



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

## Issued by the Chief Inspector

Name of designated centre:	Drumiskabole Lodge
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0002602
Fieldwork ID:	MON-0036174

## About the designated centre

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

Drumiskabole Lodge is a designated centre operated by the Health Service Executive. The centre is located a few kilometres from a town in Co. Sligo and provides residential care for up to five adults, who are over the age of 18 years and have an intellectual disability. Each resident has access to their own bedroom, some en-suite facilities, shared bathrooms, shared communal areas and large garden space. Staff are on duty both day and night to support the residents who live at this centre.

**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 15 June 2022	10:20hrs to 16:50hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant *National Standards on infection prevention and control in community settings*. The inspector met and spoke with residents and staff throughout the inspection. In addition, the inspectors observed the lived experience of residents by observing daily interactions and practices in the centre.

The centre consisted of a large two-storey house on the edge of a town. Each resident had their own bedroom. Three bedrooms were en-suite and there was also a shared bathroom upstairs. In addition, there was a large kitchen-dining room with conservatory, a separate sitting room, utility room, and activity room. There were a number of areas in the house that required refurbishment. The most pressing issue was in relation to the main bathroom where there was a leak and the toilet was out of order. The inspector noted that the floor was wet in the main bathroom. The maintenance department were contacted and a plumber fixed the leak on the day of inspection but the toilet remained out of order. There was significant damage to the ceiling in the utility room as a result of a previous leak in the bathroom. In addition, a number of rooms in the centre required painting and refurbishment. Walls were damaged from usual wear and from the removal of frames that had been attached to the wall. Flooring in the kitchen and the kitchen worktop were discoloured from general wear and use. These issues had been identified by management and there was a refurbishment plan in place. This will be discussed later in the report. Some refurbishment works had been recently completed. A new access ramp had been installed at the back door of the centre. A new front and back door were due for delivery and installation later in the week. Outside, the grounds were nicely maintained. There was space for residents to sit out.

The centre was largely clean and tidy. Large surfaces, such as walls and floors, were visibly clean. However, harder to reach areas required a more thorough cleaning. Discolouration was noted on some of the grouting in showers and black coating on the window of one en-suite bathroom. In addition, not all sinks were fully equipped to ensure good hand hygiene, for example, the inspector noted a broken pedal bin in one location. A hand sanitization station was set up at the front entrance to the house with hand sanitiser. Visitors were required to complete temperature checks and symptom checks when they arrived at the centre.

Stocks of personal protective equipment (PPE) were kept in a store room in the hallway. It was noted that there were sufficient stocks of masks, gloves and aprons and that these were stored appropriately. There was a stocklist checklist on the door of the storeroom that had not been updated since February 2022. Staff reported that this was no longer in use and that stocks were ordered from central stores when required. Specific bags for clinical waste and dissolvable laundry bags were also available in the centre.

The centre had recently started using a flat mop system for cleaning floors. This meant that there was no need to store wet mops as all mop heads were laundered and dried following use. It was noted that there were colour coded mops for use in different areas and for differing clinical issues.

The inspector met with three of the four residents in the house. One resident was away for the day. Residents said that they were happy in their home. They spoke about their home, interests and the activities that they enjoyed. They talked about places that they liked to visit and the contact that they had with family and friends. They told the inspector that they knew how to clean their hands to protect themselves from the risk of infection and spoke about using 'hand gel' to clean hands. One resident spoke about wearing a mask when out in public and that they were happy that staff wore masks in the centre. They spoke about the support they had received from staff when undergoing testing for COVID-19.

There was a pleasant atmosphere in the house. Staff were observed chatting with residents in a very friendly and respectful manner. Staff were knowledgeable on the residents' preferred topics of conversation. They were knowledgeable on the residents' needs and the supports required to meet those needs. They were noted offering choices to residents and respecting those choices. They supported residents to chat with the inspector. Staff were also observed completing some cleaning tasks at different points in the inspection. One staff member was noted completing cleaning of areas in the house that were touched frequently, for example, door handles.

