



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

## Issued by the Chief Inspector

Name of designated centre:	Allendale
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0001984
Fieldwork ID:	MON-0035993

## About the designated centre

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

Allendale provides a full time residential support to a maximum of four male and female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the home. The home is a dormer bungalow situated on the outskirts of a town in Co. Wicklow and in walking distance to many local amenities. Each resident has their own bedroom, access to bathrooms, living room and kitchen/dining room. The staffing complement includes social care leaders, social care workers and social care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

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
Monday 24 October 2022	12:45hrs to 18:20hrs	Gearoid Harrahill	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).

During the inspection, the inspector met with all four residents and members of their support team, and had an opportunity to observe the living environment and some of the day structures of residents in the designated centre.

All four residents arrived from day service in the afternoon and were introduced to the inspector. Residents told the inspector what they had been doing in day service and shared some of their news. Residents took turns through the week deciding what was for dinner that evening and were assisting staff with preparing it. There was a homely atmosphere in the centre and residents were kept involved in what was happening in their home. Residents spent time with the inspector and person in charge during the inspection and assisted some of the administrative work while talking about their experiences in the house.

One resident commented that they were not happy living in this house, that their bedroom was too small and that they did not always get along with their peers. The staff were kind and patient and supported the residents to express how they felt without any pressure. Residents used pictures and simple language "About Me" documents to introduce themselves and explain what they liked and did not like.

Some of the residents worked in paid employment and described their favourite interests and hobbies in the community. One resident had been supported go horse-riding regularly. Another resident enjoyed spending time with a local motorcycle group. One resident proudly showed the inspector information on a crèche service with which they had started working one day a week. Residents were supported to stay in contact with friends and family and go on holiday; one resident had recently been to Disneyland.

The inspector observed the living environment of the house. While the day-to-day cleaning of the house was taking place and the environment was overall clean, some areas had been missed from regular cleaning schedules. Other areas of the service required maintenance to allow the team to effectively clean and sanitise surfaces. Residents were encouraged and supported to clean their own bedrooms and en-suites if they wished.

The inspector observed evidence that residents were educated on infection control practices such as cough etiquette, effective hand hygiene and what to expect when getting a vaccination or if they contracted COVID-19. Discussion on what residents wanted to do when social restrictions eased was included in house meetings which

occurred during the pandemic.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

## Capacity and capability

The inspector found evidence demonstrating how the registered provider had ensured the service was appropriately resourced and overseen to protect residents and staff from risks related to infection, and to support operational continuity in the event that the service has an active infection risk.

The front-line staff team had access to information and contact details if clinical or managerial advice or input was sought out of hours, such as if a resident presented with an infection. The provider had a means of ensuring that staff were staying up to date in training related to infection control, including proper hand hygiene, use of personal protective equipment (PPE), and effective cleaning and sanitising techniques in a residential care setting. One member of the team had been appointed as an infection control lead, whose responsibilities included sharing learning between their counterparts in other designated centres, ensuring that the house was sufficiently stocked, and that the environment and staff practices facilitated effective infection control.

The service had a contingency plan outlining what protocols would be implemented in the event of an infectious outbreak and how residents could effectively isolate if required. This plan was developed at the start of the COVID-19 pandemic and updated as national recommendations evolved. The centre had had an outbreak of COVID-19 in June 2022 in which all four residents were required to self-isolate. Following this outbreak, the provider had not completed any review or evaluation of what parts of their plan worked, and where developments could be made from the learning taken from the experience. Development was also required to ensure that the information transitioning with residents in the event of a hospital transfer advised of the residents history with, and vaccination against, healthcare associated infections.

## Quality and safety

Overall, the practices and procedures followed by the staff team and residents were effective in keeping themselves safe, with some minor improvement required in ensuring some environments and equipment could be effectively cleaned and

sanitised.

The inspector observed the environment of the designated centre and found that duties assigned to staff on a day-to-day basis and which were tracked through a schedule of daily or weekly tasks were, in the main, completed appropriately and signed off correctly. Some areas of the centre which were not included on this schedule appeared to be routinely missed in the cleaning rotation. In other areas, the ability of the team to effectively clean and sanitise surfaces was compromised due to maintenance issues.

