



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

Issued by the Chief Inspector

Name of designated centre:	Yew Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	01 April 2022
Centre ID:	OSV-0004470
Fieldwork ID:	MON-0035461

About the designated centre

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

Yew Services is a respite service, which is run by the Brothers of Charity Services. The centre is located on the outskirts of a town in Co. Roscommon and provides accommodation and support for four children and young adults. Both male and female children and young adults under the age of 18 years, who wish to avail of planned respite breaks can be accommodated in this service. Crisis respite is also provided for emergency situations. The centre is a two-storey building, which comprises of single occupancy bedrooms, shared bathrooms, office spaces, a sensory room, kitchen and dining area, utility area and sitting rooms. Ramped access is available into the centre and a play and garden area is available to the front and rear of the centre for residents to use. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Friday 1 April 2022	09:00hrs to 14:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day. The inspector met briefly with one resident present at the time of the inspection, due to the unplanned closure of their school. As a result of this unplanned closure, this had an impact on the residents well-being due to the change in their routine. This resident required support with communication and adhering to a planned schedule. The resident was unable to tell the inspector about their own experiences directly but the inspector observed staff interacting in a respectful and caring manner throughout the time spent in the centre.

The inspector met with a staff member who was on duty on the morning of the inspection. Staff completed a check of the inspector for signs and symptoms, and a temperature check. The inspector was advised of the locations of hand sanitising stations in the centre.

Residents were receiving a good quality service in a homely and suitably decorated house, and were supported by a caring and skilled group of staff. The inspector was shown around the house by the staff working there. The inspector noted that the centre was very clean, and the centre was a warm, clean, free from debris and neat and the overall impression was that this was a warm, light and comfortable home for residents to enjoy when attending for respite.

During the walk around the inspector noted staff were engaging with a resident in their activities. It was evident that staff in the centre knew the resident very well and the inspector could see that staff were familiar with the residents' communication preferences. Staff were also observed and heard speaking, and planning activities with the resident as part of their programme. In addition, the inspector observed that there was limited information on display but when discussed with staff and the person in charge, they limited the amount of information on display due to the sensory needs and preferences of all of the residents attending for respite. Information was available in an accessible format when required.

A staff member who met with the inspector clearly explained the cleaning regime in the centre and the products and colour coded cloth system that they use for surfaces. This included the colour coded system for the mop buckets and the inspector observed appropriate storage was in use at the time of inspection. On review of the recently updated infection control policy the inspector found that the centre had not ensured that a safety data folder was established, and maintained for all cleaning materials in use in the centre as specified in their policy.

On review of the centre, the inspector found that the centre was neat and tidy, and there was no evidence of debris or dust at the time of inspection. However, the inspector did observe that the extractor fan had not been cleaned and the filter was

discoloured, and had a build of of grease. The inspector then reviewed the upstairs accommodation with a staff member accompanying. Overall, the inspector noted the cleanliness and tidiness of each room, including appropriate flooring, clean windows, and suitable storage. In three bedrooms and the landing, the plaster was marked due to recent electrical work completed. The provider had a plan to address this and was awaiting their maintenance department to specify a date for completion of this work. In addition, the inspector noted that there was carpet on the stairs and landing, while it appeared clean, it was evident it was worn and loose in areas.

The remainder of this report will provide an overview of how the provider has ensured they met the requirements of regulation 27; protection against infection, and how the provider implemented the national standards for infection prevention and control in community services (2018).

Capacity and capability

The provider had delegated responsibility to the person in charge for the oversight of IPC measures in this centre. The person in charge was supported in their role by a staff team working in the centre, the senior managers and there was also a range of policies and standing operating procedures to guide them in their role.

The provider had produced an IPC policy which had been updated, and was required by the regulations. This policy guided staff on the IPC measures that were implemented to promote residents' safety and wellbeing. Additional documents, such as hand hygiene, cleaning and disinfecting, and waste management were also available in the centre. The inspector reviewed these documents and found that they outlined the IPC requirements which were required in the centre as per best practice. This document was robust in IPC, and staff were familiarising themselves with the content of this recently updated document.

The provider had completed all required audits and reviews as required to support the regulations and this also included IPC measures in this centre. The person in charge showed the inspector an IPC audit format which as developed by the IPC nominated person. This aimed to highlight any gaps in cleaning schedules or possible maintenance required which would ensure that hygiene arrangements were enhanced.