Overall, it was noted that the provider had taken steps to implement infection prevention and control measures for residents, staff and visitors. Residents and staff were knowledgeable on the steps that should be taken to avoid infection. The centre required refurbishment and repairs were needed in the bathroom and to walls and ceilings. Improvement in auditing and staff training was required and this will be discussed later in the report. The next two sections of the report will outline the governance and oversight arrangements in the centre regarding infection prevention and control and how this impacted on the quality of the service delivered to residents.

## Capacity and capability

The provider had developed policies and procedures for the management, control and prevention of infection. There were clear management structures in the centre. Staff were knowledgeable on good practice in relation to infection prevention and control. Staffing arrangements in the centre were adequate to complete the required cleaning tasks to minimise the risk of infection. However, improvement was required in relation to auditing, staff training, risk management and the provider's contingency plan for COVID-19.

The provider had clear governance and management structures in the centre. The

person in charge was on leave on the day of inspection. The provider had identified a nominated individual to complete the duties of the person in charge during this absence. This nominated person was available to facilitate the inspection of the centre. There was a rota of on-call senior managers available to provide support to staff out of hours. There was a local infection prevention and control team with named individuals who could be contacted for advice and support as required. The person in charge had been designated as the lead worker representative in relation to infection prevention and control. There was evidence of regular communication from senior management in relation to infection prevention issues. A member of senior management had completed an inspection of the centre with the person in charge on 03/06/2022 to identify issues impacting on infection control measures. This inspection resulted in the development of an updated risk assessment and plan for refurbishment of the centre. The member of senior management informed the inspector that actions had been prioritized for completion in the centre. They reported that the refurbishment of the bathroom was in progress and that some items had already been ordered, for example, a new shower tray.

There were policies and procedures available in the centre to inform staff on best practice in relation to infection prevention and control. The inspector reviewed the policy documents and noted that they covered a wide number of issues including hand hygiene, standard precautions, waste disposal and laundry management. In addition to national policy documents, there was information on local issues, for example, who to contact locally to organise the collection of clinical waste. In addition, infection prevention and control measures were included in general policy documents. For example, the centre's policy on the provision of personal and intimate care included information on good hand hygiene and breaking the chain of infection. Recent publications from public health in relation to the management of COVID-19 were also available for staff. Staff were knowledgeable on where to access this documentation. They were knowledgeable on the steps that should be taken routinely throughout the day to protect residents from the risk of infection. They could outline the infection prevention precautions that should be taken when moving between tasks in the centre. They were knowledgeable on the specific items of PPE that should be worn for different tasks based on the presenting risk of infection.

There was a COVID-19 contingency plan in the centre that guided staff on steps that should be taken in the event of an outbreak of COVID-19. This plan gave contact details for senior managers and the infection prevention and control team. There was information on how staff should isolate in the centre if they became symptomatic and plans for staff redeployment to the centre in the event of staff shortages. The plan also gave guidance on how residents should self-isolate in their rooms in cases of suspected or confirmed COVID-19. However, a review of residents' individual plans on self-isolation were not fully reflective of the situation in the centre. For example, one resident's plan identified that they had an en-suite bathroom but this was not the case. In addition, the COVID-19 plan had not been reviewed following an outbreak in the centre earlier in the year. This will be discussed in the next section of the report.

A number of risks relating to infection prevention and control were included in the

centre's risk register. Control measures to reduce the risk of infection were identified. However, not all risk assessments were updated in line with the provider's own timelines. For example, one risk assessment in relation to the possibility of contracting COVID-19 during meetings had not been updated in March 2022 as outlined on the assessment. The information in the risk assessment was not in keeping with current public health advice. Also, it was not clear that all control measures outlined in risk assessments were always implemented. For example, the risk assessment relating to the prevention of legionella outlined that unused taps should be flushed regularly. However, there was no record available on the day of inspection to show that this was happening in the centre.

