



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0035866

About the designated centre

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

Tralee Residential Services is made up of three houses located in a town; one is a detached two-storey house, the second is a detached bungalow and the third is a two-storey building that is connected to a day services centre. This designated centre provides a residential service for a maximum of 12 residents of both genders, over the age of 18 with intellectual disabilities. Each resident in the centre has their own bedroom and other rooms throughout the centre include sitting rooms, kitchens, dining rooms, bathrooms and staff rooms. Residents are supported by the persons in charge, a social care leader, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 10 February 2022	09:15hrs to 18:40hrs	Conor Dennehy	Lead
Thursday 10 February 2022	09:15hrs to 18:40hrs	Aoife Healy	Support

What residents told us and what inspectors observed

Residents were being given information around matters related to infection prevention and control through regular house meetings and daily reminders from staff. While the houses provided for residents to live were generally seen to be homely, in all three houses, there were areas which required further cleaning.

During this inspection, which had a particular focus on infection prevention and control, all three houses which made up this centre were visited by inspectors. Upon arrival at each of the three houses, staff members present performed some COVID-19 related checks including taking inspectors' temperature using a digital thermometer while also getting inspectors to sign into a visitors log for contact tracing purposes. Within each house it was seen that signs were on display relating to areas such as COVID-19 and hand washing while alcohol gel for sanitising hands and cleaning items were generally available throughout the houses. In the three houses inspectors did note areas where general maintenance could be improved upon such as some cables hanging from the ceiling, chipped paint works or plastered areas that needed painting although it was noted that on the day of inspection two of the houses were having painting carried out.

Aside from this it was seen that the houses provided for residents to live in were generally very homely in their overall appearance. For example, residents' photographs were on display throughout while in one house it was seen that one resident had a personalised calendar hanging in the kitchen area. Communal areas were well furnished with items such as televisions and couches while each resident had their own individual bedrooms which were personalised with storage available for residents' personal items. Inspectors saw areas in all three houses which were clean, while some vehicles associated with the houses were also generally clean. However, in each house, inspectors did observe parts of the houses where further cleaning or improvement from an infection prevention and control perspective was required.

While ventilation was provided for in all three houses, shortly after arriving in the first house visited by inspectors, it was seen that mould was present on the ceiling of the house's utility room. Such mould was also observed to be present on the ceiling of one's resident bedroom. In the kitchen of the same house, both inspectors observed that part of the floor needed further cleaning and did not appear to have been thoroughly cleaned in some time. While other kitchen surfaces were seen to be clean, an inspector did note some areas of a kitchen worktop which was chipped, that could make it harder to effectively clean it. In the main bathroom of this house, it was also observed that one of the taps needed further cleaning or replacing given a substance that was on it while some grab rails for the toilet there were seen to be rusted in places.

In the second house visited by inspectors, it was noted that the provider had made some changes to the layout of the house in response to infection prevention and

control concerns that had been raised by previous HIQA inspections in April 2017 and October 2018. However, it was observed that a number of the doors in the house were clearly dirty and required cleaning. The three resident bedrooms in this house all had en suite bathrooms but in one of these it was observed that the taps of the sink required cleaning. It was also noted that this en suite bathroom was quite small in its width and it was highlighted to inspectors that the size of this bathroom posed challenges in supporting the personal care of the one resident who used that bathroom given the particular needs of that resident.

Improvements were needed regarding the cleaning of bathrooms in the third house visited by inspectors. For example, in one bathroom the shower door was seen to be unclear, as noted by the dark coloured substance present, while in another bathroom it was observed that the toilet bowl clearly required further cleaning. In addition, in one of the utility rooms of this house it was noted that additional cleaning was also required particularly for a hand washing sink there while no hand sanitising gel was observed to be present in this room nor a bin for disposal of paper towels. Both inspectors also detected a noticeable odour in this utility room. This house in which this utility room was located was comprised of both a residential house and a day services, both of which were part of the designated centre. A shared kitchen was in place supporting both areas which was seen to be clean although, like one of the other houses, it was noted that some of the kitchen surfaces there were chipped.

