



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

Issued by the Chief Inspector

Name of designated centre:	Northfields Respite Centre
Name of provider:	RK Respite Services Ltd
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0001863
Fieldwork ID:	MON-0036001

About the designated centre

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

Northfields Respite Service is a designated centre run by RK Respite Services Ltd. It provides a children's respite service which is intended to meet the needs of up to six children (male and female) and who have an intellectual disability. At the time of the inspection, 43 children availed of the respite service. The centre comprises of one large building, located on the outskirts of a town in Co. Tipperary and is close to local amenities. It is a six bedroom bungalow, which provides respite users with single bedrooms and the option of a double bedroom, should they wish to share with a sibling for the duration of their stay. Respite users also have access to shared bathrooms, kitchen and dining area, play room, art room, utility and sitting room. A large garden areas to the rear of the centre provides respite users with large play and seating areas. The staff team consists of care assistants and a service supervisor. Staff are on duty both day and night to support the respite users who avail of this service. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 March 2022	12:30hrs to 17:00hrs	Conan O'Hara	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 public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the kitchen area in the designated centre. The inspector ensured both physical distancing measures and use of appropriate personal protective equipment (PPE) were implemented during interactions with the respite users, staff team and management over the course of this inspection.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. The premises was a large detached bungalow located in an urban area in County Tipperary. The centre consisted of six individual bedrooms, a kitchen, dining room, sitting room, shared bathroom, artroom and playroom. The playroom contained a pool table, air hockey, ballpen, TV, DVD, gaming consoles, books and table top games. To the rear of the premises there was a large secure garden which contained age appropriate play and recreational facilities including goals, sandbox, jungle gym, sunken trampoline and running track. Overall the premises was decorated in an age appropriate manner and well maintained. However, the inspector observed worn seating in the kitchen area which required review as it impacted on the ability to effectively clean this area.

The inspector found that significant improvement was required in infection control procedures in place. The inspector found that procedures were not in line with the national guidance for residential care facilities who provide overnight accommodation. For example, while informal practices were in place to monitor respite users for respiratory illness, formal monitoring of the respite users for signs and symptoms of respiratory illness and staff members confirming that they do not have any symptoms of respiratory illness before shifts had been discontinued in February 2022. In addition, while, the inspector did observe staff members wearing surgical and/or respirator masks on the day of inspection, since February 2022 the use of surgical and/or respirator masks by staff was optional which was not in line with national guidance.

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 pedal operated bins, removal of balls from ballpen and hand hygiene facilities located throughout the centre. The premises was observed to be visibly very clean and cleaning schedules were in place. However, the storage of

some cleaning equipment was not appropriate and required review. For example, mops were observed to be stored incorrectly.

At the start of the inspection, the respite users were attending school. The inspector had the opportunity to meet and spend time with the respite users as they returned from school, albeit this time was limited. The respite users appeared happy and comfortable in the service and the inspector observed positive interactions between the respite users and the staff team. The inspector observed the respite users playing pool, accessing the garden and preparing for their stay in respite. In the afternoon, the respite users went bowling and were discussing what the plans were for their stay including food and activities. In addition, the inspector reviewed feedback provided by respite users and their representatives since January 2022. Overall the feedback was positive about the care and support provided in the service.

Overall, it was found that the service provided was person centred and that respite users appeared happy and comfortable living in the service on the day of inspection. However, significant improvements were required in infection prevention and control practices 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 improvements were required in the governance and management arrangements to ensure 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 defined management structure in place. This centre was the provider's only designated centre and was jointly managed by a person in charge and the service supervisor. Both also acted as the registered provider. The staff team were also supported by the management team which included an on-call system. There was a regular management presence in the centre. However, there were no appropriate lines of accountability following completion of audits and reviews as the provider, the provider representative and the person in charge being the same persons.

There was evidence of quality assurance audits being completed of the quality and safety of care, in line with the regulations. This included the annual review of quality and safety of care and the unannounced six monthly provider audits. A health and

safety audit was completed in August 2020. In addition, the HIQA infection control self-assessment and quality improvement plan had been completed. However, it was not evident that the provider was identifying areas for improvement in relation to infection prevention and control. For example, the areas for improvement identified on inspection had not been highlighted in the audits completed.

In addition, significant improvement was required in the provider's policies and procedures. For example, the provider had an up to date infection control policy in place to guide the staff team practices. However, the policy did not inform practice and guide staff in all aspects of infection prevention and control including laundry management and waste management. Overall, it was not evident that infection control practices were informed by national guidance for residential care settings. For example, as noted, the practice of formal monitoring of the respite users for signs and symptoms of respiratory illness, staff members confirming that they do not have any symptoms of respiratory illness before starting shifts had been discontinued in February 2022. Mask wearing for the staff team was also made optional since February 2022. The inspector was informed that the decision was based on general government public guidance and not on the national guidance for infection prevention and control in health and social care settings.

