

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

## Issued by the Chief Inspector

Name of designated centre:	Goldfinch 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 September 2022
Centre ID:	OSV-0004828
Fieldwork ID:	MON-0037973

## About the designated centre

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

Goldfinch No 1 is a residential service providing full time care for adults with intellectual disabilities. The centre comprises of three residences located in Limerick City environs. The houses are all located in residential areas with good access to public transport, local shops and amenities.

There are two houses both of which are two-storey with parking facilities at the front and garden areas at the rear of the properties. Each of these properties supports four residents. The third residence is a self-contained, one bedroom apartment with a small garden area to the rear of the property and is located adjacent to one of the houses in this designated centre. All residents have their own bedrooms; there are adequate dining and kitchen facilities in each area. Each residence has a sitting room /reception area to receive visitors.

Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend either day services, employment or a vocational training centre outside of the designated centre. Residents are not usually present in the centre between 08:30 – 16:00hrs. However, the centre can also provide limited support in the centre, if required due to changing needs of a resident. Residents are supported by social care staff during the day, with sleep over staff at night time in both of the houses. There is an intercom system in the apartment for the resident there to have support from the staff in the adjacent house. Individuals are supported to access other services such as GP and consultant services as required.

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

Number of residents on the date of inspection:	6
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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
Monday 26 September 2022	10:30hrs to 16:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with two of the residents during the inspection.

This designated centre was last inspected in September 2020 and was found to be compliant with regulation 27: Protection against Infection during that inspection. The inspector was aware that the provider was actively progressing with planned fire safety upgrade works in one of the houses at the time of this inspection. Four residents had temporarily moved to another designated centre while these works were being completed. The inspector visited the remaining two houses which are part of the designated centre during this inspection.

On arrival at the first house, the inspector was greeted by a member of staff wearing appropriate personal protective equipment (PPE). One resident was being supported in the house at the time. The inspector was introduced to them in the sitting room where they were relaxing in a comfort chair enjoying a hot drink. The resident outlined their plans for the day ahead to the inspector. Staff present explained the resident attended their day service later in the morning in line with their assessed needs. The other three residents living in the house had already left to attend their day services before the inspector arrived. Another resident who lived in an apartment next to the house was also supported by staff to attend their day services as per their daily routine.

The inspector met one resident who lived in another house with staff support when they returned from their day service in the afternoon. This house had been renovated in 2021 by the provider before the resident moved in during July 2021. The resident proudly showed the inspector their living space and bedroom which was bright and well ventilated. They spoke about how they were enjoying going out to meet friends in the community since the public health restrictions had eased. The staff present supported the resident to outline to the inspector their plans for the evening ahead and the day after the inspection which included activities as per the expressed wishes of the resident. The resident spoke about how they enjoyed their home which they did not share with any other peer. They also explained how they participated in household chores daily and enjoyed the company of staff.

The designated centre was well ventilated and was decorated with personal items reflective of the residents living in the designated centre. The inspector observed some areas of good practice relating to infection prevention and control (IPC) which included staff knowledge and evidence of cleaning being completed on some regularly used surfaces. However, not all areas of the designated centre were being effectively cleaned. These included bathrooms and some floor surfaces. Some aspects of the premises required further review by the provider, as not all areas were maintained or effectively cleaned in line with current public health guidelines-

Community infection prevention and control manual. A practical guide to implementing standards and transmission based precautions in community and health care settings- March 2022. This will be further discussed in the next two sections of this report.

Throughout the inspection the staff team were observed to wear personal protective equipment, (PPE) in line with current national guidance. There was evidence of regular monitoring of symptoms of COVID-19 as per the provider's protocols. Residents were observed to be aware of IPC measures such as disposal of used tissues and greeting people. Staff were observed to gently remind one resident to continue to use their elbow when greeting people after being introduced to the inspector. In addition, residents were supported to remain safe during the pandemic. Ongoing monitoring of residents and staff ensured if a confirmed case of COVID-19 was detected other residents and staff were not affected. Staff had also completed an outbreak review in February and April 2022 following the presence of a small number of confirmed infections in the designated centre. The contingency plan had also been subject to regular review and was reflective of the specific designated centre.

