of COVID-19. These plans had ensured that there was clear guidance to staff members to manage the outbreak in the centre. However, it was noted that there were two different risk assessments in place for one resident. This meant that there was some conflicting guidance regarding the escalation pathway, isolation areas and use of PPE. This required review.

Regulation 27: Protection against infection

Overall the inspector found that good practices were observed. Some minor 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. This was observed in the following areas;

- The service policy on infection prevention and control had not been reviewed since 2018.
- Regularly used items were not included in the centre's cleaning checklist

including sensory items, soft mats and a harness.

- The cleaning of mattresses was not been line with the manufacturer's guidance. This posed a risk as residents presented with incontinence. One residents protective mattress cover was slightly torn.
- One resident's COVID-19 risk assessment required review to ensure there was consistent guidance on how to support the resident in the event they contracted COVID-19.
- The area where cleaning equipment including mops was stored required cleaning.
- Clear guidance and protocols were required to support staff to manage the risk of infection posed by one resident's assessed needs.

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 Nagle Services Clonmel OSV-0007816

Inspection ID: MON-0035545

Date of inspection: 01/02/2022

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>The service policy on infection prevention and control is a National Policy which was signed off in 2018 for three years. During the pandemic an addendum was added which states that "the guidelines for the prevention and management of Corona virus/Covid-19 supersedes this policy. These guidelines were updated and reviewed in line with Public Health Guidance. The infection control measures contained in the guidance are more extensive than those in the policy and will remain in place for the duration of the pandemic or 12 months whichever is sooner". Addendum added on 17.06.2021 and will be reviewed within the specified timeframe.</p> <p>The centre's cleaning checklist was updated on 08/02/2022, which included the daily cleaning of sensory items and soft mats. Both harnesses in vehicles now have a specific cleaning protocol after consultation with manufacturer suppliers for guidance. Vehicle cleaning checklists have been updated as of 07/03/2022 where harnesses are now included on same.</p> <p>Two new mattress covers and one new mattress have been ordered (order date 08/02/2022), delivery is due before 30/03/2022. The manufacturers were contacted and guidance for the deep cleaning of the specialised mattress covers in the designated centre has been reviewed, the cleaning protocol has been updated to include these recommendations as of 01/03/2022.</p> <p>All residents COVID-19 risk assessments will be reviewed and updated by Person in Charge by 30th April 2022.</p> <p>The shed area in which mops are stored has been cleaned and the cleaning checklist has been updated to include this area as of 07/03/2022. Mop rails are also now in place to store mops as recommended.</p>	

A new protocol is now in place as of 07/03/2022 to manage the risk of infection posed by one individual's assessed needs.

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	30/03/2022