There was an audit schedule in the centre that outlined when certain audits should occur throughout the year. This schedule included audits relating to infection prevention and control measures. It was noted that infection prevention and control audits had been completed in line with this schedule. However, the recording of information in the audits was unclear at times. For example, in one of the audits, it was not clear if the information related to the dining room or sitting room. In other cases, inaccurate information was recorded. For example, an audit recorded that shower heads, shower trays and bathmats were clean but there was no shower facility in the bathroom being audited. The audits relating to infection control were limited in their scope and mainly focussed on cleaning and refurbishment. This was not always in line with the provider's own policies. For example, the provider's policy on hand hygiene stated that regular audits of hand hygiene should occur. However, no specific audits of hand hygiene had occurred in the centre. On the day of inspection, it was noted that not all staff adhered to the guidelines on being hand hygiene ready with some staff wearing wrist watches and rings.

The person in charge maintained a quality improvement plan for the centre. This identified areas for service improvement and actions to address issues identified. Target completion dates for these actions were also documented. This plan included actions relating to infection prevention and control. As outlined above, areas for refurbishment had been identified and these were included in the centre's quality improvement plan. There was evidence that some of the actions in the quality improvement plan were completed in line with the timeframes set. For example, new cleaning checklists had been introduced in the centre in June. However, not all tasks outlined on the plan were completed in line with the timeframes identified. For example, the installation of wall-mounted hand sanitiser dispensers was due to occur before the end of May 2022. However, this had not occurred on the day of inspection.

A review of rosters noted that staff numbers in the centre were adequate to support residents and complete the cleaning and infection prevention tasks required by the service. A housekeeper was recently employed in the centre on a part-time basis to support staff complete the scheduled cleaning tasks in the centre.

The inspector reviewed the training records in the centre relating to infection prevention and control. This included training modules that were mandatory for all staff and modules that were specific to staff working in this centre. It was noted that there were very good levels of staff training in some modules. For example, all

staff were up to date in their training in relation to hand hygiene and standard precautions. However, a significant number of staff required training in the site specific training in relation to infection prevention and control. For example, seven staff required training in the management of blood and bodily fluid spills, and eight staff required training in cleaning and disinfecting the healthcare environment and patient equipment.

## Quality and safety

Good practice in relation to the prevention of infection was included in routine delivery of care in the centre. However, improvement was required in relation to staff adherence to hand hygiene readiness and updating of COVID-19 plans following an outbreak of the virus in the centre.

Residents were knowledgeable on the steps they should take to protect themselves from the risk of infection. Some residents were happy to wear masks when in public and understood the importance of this to keep them safe. They understood the reasons that staff wore masks. The provider had some easy-to-read information available on COVID-19 for residents. A review of resident's meeting minutes showed that residents were regularly updated on the planned maintenance and refurbishment works in the centre.

A sample of residents' care plans were reviewed during the inspection which showed that infection prevention and control was included as part of routine care and support. A detailed medical history, that included information in relation to vaccinations and infection risks, was recorded. Residents received an annual health check with their general practitioner. It was noted that referrals to relevant healthcare professionals and specialists were completed when required. There was evidence of follow-up with these professionals and residents were supported to access these services. The results of medical tests and assessments, including blood tests, urinalysis and radiology reports, were kept on file for residents. Residents' care plans also recorded residents' colonisation status. Care plans in the residents' files were routinely updated and gave guidance to staff on how to support residents. This included care plans that had an increased risk of infection, for example, intimate care and skin breakdown. Residents were routinely monitored for signs of infection and had twice daily temperature checks.

As outlined in a previous part of the report, the centre required refurbishment and repair in a number of areas. This had been identified by the provider and there was a plan to address these issues. Routine cleaning and enhanced cleaning was carried out in the centre. As mentioned, staff were observed completing touchpoint cleaning during the inspection. New cleaning checklists had been introduced in the centre in the two weeks prior to the inspection. These checklists outlined what cleaning tasks should be completed in each room and the frequency with which these tasks should be completed. There were separate checklists for the cleaning of residents' specific

pieces of equipment, for example, individual wheelchairs. There were arrangements for residents' laundry to be washed on site. All residents' laundry was washed separately and dissolvable laundry bags were available if required. There were adequate waste collection services in the centre. Staff were knowledgeable on where to store clinical waste awaiting collection, when required.

