



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

## Issued by the Chief Inspector

Name of designated centre:	Skylark 5
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	01 March 2023
Centre ID:	OSV-0007938
Fieldwork ID:	MON-0039434

## About the designated centre

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

Skylark 5 is a full-time residential service intended to meet the care and support needs of three adults with a primary diagnosis of intellectual disability. The purpose of Skylark 5 is to make every effort to provide each resident with a safe, homely environment which promotes independence and quality care based on the individual needs and requirements of each person. The centre aims to support residents for as long as they wish to remain in the centre. The centre is staffed at all times. Skylark 5 has access to the Brothers of Charity Services Ireland multidisciplinary team to assist with individual assessments and ongoing needs as required. Each individual has a community based GP. Staff provide support to residents to engage in in-house activities in line with their preferences, ability, health and the requirements of infection control and prevention. Community based activities are risk assessed for safety and supported in line with Public Health guidance. The centre comprises of two houses in short walking distance from each other. They are located in a suburb of Limerick city. A number of shops, restaurants, a cinema and access to public transport are within walking distance of the centre.

**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
Wednesday 1 March 2023	09:30hrs to 15:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with all of the residents during the inspection, at times which suited their daily routines. This designated centre was last inspected in August 2021 and was found to be compliant with regulation 27: Protection against infection during that inspection.

On arrival at the designated centre, the inspector was greeted by a member of staff. This staff asked the inspector to wait briefly as they sought the permission of the two residents living in the house for the inspector to enter their home. Both residents consented to the inspector visiting their home. The residents and staff member engaged in relaxed conversation with the inspector while awaiting the arrival of the person in charge.

One resident was in the sitting room listening to music on their headphones. The staff member supported the resident to talk about the many community activities that they enjoyed. These included attending concerts, visiting social settings such as restaurants and pubs. The resident also had plans to go to the cinema the day after this inspection as part of their birthday celebrations.

The other resident was finishing their breakfast in the dining room as the inspector arrived. The staff member encouraged the resident to speak about their interests, which included sports to the inspector. The resident was a fan of a major rugby team and had enjoyed attending a number of matches in the local stadium.

The staff member explained that both residents enjoyed community activities regularly. They both smiled as the staff member explained that they had enjoyed attending a wedding a few days before this inspection. The inspector was informed that both residents were supported to attend their day service each week day. Plans were also being made to organise a holiday for later in the year. Both residents had contracted COVID-19 during the pandemic. During one of the isolation periods, the residents had to cancel a planned overnight hotel stay. They were due to attend a concert of one of their favourite Irish musicians. Staff arranged for the musician to phone the residents during this period to talk to them. The inspector was informed that both residents attended another concert by the same musician at a later date.

During the morning, the person in charge spoke on the phone with the resident living in the second house. The person in charge explained why the inspector would like to visit them in their home. On arrival at the house, the resident opened the door of their home and welcomed the person in charge and the inspector. The resident was very proud of their home and spoke of the many different activities they enjoyed. These included planting flowers and maintaining their garden. Evidence of this activity was visible in the rear garden and at the front of the property with a number of different plants and flowers growing. The resident also

enjoyed baking and had a large collection of jigsaws. The inspector was shown a number of photographs of events that the resident had attended. These included agriculture shows which were of great interest to the resident. The resident explained to the inspector that they were happy being supported in their home by their day service staff during the week. They were able to access social and community activities such as hairdressers in line with their expressed wishes. They also explained to the inspector that they had not contracted COVID-19 during the pandemic. While speaking with the inspector they demonstrated their knowledge of IPC measures and how to keep themselves safe while engaging in community activities

Both houses were observed to be warm and there was evidence of regular cleaning taking place in most areas. The inspector was informed that one of the resident's actively participated in a number of household chores regularly. Staff explained the other two residents required a bit more encouragement to complete some tasks. The inspector observed some areas of good practice relating to IPC which included staff training. However, the use and storage of some cleaning equipment on the day of the inspection was observed not to be consistent with the provider's own IPC cleaning guidance manual which had been updated in May 2022. In addition, while supplies of paper towels were present in the designated centre, the inspector was not assured that procedures regarding the use and disposal of the paper towels were in line with current public health guidelines- Community infection prevention and control manual. A practical guide to implementing standards and transmission based precautions in community and health care settings- March 2022. This will be further discussed in the quality and safety section of this report.

The inspector observed the facilities in place for the safe and appropriate disposal of personal protective equipment (PPE) was not evident in all areas of the designated centre. A pair of used latex gloves were observed by the inspector on top of an upstairs radiator in one house. The inspector also observed a small stock of unused PPE on the same radiator which included a container of hand gel and a box of latex gloves. A cleaning bucket and mop had also been left outside a bathroom in the same house. This was seen to contain liquid and displayed evidence of having been used. In addition, the storage of cleaning equipment in line with the provider's guidelines was not consistently adhered to. For example, a mop was observed to be stored to the rear of one of the houses. The mop head was placed directly on the ground. In addition, the correct use of the colour coded cleaning equipment was not consistently observed by staff. A mop which was identified for use in general areas of the house was being stored in the bucket identified for use in the toilet areas.