The provider had developed a clear centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. Clear plans were in place if there was concerns regarding COVID-19 which included isolating the respite user, contacting the respite user's parents or representatives and for the respite user to return home.

There was an established staff team comprised of care assistants in place. From a review of roster, staffing in place appropriate to the needs of the respite group and it was evident that staffing levels changed in line with the needs of the respite group. Throughout the inspection, staff were observed treating and speaking with the respite users in a dignified and caring manner.

There was a program of training and refresher training in place for all staff. The inspector reviewed a sample of the centres staff training records and found that with regards to infection control, the majority of staff had up-to-date training in areas including hand hygiene, infection control and PPE. The person in charge regularly reviewed training records and staff training needs and scheduled further training when required.

The provider had plans in place to introduce a formal supervision system however was not active on the day of inspection. The inspector reviewed the planned supervision system which focusing on six modules one of which was infection, prevention and control. The inspector noted that the person in charge and the service manager both worked directly with staff and respite users in the centre and provided informal supervision.

Quality and safety

The management team and staff were endeavouring to provide a safe, high quality service to respite users. Respite users appeared happy and comfortable in the respite service. However, with regards to infection prevention and control, a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspector found that some infection control practices were in place such as colour coded cloth system for the cleaning of rooms and high touch areas and regular cleaning. In addition, hand-gels were available at entry points and throughout the centre. Preventative measures had also been taken for example the children's play area/ball-pen had been emptied in order to manage infection control risks. The inspector reviewed cleaning schedules which demonstrated regular cleaning of general areas and a high touch areas. There was evidence of deep cleaning of bedrooms between respite groups. As noted, the premises was visibly very clean on the unannounced inspection. Staff spoken to were knowledgeable on the infection control practices in place.

However, further review was needed as the cleaning schedules did not consistently guide staff in relation to the color coded system in place for mop use. The storage of cleaning equipment was inappropriate and the system required review. For example, two mops were observed to be stored damp and in dirty mop buckets. The inspector also observed two dry mops stored in a dirty mop bucket. This practice did not ensure that cleaning equipment such as the mop heads were appropriately clean and posed a risk of cross contamination.

There were systems in place for the assessment, management and ongoing review of risk in the centre. The infection control risk assessments in place were dated August 2020 and required review. While the risk assessments were comprehensive, they did not accurately reflect the current controls in place to manage infection prevention and control. In addition, there was a risk of legionella disease which was not identified by the provider. Two bedrooms contained taps and sink and may be vacant at times due to the nature of the respite service. At the time of the inspection, there was no risk assessment in place to guide practice regarding ensuring water systems were being run regularly.

The provider had reviewed each respite user was reviewed individually for supports in relation to infection prevention and control. It was evident that infection control measures were communicated with the respite group with signage regarding infection control located around the centre.

Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, significant improvement was required to meet the requirements of Regulation 27 and the national standards for infection prevention and control.

At the time of the inspection, there were a number of practices observed in the service which were not in line with national guidance for health and social care settings. For example, optional mask wearing for the staff team and the discontinuation of formal monitoring for signs and symptoms of infection. This was discussed with the person in charge on the day of inspection and assurances provided that the practice of mandatory mask wearing and formal monitoring would be reintroduced immediately.

The lines of accountability in the governance and management required review. Inspection findings indicated that the services auditing systems were not appropriately self-identifying the issues found on the inspection day and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

The service policy on infection prevention and control did not inform practice in areas including waste management and laundry management. Current cleaning schedules also required review as they provided conflicting information regarding the colour coded mop system. The storage of cleaning equipment was inappropriate and required review.

In addition, some improvement was required in the environmental maintenance to optimise the ability of staff members to effectively clean and sanitise surfaces around the house. These included a minor area of seating in the dining room.

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 Northfields Respite Centre OSV-0001863

Inspection ID: MON-0036001

Date of inspection: 30/03/2022

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> <p>The practice of formally screening clients for symptoms of respiratory illness and completing temperature checks prior to the commencement of all stays has been recommenced.</p> <p>The practice of all staff members confirming that they do not have any symptoms of respiratory illness before shifts has been recommenced.</p> <p>The practice of temperature checks for staff prior to and during work shifts has been recommenced.</p> <p>The use of surgical and/or respirator masks by all staff, at all times has been recommenced.</p> <p>The Infection Prevention and Control policy and procedure document will be reviewed and updated. This will be completed in consultation with an external professional in the area to help ensure that I both informs practice and guides staff in all aspects of Infection Prevention and Control and is consistent with Regulation 27 and National Standards while appropriate to our setting. Laundry management, waste management and appropriate storage of cleaning equipment will be included in the updated policy and procedure document.</p> <p>The Infection Control Risk Assessments in place will be reviewed and updated. A general risk assessment re transmission of healthcare associated infections and the a risk assessment with regards to legionella disease will be included.</p> <p>The Cleaning records will be amended to have consistency in relation to the color coded system for mop us</p>	

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	31/05/2022