Infection prevention checklists were completed by staff at the beginning of each shift. Staff were required to answer questions in relation to hand hygiene readiness, symptoms of COVID-19, availability of hand sanitizer and the availability of PPE. A review of the checklists showed that these checks were completed by all staff routinely. However, as outlined above, not all staff were hand hygiene ready on the day of inspection but this had not been recorded on the checklist.

There was evidence of correspondence with the infection prevention and control team during an outbreak of COVID-19. The infection prevention and control team gave guidance to staff on the management of the outbreak in the centre. However, as outlined above, the centre's COVID-19 plan was not reviewed following the outbreak to reflect learning from the event.

## Regulation 27: Protection against infection

Overall, there was a good service in this centre that protected residents from the risk of infection. Staff had access to up-to-date public health guidance and general information to guide practice in relation to infection prevention and control. Residents were supported to follow infection prevention guidelines and their routine care included good measures to protect them from infection. There were clear lines of management and access to specialist infection prevention and control professionals, as required. Staffing arrangements were suited to meet the needs of residents, including infection prevention measures.

The centre required refurbishment and repair. This had been identified by the provider. However, not all immediate actions had been addressed on the day of inspection. For example, a broken pedal bin had not been replaced and wall-mounted hand sanitiser dispensers were not in place despite being identified on the centre's quality improvement plan.

Improvement was required in relation to the oversight of the service through an improved auditing system, including auditing of hand hygiene practice, as outlined in the provider's policy. There was also improvement required regarding staff training in site specific infection prevention and control modules. It was also not clear that all control measures from infection prevention and control risk assessments had been implemented. Review of COVID-19 contingency plans following an outbreak was required.

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 Drumiskabole Lodge OSV-0002602

Inspection ID: MON-0036174

Date of inspection: 15/06/2022

## 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>In order to comply with Regulation 27 the following actions have been undertaken,</p> <ul style="list-style-type: none"> <li>• Risk assessments for IPC have been reviewed and updated to ensure control measures outlined are in place.</li> <li>• The Risk assessment in relation to the prevention of Legionella has been updated to reflect the current water system is a pressurized system therefore all pipes are activated when the water is turned on .Completed 30-6-22</li> <li>• There is a risk assessment in place to address and complete the following maintenance works;               <ul style="list-style-type: none"> <li>• Broken Toilet is now repaired –completed 15-6-22</li> <li>• Painting to the internal walls and ceiling and repair of some internal walls –to be completed 31-08-22</li> <li>• Kitchen Flooring and worktops will be replaced by 31-8-22</li> <li>• Broken pedal bins replaced –Completed 16-6-22</li> <li>• Wall mounted Hand Sanitizers dispensers have been installed –completed 20-6-22</li> <li>• Grouting in the shower areas has been cleaned –completed 20-6-22</li> <li>• A new extractor fan will be installed in the ensuite bathroom –to be completed 31-7-22.</li> </ul> </li> <li>• All Specific site specific training relating in Infection Prevention Control has been completed. This includes the management of Blood and Bodily spills, cleaning and disinfecting the healthcare environment and patient equipment –Completed 19-7-22.</li> <li>• The centres training matrix is monitored monthly by the PIC and reviewed quarterly to ensure training requirements are identified.</li> <li>• Individual Resident Covid 19 care plans have been reviewed and updated to include the zoned areas for each resident should an outbreak occur and also reflective of the current living environment washing facilities provided in the event of an outbreak. Completed 25-</li> </ul>	

6-22

- The Contingency Plan has been updated to include a copy of the Post Outbreak Review. Minutes of the this review have been disseminated to all staff and discussed at the team meetings .Completed 1-7-22

- The auditing of Infection Prevention and Control within the centre is now undertaken using the MEG audit system .The areas audited include;

- Environmental Cleaning of each room
- Training
- Hand Hygiene Facilities and Audit
- IPC Compliance

The above will be audited initially on a monthly basis to ensure compliance and moving to 3 monthly thereafter .All actions have been transferred to the centres Quality Improvement Plan. Completed 1-7-22

## 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	31/08/2022