Examples of these observations, included, but was not limited to, the following examples:

- The kitchen extractor hood was not properly ducted anywhere, so steam passed through the top and resulted in mildew building up on the ceiling and walls above the kitchen cabinets.
- High surfaces such as ventilation fans, light fixtures and skylight windows were dirty with dust, cobwebs and light mould.
- Some radiators were very rusty, and one of these was observed to be used to dry a body sling used in the shower.
- A shower chair in a shared bathroom was not clean on its underside and the wheels were tangled with hair.
- There was a large build-up of dust and debris behind and under storage units for toiletries.
- Some surfaces were worn and could not be effectively sanitised.
- Walls and ceilings throughout the house required cosmetic work to address cracks, holes, stains and flaking paintwork.
- The cleaning schedule did not account for less-frequently washed items such as bathroom mats, blinds and lampshades, some of which which were stained on inspection.
- Work was required to ensure that edges and gaps around lights, switches and bathroom ware, such as sinks and taps, were appropriately sealed.

Some improvement was required to ensure that cleaning equipment was consistently stored in accordance with good practice and provider policy. Improvement was also required in the management of clinical risk waste, as the inspector observed this being stored in an open container on a high shelf with no labelled date of use.

Staff precautions were appropriate for the setting of the designated centre. Staff were wearing appropriate face coverings and were trained in donning and doffing additional personal protective equipment where required. There was an area in which temperatures could be checked on arrival in accordance with current provider risk controls.

There were suitable arrangements in place for the management of laundry, general waste, and household cleaning. Medicines and medical devices were clean, appropriately stored and within their safe use-by date. Food in the fridge including meat and dairy products were labelled to identify how long ago they were opened in

line with good practice.

## Regulation 27: Protection against infection

The inspector spoke with management, front-line staff, and residents, observed environmental appearance and practices, and reviewed records of ongoing safety checks, audits, and risk reviews. There was evidence found to indicate how the registered provider was reviewing the service and ensuring safety of staff and residents from the ongoing COVID-19 pandemic.

A number of actions were identified as required to come into compliance with Regulation 27 and with the National Standards for infection prevention and control in community services (HIQA, 2018). Outstanding maintenance works around the centre had compromised the ability of the front-line team to effectively sanitise spaces, and some less-frequent environmental tasks were not routinely carried out or allocated to anyone. Some review was also required to ensure that where contingency or emergency plans needed to be implemented, the effectiveness of said plans, and learning for future reference, was evaluated by the provider.

Some improvements and oversight of practices were also required in the management of hazardous waste, cleaning supplies and updating of transfer documents. However, in the main, the adherence to day-to-day practices and procedures by the front-line staff was appropriate, and residents were supported to stay safe and involved in matters related to their home, their health and their routines.

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 Allendale OSV-0001984

Inspection ID: MON-0035993

Date of inspection: 24/10/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The kitchen extractor hood will be fixed by the end of January 2023.</p> <p>The cleaning checklist for this location will be updated to include high surfaces such as ventilation fans, light fixtures, shower chair, bathroom mats, blinds and lampshades, under storage units and skylight windows by the end of December 2022.</p> <p>One radiator in the bathroom will be replaced in January 2023.</p> <p>Radiators will be painted by the end of February 2023.</p> <p>The kitchen counter will be replaced in January 2023.</p> <p>Protective corners will be added to the relevant downstairs walls by the end of January 2023.</p> <p>Colours for paint will be chosen by residents by the end of December 2022.</p> <p>Wardrobes will be painted by the end of February 2023.</p> <p>Cracks will be addressed prior to painting in February 2023.</p> <p>Required Walls and ceilings will be painted by the end of February 2023.</p> <p>Gaps around lights, switches and bathroom ware, such as sinks and taps, will be appropriately sealed by the end of February 2023.</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.	Substantially Compliant	Yellow	28/02/2023