The inspector was aware that the provider would not be able to renew the lease in 2023 on one of the houses visited during this inspection. While some IPC issues were found relating to premises such as wear and tear on kitchen surfaces, kitchen presses and floor surfaces; other issues identified during the inspection had not been adequately addressed or identified by the provider's own monthly IPC and internal audits. In addition, following a review of documentation including recently completed cleaning checklists, areas that had been documented as being completed were not consistent with the findings of this inspection. For example, high dusting was marked as being completed on 19 September 2022 but a number of areas throughout the designated centre did not reflect this action being effectively completed. However, the inspector was informed of some issues identified during this inspection being addressed before the inspection had completed including the replacement of a microwave which was found to be missing a support leg which made it unsteady when opening the door. The inspector was also informed during the feedback meeting that a deep clean had been requested for the designated centre and was scheduled to be completed in the days after this inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

## Capacity and capability

The overall governance and management in place, in particular in terms of

monitoring systems being carried out required further review to ensure that there was consistent and effective prevention and control practices followed in this designated centre. The most recent provider led audits completed in December 2021 and May 2022 had not assessed regulation 27. However, the provider did have monthly health and safety IPC audits completed. The most recent monthly audit was completed on 17 September 2022. This audit required a walk around of the designated centre to be completed by the auditor. The findings of the audit was found to be complaint with no actions identified. In addition, the Health Information and Quality Authority (HIQA) self-assessment questionnaire had been subject to regular review. The most recent review had been completed in August 2022. However, the findings of this inspection were not consistent with the findings of the reports reviewed by the inspector.

The person in charge was supported by a team leader who had recently taken up the position in this designated centre. Both staff were familiar with their roles and responsibilities regarding IPC. The team leader was also identified as the COVID-19 lead in the designated centre. In addition, there was evidence that staff were reminded to ensure adherence to safe IPC practices through signs and reminders seen on inspection. For example, a notice was on the fridge to remind staff to label and date all perishable food items once they were opened. However, this was not evident to be in practice at the time of this inspection.

The inspector was informed that a staff meeting was scheduled for the day after this inspection. However, the inspector was also informed that regular staff meetings had not taken place in the designated centre since January 2022. There had been a number of staff changes during this period of time including the team leader. While the staff team provided a handover at the end of their shift to the person in charge and the team leader, the evidence seen on this inspection reflected the requirement of more regular team meetings to ensure consistent and effective IPC measures were implemented consistently across the designated centre.

The inspector reviewed the training records relating to IPC for the core staff and regular relief staff who worked in the designated centre. All staff had completed the required IPC training which included on-line training modules provided by the health service executive ( HSE). The person in charge had a training matrix to ensure all staff training remained up-to-date.

## Quality and safety

While there was evidence that infection prevention and control practices were part of the routine delivery of care and support to residents, improvement was required to ensure consistent adherence to the provider's policy and procedures relating to IPC. In addition to ensuring effective cleaning was completed consistently throughout the designated centre.

Residents meetings were being held regularly in the designated centre and IPC was

discussed in a number of these meetings to ensure the ongoing safety of residents. Easy –to-read information supported residents to maintain good IPC practices both in their homes and in the community.

As previously mentioned in this report the inspector observed areas of wear and tear evident in the leased property which included damaged surfaces to kitchen presses, paintwork and flooring on the stairs. The inspector was informed advanced plans were progressing to source an alternative living space for the residents living in the house. However, not all issues identified during the inspection were as a result of the state of repair of the property. These included items observed on the ground of an outdoor garden space which were no longer in use. The inspector noted the staff present removed the items from the area immediately once the issue was identified.

A number of issues identified adversely impacted the effectiveness of IPC measures in the designated centre. Issues were identified relating to the safe storage of food items which were also not in line with the provider's own procedural guidelines. For example, cooked and raw meat were observed to be placed next to each other in one fridge. Also, not all open perishable food items had a date of opening.