While the person in charge had documented and regularly advised staff of the importance of safe storage of food, some issues with the storage of food in one refrigeration was observed on the day of the inspection. Open packets of foods including cooked meats did not have a date of opening. These were placed next to raw meat products. A bowl containing some left over cooked meat was not covered and stored on the same shelf as the previously mentioned products. A sealed cooked meat packet had a best before date of 27 February 2023. No containers or jars stored in the fridge had a date of opening of them. This was not in line with the provider's own protocols or national guidelines in relation to food safety and IPC

measures.

The inspector did observe a bedroom door in one of the houses being held open with an item of furniture while completing the walk around of the designated centre. This adversely impacted the effectiveness of fire safety measures within the house and was immediately discussed with the person in charge. The door was closed and the issue will be further discussed in the quality and safety section of this report.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols, guidelines and relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

## Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs.

As mentioned in the previous section of this report, the inspector observed a fire door to a staff bedroom/office space being held open by furniture during the inspection. This was not in compliance with fire regulations and the door was closed immediately. The requirement for the door to remain open was described to the inspector as being infrequent. However, on those occasions the door would be opened back and held in place with a desk preventing it from closing if the fire alarm was activated. The person participating in management and the person in charge were informed during the feedback meeting that this was not a safe or acceptable practice. The inspector was informed after the inspection that the facilities manager had been informed and a self-closing mechanism would be put in place on the door in the event the door was required to remain open in the future.

The person in charge worked full time and had dedicated time each week in this designated centre. They were aware of their role and responsibilities and were familiar with the assessed needs of the residents in this designated centre. The person in charge ensured there was an actual and planned rota in place which was reflective of the individual needs of the residents in each house. There were no staff vacancies at the time of this inspection. There was a core group of consistent staff

with a number of regular relief staff available to provide support as required. One new member of staff who had commenced employment in the weeks prior to this inspection was completing the induction programme and shadowing familiar staff in the designated centre. The person in charge had ensured all staff had attended supervision during 2022 with scheduled supervision in place for 2023

Training records of staff indicated up-to-date training in IPC. The person in charge had ensured staff had attended training both on-line and in-person training. For example, IPC, hand hygiene and food safety. The new staff member was scheduled to complete these training courses in the weeks after this inspection. Staff spoken too during the inspection were familiar with IPC precautions as well as current public health guidelines.

The provider had ensured systems were in place to monitor the effectiveness of IPC measures in this designated centre. These included monthly IPC audits completed by the person in charge. All actions were documented as being addressed from the most recent inspection that took place in January 2023. An annual review was completed in March 2022 and two provider-led six monthly unannounced audits were completed in-line with the regulations during 2022. Actions identified had been resolved. For example, in April 2022 the training requirements for staff relating to food safety and IPC required review. The person in charge worked to resolve this issue with the provider's training department. Training was originally scheduled for May 2022 but had to be re-scheduled. While this issue was also documented in the monthly IPC audit completed in August 2022, the issue was documented as being resolved in October 2022.

The provider had ensured a centre specific contingency plan was in place and was subject to regular review. It included the expressed wishes of one resident who preferred to go to a dedicated isolation unit in the event of them contracting COVID-19. The person in charge had also ensured the Health Information and Quality Authority (HIQA) self-assessment in preparedness planning had been subject to regular review.

## Quality and safety

The welfare and well being of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infectious agents in a manner that was consistent with the provider's protocols and relevant national standards.

Residents were provided with information and support by the staff team relating to IPC measures and staying safe. There were a number of easy-to-read information

documents and signs available. Staff regularly discussed topics and issues relating to IPC with residents at weekly meetings. Staff were also supporting residents to increase their independence while adhering to safe food handling as they made their own lunches daily prior to attending their day service.

The provider had ensured templates had been provided for staff to complete frequent cleaning of regularly touched points. These were consistently documented as being completed. However, the inspector observed some items used within the designated centre were not subject to regular effective cleaning; these included the oven and floor mats at the entry/exit points of one house. There was evidence of grease build-up on one kitchen extractor fan. Also, the inclusion of dusting of a number of different areas required further review. The wooden window blinds were not documented in any of the cleaning checklists for regular dusting to be completed. There was evidence of dust build-up at the time of the inspection on a number of blinds. In addition, the staff bedroom had evidence of dust build up in a number of areas in one of the houses.

Other issues identified during the walk about of the houses included the absence of bins to dispose of used paper towels in one downstairs bathroom. In addition, while paper hand towels were available in the same bathroom the location required further review to reduce the risk of cross contamination occurring. For example, a roll of paper towels located on a shelf required each person who needed to dry their hands to pick up the whole roll and tear off the required towel. This meant multiple individuals were touching the roll of paper towels. The inspector also observed a damaged tap fixture in the same bathroom. The person in charge explained that this was scheduled to be addressed by maintenance department. Rust was evident on a radiator in another bathroom which adversely impacted on the effectiveness of any cleaning of the surface. The inspector also observed a number of bins in one kitchen had evidence of debris and staining on the surfaces including the underside of the lids. The person in charge informed the inspector that they had identified the requirement for soft furnishings to be steam cleaned which had evidence of staining from day -to -day use. These included the preferred seating of one resident that were seen by the inspector during the inspection in use.