The provider sufficient staff numbers in place at the time of the inspection to support residents with their needs. However, the person in charge advised the inspector that the provider had made the decision to close the centre during the month of February due to staffing shortages related to illness, and vacancies. The provider was currently managing this by relying on staff to cover gaps on the roster, while they completed a recruitment campaign, this had not begun at the time of

inspection.

The provider had ensured that staff had received additional training to promote IPC such as hand hygiene, breaking the chain of infection and donning and doffing, personal protective equipment (PPE).

Although there were some issues in regard to maintenance, staffing and practices in the centre, overall it was clear that the provider was committed to driving overall improvement in the area of IPC.

Quality and safety

The inspector noted that residents were supported as per their assessed needs. one resident had attended their schooling service and the second resident was unable to attend school due to an unplanned closure. This resident was receiving an individualised programme with their activities, before returning to their family as scheduled that day.

The provider had produced a contingency plan should an outbreak of COVID-19 occur, which outlined how the centre would prepare and also ensure that staffing ratios would remain at a suitable level. However, the inspector noted that the centre had closed in the month of February, because of a staffing shortage due to a high incidence of COVID-19 amongst staff. The person in charge showed the inspector that individual contingency plans were in place, which gave a clear outline of each residents' care and support requirements should they be required to self-isolate or not attend for respite as per the current policy.

Staff members held responsibility for ensuring that daily cleaning schedules were implemented, and the provider had a detailed cleaning schedule in place which outlined the centre's hygiene requirements. Staff were completing the required cleaning twice daily and generally the centre appeared clean. The staff showed the inspector the recently renovated bathroom and shower facility. However, on review of a downstairs bathroom facility there was outstanding maintenance work was required. There was a gap evident between the tiles and shower tray. Furthermore, the work top in the kitchen had damage evident, but the provider was awaiting maintenance to address this work at the time of inspection, but no date was specified for completion of this work. Overall, the inspector noted the centre was clean throughout and staff were aware of the procedures and guidelines in place.

The provider had included a general risk assessment in response to COVID-19 and individual risk assessments were also in place for issues which may impact upon resident safety. The provider had included IPC in the individual risk assessment in the centre which showed the providers IPC arrangements were maintained to a good standard at all times,

The inspector found that there was appropriate arrangements in place for laundry,

and the disposal of non-clinical waste in the centre. Laundry was completed on-site using a domestic washing machine and staff spoken with told the inspector that water soluble bags were available to segregate infected or contaminated laundry if required. In the event that the centre required clinical waste bins, the person in charge explained how these would be made available to the centre.

There were hand sanitising stations and additional hand sanitisers were readily available in the centre. Staff had completed hand hygiene training and they were observed to engage in hand hygiene on a regular basis and following interactions with residents. The person in charge and staff spoke about how residents were supported to complete appropriate hand hygiene when attending the centre and throughout activities they were engaging in.

Overall, the practice in this centre meant that the risk to residents in relation to infection was well managed. However, some improvements were required in relation to staffing, maintenance issues to ensure that they were in line with the provider's infection prevention and control guidelines.

Regulation 27: Protection against infection

Overall the provider had put in place systems which supported staff to deliver safe care and maintain a good level of infection prevention and control practice. However, this inspection did identify specific areas which required improvement:

- Improvement was required to the cleaning tasks to ensure all areas were included and monitored such as an extractor fan
- Improvement was required to staffing in the centre, to ensure staffing was maintained as per their statement of purpose
- Improvement was required to the kitchen work top due to several damaged areas
- improvement of shower to remove gap between tiled area and shower tray

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Yew Services OSV-0004470

Inspection ID: MON-0035461

Date of inspection: 01/04/2022

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>Cleaning schedules are revised to include cleaning and filter change of Extractor Fan in the kitchen.</p> <p>Maintenance plans are in place and a time bound plan has been agreed with a contractor.</p> <p>The provider continues to recruit to ensure sufficient staff and skills mix as per the Statement of purpose. Management are engaged with the HR department on an ongoing basis in relation to staff recruitment.</p> <p>Data Safety Information is on site for cleaning products and available in the IPC folder</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	31/08/2022