Aside from reviewing the three houses, this inspection also gave inspectors an opportunity to observe relevant staff practice. In two of the house visited staff members on duty were seen to carry out cleaning and some staff were also seen to use appropriate personal protective equipment (PPE) in all three houses. However, current national guidance requires a particular type of face mask (FFP2) to be worn in all resident care activities. Supplies of such masks were available for this centre and in two houses staff were seen to be wearing these but in the third house it was seen that some staff were wearing FFP2 masks and others were not. The provider had obtained advice around this which indicated that a different type of face mask and a visor could be worn instead of an FFP2 mask but those staff without FFP2 masks were not using visors at the time.

This was highlighted to one of the persons in charge and later on a staff member involved was seen to be wearing an FFP2 mask. In another house, it was observed that a staff member was wearing gloves when doing some cleaning but it was later seen that they appeared to wearing the same gloves when doing some household activities such as making a cup of tea. While the use of these gloves for cleaning was appropriate, the use of them for household activities was inappropriate for which the gloves should have been disposed of and hand hygiene performed before engaging in them. During the inspection it was also observed that some staff, but not all, had nail varnish and watches on which was not in keeping with recommended best practice for hand hygiene.

While these were areas for improvement, it was noted that the staff were making great efforts to ensure that residents were informed around infection prevention and control matters. This area was regularly discussed with residents during weekly

residents' meetings that took place in each house. This was evident from a sample of meeting notes reviewed which were seen to be very inclusive. Easy-to-read documents were also available for residents which included information around COVID-19. Staff members spoken with indicated that they gave residents daily reminders about topics like cough etiquette and hand hygiene. During the inspection it was observed that as two residents were preparing to leave their house to attend day services operated by the same provider, the residents wanted to be put on their own face masks and to perform hand hygiene before leaving, which they subsequently did.

During this inspection, 10 of the 11 residents living in the three houses were met by inspectors. While some of these residents did not engage with inspectors it was noted that they all appeared calm and relaxed in their environments while being well presented. Some residents were met and observed as they received day services in two of the houses of the centre. It was noted that staff members engaged very positively with residents throughout the inspection, supporting residents to engage in activities, attend appointments or to help them look up information on the Internet. One resident spoken with indicated that they were looking forward to their upcoming birthday and later on told inspectors about wanting to use a door stop to keep some doors in their house open. As part of the provider's annual review, eight residents had completed satisfaction questionnaires with all eight indicating that they were happy with the services provided.

In summary, residents were being provided with information around infection prevention and control. While staff were seen to interact positively with residents, it was noted that the use of PPE required review. Although the houses provided for residents to live in were generally seen to be homely, inspectors did observe areas where further cleaning was needed.

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 centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The absence of an on-site centre manager was having an impact on the governance and management arrangements for infection prevention and control. Based on records provided and observations, some additional training in aspects of infection and prevention was required.

This designated centre was last inspected by HIQA in April 2021 where an overall good level of compliance was found. However, as only one of the three houses which made up this centre was visited during that inspection, it was decided to carry out a further inspection where all three houses would be visited. The current inspection was focused on the area of infection prevention and control in line with a

programme of inspections that HIQA commenced in October 2021. Key areas of focus on this inspection included governance and management, the leadership of the centre, monitoring of the infection prevention and control practices by the provider and staffing.

The staffing arrangements for this centre were outlined in its statement of purpose which indicated that there was to be a dedicated centre manager in place. This centre manager was also intended to serve as person in charge for this centre. However, the centre manager had been absent since the April 2021 inspection which meant that the designated centre did not have an on-site person in charge as intended. While the COVID-19 pandemic did pose challenges regarding the recruitment of staff, it was also highlighted to inspectors that one house of this centre had in recent months encountered staffing deficits which meant that staff levels were below what was required to ensure adequate supervision of the residents living there.

However, additional staff had recently commenced working in this house which meant that the staffing arrangements had improved while at the time of the current inspection, the role of person in charge was being filled by two members of the provider's senior management on a dual basis. However, neither was based in this centre and both had existing roles in management of the provider's other centres and services. Efforts were being made to compensate for this and at the time of the current inspection, the provider was in the process of putting in place an additional social care leader with protected time and additional administration assistance to support the running of the centre.

