



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

Issued by the Chief Inspector

Name of designated centre:	Country Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0005827
Fieldwork ID:	MON-0036459

About the designated centre

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

Country Lodge is a designated centre operated by Saint Patrick's Centre (Kilkenny). It provides a community residential service for up to four adults with a disability and complex needs. The designated centre is a detached bungalow which comprises of four individual resident bedrooms, an office, a visitors room, a large open planned kitchen/dining/living room and a number of shared bathrooms. The designated centre is located close to an urban area in County Kilkenny near to local amenities and facilities. The staff team consists of staff nurses, social care workers and health care assistants. The core staff team is 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
Thursday 26 May 2022	09:30hrs to 14:30hrs	Sarah Mockler	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).

On arrival at the centre, the inspector met with a staff nurse. They greeted the inspector and showed them to the area to check temperature and fill in required information regarding symptom monitoring for COVID -19.

The centre provided a residential community service for four individuals. The inspector had the opportunity to meet with all four residents living in the centre on the day of inspection. Residents were observed and overheard going about their day and appeared content in the presence of staff. The residents in this centre used non-verbal means to communicate, such as vocalisations, facial expressions and some gestures or movements. All residents were assessed to need full support with all aspects of their care needs.

In the morning two residents were present in the kitchen and being supported with their breakfast routine. As the day progressed the inspector had the opportunity to meet with the other two residents present. Staff introduced the residents to the inspector. Staff were kind and caring with their interactions with the residents. They were knowledgeable about their individual preferences. For example, a staff member made a comment that a resident was not enjoying their usual breakfast of porridge. Staff discussed the plans for the day for each of the residents. There were plans to bring one resident grocery shopping, another resident was going to spend some time in their day service, one resident had a music session in the home and one resident had a trip to a garden centre planned. Staff discussed that all residents had attended a recent event that was organised by the provider. All residents within the organisation had been invited to attend. Staff described how each resident had enjoyed this night and that it had been a very successfully event.

Across the day some residents were seen to move around the home in their wheelchairs and one resident was seen to spend time in the garden and the home as they so wished. Staff were seen to offer residents choice in relation to the care and support they received for example, staff gave residents choice in relation to meal options. Residents were supported in kind and supportive way with all their needs.

The inspector completed a walk around the premises at the beginning of the inspection day. The premises comprises a four bedroom bungalow with a kitchen/dining area, a sitting room, and two bathrooms. One room in the centre had been identified as a staff office. The house was surrounded by a garden and had two sheds at the back of the property. One of these sheds was recently installed to

provide additional storage in the centre. This was observed to be well organised with items such as Personal Protective Equipment (PPE) stored on specific shelves.

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 regular temperature monitoring of both the resident and staff members, PPE and hand hygiene facilities. However, although there were adequate areas for hand washing the relevant equipment required review to ensure it was in line with best practice in relation to infection and prevention control measures. The premises was observed to be visibly clean and there were cleaning schedules were in place.

Residents all had their own bedroom which had been personalised. Overhead hoists were in place. On the day of inspection these hoists were being serviced as required. Other equipment was present in the centre to ensure that residents specific needs were being met such as standing frames, shower chairs, and padded mats. The majority of the equipment appeared clean, however, there were limited systems in place to ensure these items were cleaned on a regular basis. In addition to this the following was noted, one shower chair had mould present on it, one padded mat was badly stained and other items had torn outer coverings. The person in charge had identified these issues and there were plans in place to address this in the coming weeks.

The staff team consisted of nurses, social care workers and a care assistants. There was a full-time person in charge in place. The person in charge was also responsible for another designated centre. They had recently been appointed as the person in charge to this centre. The person in charge had recently become supernumerary to their staff teams. On the morning of the of the inspection, the inspector observed that staff were working in close proximity to residents, as a result staff were noted to be wearing face masks throughout the duration of the inspection, in accordance with national guidance for residential care facilities. Staff discussed how all residents within this centre required full support with all daily living tasks.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. For the most part the provider and person in charge had identified that this was an area that required improvement and plans were in place to ensure the centre would comply with this regulation. 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 the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre. The provider had identified the need for enhanced oversight of Infection Prevention and Control (IPC) measures and had commenced a program of quality improvement in this area which included an in depth audit and relevant action plan in relation to IPC measures.

There were clear and effective management systems in place to ensure oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge that had been recently appointed to this designated centre. The person in charge was responsible for the management of one other designated centre. The centre was also supported by a senior management team which included an on-call system and the health and safety team who were available to support if any infection control or COVID-19 concerns arose. Due to the recent staff changes at senior level, and the unplanned absence of the previous person in charge it was noted that some systems for oversight around infection prevention control measures required improvement. The person in charge and senior management team discussed the plans for increased oversight within this area. For example in order to ensure sufficient oversight was in place the person in charge was supernumerary to the staff team. They had already identified a number of areas of improvement in relation to IPC measures and had escalated accordingly.

Oversight and review systems were found to require improvements in the centre. This had been identified by the provider. The annual review that was present in the centre was dated 2019. Six monthly unannounced audits on behalf of the provider had taken place. As part of this audit the premises was reviewed and relevant IPC measures were identified. To date, the provider had completed the self-assessment tool issued by HIQA in 2020 to self-review compliance with the National Standards for infection prevention and control in community services (2018) on one occasion. In addition to this some audits and checks such as daily COVID-19 related checklist and monthly COVID-19 lead check list were not occurring in line with the providers schedule.