The effective cleaning of some areas was also impacted by the storage of items on floor areas in a few locations in the designated centre. The inspector observed excessive amounts of boxes and unused furniture on the floors of two rooms that were being used as storage areas, at the time of the inspection. However, it was evident regular cleaning in these rooms was not been carried out and had not been identified in the provider's own monthly audits.

The provider had protocols in place regarding the use of named cleaning products, with the dilution ratio also clearly documented in the designated centre. These products were found to be present during the inspection. The provider had procedural guidelines in place regarding the use of cleaning equipment, which included colour coding. However, the inspector was not assured that these guidelines were consistently being adhered to. While there were dedicated areas to store cleaning equipment including mops and buckets, the inspector observed a mop identified to be used to clean bathroom areas was placed in the bucket that was identified for cleaning general areas.

Also, a number of items were observed to have rust evident on them. These included toilet roll holders and a waste bin. The inspector also observed some areas where further cleaning was required which included two ovens, a cooker extractor fan and shower doors in both resident and staff areas. These issues were discussed with the staff present during the inspection. As previously mentioned in this report, the inspector was informed during the feedback meeting that a deep clean of the designated centre had been organised by the provider to take place in the days following this inspection.

## Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

- The governance and management arrangements in this centre had not ensured that there was effective monitoring of infection prevention and control practices in the designated centre.
- Monthly IPC audits had not identified issues found during this inspection.
- Regular staff meetings had not been taking place in line with the provider's schedule for such meetings in the months prior to this inspection.
- Cleaning checklists did not clearly detail what cleaning duties were required to be completed by staff or how often the duties were required to be completed.
- The surfaces of some seating were either damaged or stained.
- Effective cleaning of bathroom areas was not being completed. For example, shower cubicle doors were not subject to regular cleaning and were not included in the cleaning checklists.
- Build-up of dust particles and cobwebs was evident on a number of surfaces throughout the designated centre, including under furniture, the corners of rooms, extractor fans in a number of bathrooms, in addition to underneath and behind radiators.
- A number of items had rust /discolouration marks evident.
- Build-up of food deposits on the doors of two ovens were evident.
- Build-up of grease on an cooker extractor fan was evident.
- The storage of cleaning equipment was not consistent with the provider's policy guidelines..
- The safe storage of cooked and uncooked foods was not being consistently adhered to in the designated centre.
- The storage of unused furniture and boxes on floors impacted the effective cleaning of those areas.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Goldfinch 1 OSV-0004828

Inspection ID: MON-0037973

Date of inspection: 26/09/2022

## 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> <ul style="list-style-type: none"> <li>• Monthly staff meeting will take place with staff where IPC will be a standing agenda item. Staff reminded at team meeting on 27/09/22 of the importance of effective cleaning and to only sign the cleaning check lists if a job has been completed. Ongoing unannounced visits to the house by PIC and Team Leader will ensure all IPC measures are in place and records completed appropriately</li> <li>• All staff up to date on IPC training.</li> <li>• Deep clean completed in the designated centre on 27/09/22.</li> <li>• Excess boxes and furniture removed from one house of the designated center on the 07/10/2022 to ensure effective cleaning can be completed. Wardrobes were purchased for storage for two upstairs bedrooms on 14/10/2022.</li> <li>• The outside of designated center has been power washed and a general tidy has taken place.</li> <li>• Cleaning check lists updated to ensure all cleaning is carried out on a regular basis. This was discussed with staff at staff meeting on 27/09/2022; this will remain on the agenda for future staff meetings.</li> <li>• Hooks installed in designated center to allow mops to dry in-between uses. All Staff reminded to store mops in correct buckets according to signage.</li> <li>• A number of damaged items has been replaced to ensure ease of cleaning</li> <li>• Staff to ensure all perishable goods are dated once they are opened. This matter was discussed at staff meeting 27/09/22. Staff reminded of food safety protocols in relation to the safe storage of food. All staff are trained in Food safety.</li> </ul>	

## 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	30/11/2022