While this was a positive development, the prolonged absence of the on-site centre manager did have some negative impacts from an infection prevention and control perspective. For example, a suspected case of COVID-19 had not been notified to HIQA, contingency plans for the centre had not been updated since April 2020 and, despite the ongoing COVID-19 pandemic, no audit in the area of infection prevention and control had been carried out since February 2021. This reduced the local oversight of infection prevention and control practices which was evident by some of the findings discussed elsewhere in this report. In addition, due to the absence of the centre manager some staff had not received any supervision in over a year although staff members spoken with did comment very positively on the support that was available from members of the provider's senior management.

Senior management rotated a formal emergency out-of-hours contact number in place from 5pm on Fridays to 9am on Mondays which was intended to provide additional support for staff during these times. Such a formal arrangement was not in place for other days of the week but it was stressed by staff that if they needed support or advice out-of-hours during weekdays, for infection prevention and control queries or other matters, members of the provider's senior management would always be contactable. It was also noted how, following a previous COVID-19 outbreak which impacted this centre, the provider had held a meeting with staff to get their views and determine if there were any learnings from how the outbreak was managed.

Hard copies of guidance documents related to COVID-19 and infection prevention and control were available for staff to view in each house of the centre although it was noted that some of these documents were outdated. It was indicated to inspectors though that senior management sent staff emails with updated guidance and information while staff spoken with said that they checked relevant websites each day when on shift for any new developments or guidance. Records were seen which indicated that staff did this. Relevant training in infection prevention and control areas such as hand hygiene and PPE were provided to staff although some staff, particularly newer members of staff, had yet to receive such training while during the inspection, inspectors did observe some instances where staff practice could be improved.

The provider was hoping to have a cross section of staff across their services involved an infection prevention and control committee that was close to being formalised at the time of this inspection. While the provider did have arrangements for clinical oversight and escalation already in place, given some of the issues that were highlighted by the current inspection, the establishment of such a committee was a positive development. It was also noted though that the provider did not have its own overarching infection prevention and control policy in place and was instead relying on the policy of the Health Service Executive. Having such a policy in place is important to ensure that it tailored to a particular organisation, ensures responsibilities are clearly set out and provides a guiding framework for infection prevention and control activities.

Quality and safety

While efforts were being made to promote infection prevention and control practice, during this inspection, room for improvement was identified in areas such as cleaning and the maintenance of bins and hand washing areas.

In light of the ongoing COVID-19 pandemic, arrangements were in place for testing to be arranged and staff members spoken with were aware of how to access this. It was also indicated that the provider had their own Covid swabbing staff who could support particular residents to be tested if needed. There was also symptom monitoring for both residents and staff taking place on a daily basis. Records reviewed indicated that this was happening twice daily in line with national guidance but an inspector did note some occasions where staff were only indicated as checking their temperatures once a day. The provider had PPE supply arrangements in operation whereby PPE would be distributed to the designated centre on request from central stores operated by the same provider.

It was indicated though that while stock checks of PPE were carried out in this central store they were not carried out specifically in this designated centre. Inspectors were informed that there had been no shortages of items such as PPE and sanitising gel. Such items were listed as control measures in some of the

various risk assessments in place related to COVID-19 and it was seen that, while some other risk assessments had not been reviewed in over one year, the COVID-19 risk assessment had been regularly reviewed throughout the previous 12 months to reflect changes and new developments. It was noted though that a risk assessment was not in place around the use of face masks and visors instead of FFP2 masks for some resident interactions. As highlighted earlier, an inspector did see some staff without FFP2 which included one who sat beside a resident for a prolonged period of time. While the provider had got guidance around such matters, it had not been reflected through a risk management process.

A key measure for minimising the risks that can come with infectious diseases is ensuring that effective cleaning is carried out consistently. In the houses of this centre it was seen that there were schedules in place for routine cleaning of different rooms and twice daily cleaning of regularly touched items such as door handles. Staff were aware of these, inspectors saw cleaning being carried out during the inspection and records reviewed indicated that such cleaning was generally being carried out consistently, although some gaps were observed in records relating to daily cleaning of regularly touched items. However, as highlighted earlier, while inspectors saw areas in all three houses which were clean, there were some areas which were visibly unclean.