The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place. In relation to COVID-19, the provider had developed a centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. Staff meetings were taking place. The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 had been discussed. There was evidence that the person in charge had commenced enhanced communication with the staff team regarding infection prevention and control.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to

infection control, not all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of PPE. The person in charge regularly reviewed training records and staff training needs and scheduled further training when required.

Quality and safety

Overall, with regards to infection prevention and control, the inspector found that some 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). It was evident that the management team and staff were endeavouring to provide a safe service to residents. Residents appeared comfortable in their home.

The inspector reviewed the centres cleaning schedules which were found to require improvements. While at surface level, most of the the designated centre appeared as reasonably clean on the day of inspection. Schedules did not include the cleaning of all aspects of the centre and did not include the cleaning of the residents equipment, for example equipment used for mobility aids were not on the list. Tasks on the cleaning schedule were not always signed off by the relevant staff member as completed. There was also limited oversight of these schedules from a senior management level. This had been identified in a recent infection prevention and control audit and actions were in place to address this. For example, a new cleaning schedule was being developed to ensure that each area of the home was captured.

On review of the risk assessments around infection prevention and control (IPC) measures there were a number of individual risk assessments in relation to the risks posed around contracting COVID-19. A number of these risk assessments had not been updated since 2020 with updated guidance not reflected. There was limited clear guidance around the current IPC risks this centre which required review and updating to ensure all staff were appropriately guided.

There was evidence that infection control and COVID-19 measures were discussed with residents. A sample of resident meeting notes reviewed and it was noted that topics such as mask wearing and social distancing measures were discussed with residents. In addition to this there were some easy read documents on COVID-19, hand washing and staying healthy.

Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Staff required updated training in a number of areas in relation to IPC measures, hand hygiene and donning and doffing PPE.
- Oversight measures in the centre required improvements. Although the recent IPC audit had identified some improvements in relation to IPC measures, additional oversight was required to ensure auditing and review systems were consistently self-identifying areas of concern and fully reviewing the centres levels of compliance with national standards and national guidance.
- At surface level, the designated centre was noted as visibly clean on the day of inspection. Cleaning schedules required improvements to ensure they encompassed all areas of the centre and all equipment used by residents.
- The inspector noted a number of gaps where staff had not signed if cleaning tasks had been completed.
- Gaps were also noted in the recording of staff and resident temperature checks.
- Storage of sterilised and unsterilised single patient use syringes required review to ensure it was in line with best practice.
- Risk assessments had not been reviewed since 2020 and out of date/not in line with national guidance.
- Improvements were needed in relation to the equipment provided for hand washing to ensure effective hand hygiene practices could be utilised at all times.

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 Country Lodge OSV-0005827

Inspection ID: MON-0036459

Date of inspection: 26/05/2022

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 PIC has discussed all identified areas of improvement with the team and updates are as follows: -</p> <ul style="list-style-type: none"> • PIC has met with all team members and completed a Quality Conversation to ensure the outstanding training in relation to IPC, hand hygiene and PPE is completed. Each team member has been given a date for completion. All employees will have completed their relevant HSE Land training by latest 30/06/2022. • PIC and CSM are continuing to action identified areas of improvement in relation to the most recent IPC audit. PIC has also addressed the areas of concern in relation to IPC in Country Lodge at the most recent team meeting on the 27/05/2022 and will reinforce at the next team meeting on 27/06/2022, which the CSM will attend also. • Regular visits by CSM and PIC are taking place in Country Lodge to oversee required improvements, mentor the team and provide necessary On the Job mentoring. • PIC is super numerous until 30/07/2022 to ensure sufficient time to manage and oversee improvement plan for Country Lodge and PIC's second designated centre. • Cleaning schedules have been updated to include the cleaning and storage of equipment. Any gaps in cleaning schedules are being addressed by the PIC with individual team members in topic specific Quality Conversations and at the monthly team meetings. • The PIC is implementing the improvement plan to support the Country Lodge team in understanding and following SPC policies and procedures in relation to IPC, audit schedules etc. This is documented through regular Quality Conversations and On the Job Mentoring. 	

- The PIC and team have ordered reusable syringes as part of the feeding regime for two people supported. To ensure that the correct syringes are being ordered, the PIC is copied on the email for the order. To ensure the correct syringes are delivered the PIC has delegated oversight of same to two employees. The PIC will ensure weekly spot checks on same.

The PIC has also identified a designated area for storage of the reusable syringes and the relevant SOP has been updated to reflect the procedures in place.

- PIC has delegated the updating of relevant risk assessments to four team members with oversight and review of same by 30/06/2022.

- Practices of hand hygiene has been added to the agenda of team meetings, Quality Conversations and also residents meetings to ensure all team members and as far as possible people supported follow correct procedures. Designated areas have been identified in storage presses in Country Lodge to facilitate correct usage of PPE and hygiene equipment.

- The PIC has ensured a copy of the completed 2021 annual provider audit is now available in Country Lodge, read and signed by all team members and actions are followed through.

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