As previously mentioned in this report, the inspector also observed the storage of cleaning equipment was not consistently in line with the provider's own guidelines. For example; cleaning buckets were to be stored dry, but a number of buckets were being stored at the rear of one of the houses, exposed to the weather. Colour coding protocols for the cleaning equipment present in the designated centre were not consistently adhered to. The use of cleaning cloths in one kitchen required further review. On the day of the inspection a used wet cloth was observed in a kitchen sink. The inspector was informed there was no guidance present in the designated centre to inform staff of when to change/dispose of the used cloths.

The person in charge had ensured individual risk assessments for the residents had been revised in line with changing public health guidance to support residents to participate safely in community activities as per their expressed wishes. There was documented evidence of ongoing review of risk, in particular relating to IPC issues in

this designated centre by the person in charge.

The inspector acknowledges that the issue of safe storage of foods had been identified in previous audits completed in this designated centre including the monthly IPC audit of January 2023. The person charge had documented that staff were to ensure safe food storage. This included reminding staff to label open food products with a date of opening. As previously referred to in this report it was not evident on the day of this inspection. No dates of opening were evident on any open product in one refrigerator except one item, cheese slices. Other issues identified relating to the safe storage of food items have already been listed in the first section of this report.

## Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- No bin present in a downstairs bathroom and damage evident to a tap fixture in the same bathroom which impacted the effective cleaning of the area.
- Rust evident on a radiator in an upstairs bathroom.
- Floor mats in place at entry/exit points in one house required additional cleaning
- Additional cleaning of soft furnishings which had evidence of staining required to be completed
- Appropriate facilities for the disposal of used PPE was required in one house
- Review of the frequency of regular cleaning of some electrical equipment required, including the oven and kitchen extractor fan.
- Build-up of dust evident in some areas including window blinds and in the staff bedroom.
- The storage of cleaning equipment such as mops and buckets in-line with the provider's policies required review.
- Adherence to use of cleaning equipment with colour coding protocols of the provider was not evidenced to have been consistently observed by staff. The protocol/guidelines for the safe use of cleaning cloths in the kitchen required further review.
- The safe storage of refrigerated food items was not consistently adhered to.

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 Skylark 5 OSV-0007938

Inspection ID: MON-0039434

Date of inspection: 01/03/2023

## 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> <ul style="list-style-type: none"> <li>• New bins have been placed in the downstairs bathroom.</li> <li>• The facilities manager had been informed of the damage evident to a tap fixture in the bathroom which impacted the effective cleaning of the area. This work was completed on the 16/04/2023.</li> <li>• The facilities manager had been informed of the rust evident on a radiator in an upstairs bathroom. The radiator was replaced on the 16/04/2023.</li> <li>• New floor mats that are easier to maintain have been place at entry/exit points in one house.</li> <li>• New chair with easy clean surifice has been ordered for the hosue. This order will take up to six weeks for delivery. Meanwhile the existing arm chair has been cleaned and is now free of coffee stains.</li> <li>• Appropriate facilities for the disposal of used PPE has now been placed in both houses.</li> <li>• A cleaning rota which include regular cleaning schedules has been implemented which include frequenct cleaning of all electrical equipment, including the oven and kitchen extractor fan. Cleaning schedule inplace locally to specify areas that are cleaned daily, weekly and monthly.</li> <li>• A cleaning rota which include regular cleaning for build-up of dust evident in area like window blinds in the staff bedroom are in place and review by PIC.</li> <li>• The storage of cleaning equipment such as mops and buckets in-line with the provider's policies have been reviewed. Colour coding of all cleaning equipment i.e. mops for different areas kitchen, bathroom, common areas and spills are located in the kitchen notice board. Buckets will be emptied after use, washed with detergent and warm water and stored dry. The mop handles are labeled with colour coded tape to match the appropciate buckets, which are located in the outdoor shed, safe from weather elements.</li> <li>• Colour coding charts/protocols are now placed on the kitchen notice board for the use of cloths. Colour coding of all cleaning equipment i.e. cloths, are necessary for different areas i.e. kitchen, bathroom, common areas and spills. Cloths are rinsed out regularly and machine washed at the end of day or after cleaning is completed. Cloths used for</li> </ul>	

spills are disposed of immediately after use.

- All unwrapped/exposed food will be stored in food grade containers i.e. containers that will withstand dishwasher temperatures. All foods stored in the fridge has been labeled and stored correctly. The fridge shelves has also been labelled to encourage staff to store cooked and uncooked meat separately.
- The PIC can confirm that they have reviewed the compliance plan with all staff, furthermore can confirm that all regulatory requirements outlined in regulations 27: protection against infection carried out on the 1/03/2023 are completed.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	16/04/2023