In particular, parts of the kitchen floor in one house did not appear to have been thoroughly cleaned in some time despite records reviewed indicating that it had been mopped the day before this inspection. A toilet in another house required further cleaning despite records showing that it had been cleaned the morning of this inspection. It was seen that in each house colour coded equipment was being used to clean designated parts of the houses (such as bathrooms and kitchen) which helps reduce the risk for cross contamination. Processes were in place for this equipment to be stored, prepared for cleaning and then washed. As part of this utility rooms had colour coded buckets for the disposal of equipment such as mop heads before washing. In one utility room it was seen that a yellow colour coded bucket was not present even though a member of staff told an inspector that yellow colour coded cleaning equipment was used in that house.

Signage around the use of colour code equipment was on display in all three houses but in one house the signage on display in a utility room did not indicate what areas yellow coloured coded equipment was to be used for. In the same utility room, an inspector saw a used mop head that was not colour coded placed inside a red colour coded bucket. While the colour coded cleaning equipment was generally used in all three houses, one of the houses was comprised of a residential house for residents to live in and an adjoining day service area both of which were registered as part of the designated centre. It was noted that some cleaning of the day services area, including a central kitchen and toilets, and part of the residential house was performed using the same mop. This was highlighted to one of the persons in charge on the day of inspection who indicated that certain rooms were mopped in a particular order using this mop but that going forward coloured cleaning equipment for the areas highlighted would be used in keeping with the rest of the centre.

Arrangements were in place for household waste, PPE and sharps to be disposed of

where necessary. Throughout all three of the houses a number of foot pedal operated bins were seen. However, it was noted that the use of some of these bins could be improved upon in keeping with infection prevention and control practices. For example, in one house a designated bin for the disposal of face masks was seen to be full to the top. Three other small bins were seen in the centre, none of which had any bin liners in place and inside two of these was some waste which appeared to be soiled. In addition, while facilities were generally available for hand washing throughout the centre, in one house it was seen that a hand washing area had no paper towels available to dry hands while in another house a hand washing area did not have a bin present for disposing paper towels used for drying. All other bins seen throughout the centre were seen to have bin liners and were not overfilled.

Regulation 27: Protection against infection

While efforts were being made to promote infection prevention and control practice, improvement was identified in the following areas;

- The absence of an on-site centre manager affected the overall governance and management arrangements in place
- It had been over one year since an infection prevention and control audit had been carried out for the centre
- Contingency plans for the centre had not been reviewed and updated to reflect new developments since April 2020
- A suspected case of COVID-19 had not been notified to HIQA
- The provider did not have its own infection prevention and control policy
- Some staff required infection prevention and control training based on records provided and observations of some staff practice
- The use of some PPE required review
- No PPE stock checks were carried out specifically for this designated centre
- While COVID-19 information was in place in each, some documents kept in the houses were outdated
- There was no formal out-of-hours on-call arrangements in operation on certain days of the week
- Despite cleaning schedules and records in place, in all three houses areas were seen which needed further cleaning
- The use of colour coded cleaning equipment required review to ensure consistency

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 Tralee Residential Services OSV-0003426

Inspection ID: MON-0035866

Date of inspection: 10/02/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In the absence of the onsite manager a team leader role has been developed for the designated centre. Each residential house in the designated centre has now got a team leader who has dedicated administration hours and the appropriate level of responsibility to manage the day to day running of the house particularly in relation to oversight of duties and staff record sheets, managing the Rota, carrying out supervision and holding team meetings. They will also have oversight of the outcomes of resident meetings and resident's PCP process.</p> <p>IP and C Audit: While this audit was not an active audit at the time of the inspection it has since been adopted by KPFA and is included in the audit schedule for each designated centre since 01/03/2022. This audit has replaced the previous IP and C audits of Housekeeping, Cleaning and Maintenance and Clinical Hygiene</p> <p>IP and C committee are working on developing a KPFA IP and C policy and are developing a cleaning schedule that will support the staff in meeting the IP and C audit checks</p> <p>Business Case submitted to HSE re scheduled deep cleaning service for the designated centre</p> <p>Contingency plans in the centre have been reviewed and updated</p> <p>Staff have been assigned IP and C training and a training schedule is in place</p> <p>Stock Check on PPE completed and a signing out system is in place</p> <p>On agenda for Team meeting on 22/03/2022</p> <ul style="list-style-type: none"> • Correct use of PPE 	

- Correct process for use of colour coded mops system
- Stock check on PPE completed and signing out of PPE going forward
- IP and C training updates

Formal week day out of hours on call arrangement on agenda for senior team meeting

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	30/06/2022