



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

Issued by the Chief Inspector

Name of designated centre:	Desmond Community Residential Houses
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0005179
Fieldwork ID:	MON-0036055

About the designated centre

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

Desmond Community Residential Houses consists of detached two detached bungalows, one located within a town and the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of eight residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include bathrooms, kitchens, sitting rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 20 April 2022	09:45hrs to 17:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents met by the inspector appeared happy and relaxed in the house where they lived. This house was seen to be reasonably clean overall but some areas were seen which needed further cleaning or which posed a challenge for infection prevention and control (IPC).

This inspection was focused on the area of IPC and primarily involved one of the two houses that made up this designated centre. The second house that made up this centre was not visited during this inspection. On arrival at the house that was visited, the inspector was greeted by a staff member who answered the door while wearing gloves and a respirator mask. The staff member informed the inspector that they were supporting a resident with personal care in a bathroom and directed the inspector to sign in and to take his temperature before returning to the bathroom. Later on this staff member was seen to correctly remove the gloves they had on and dispose of them before washing their hands immediately after.

Just inside the house's front door was a table with a visitors' log, a digital thermometer for taking temperatures, a bottle of hand sanitiser and a box of respiratory masks. Some COVID-19 related signage and another hand sanitiser dispenser were also present on the nearby wall while a pedal operated bin was in this area. After using the thermometer the inspector used the visitors log but noted that while all visitors signed in and recorded their temperatures, not all visitors had signed out. It was also seen that the bottle of hand sanitiser present on the table had expired the previous day while there was no bin liner in the bin and upon looking inside the inspector saw a disposed face mask in there. Both of these were highlighted to staff but towards the end of the inspection the expired bottle of hand sanitiser remained in place.

Three residents were present in the house all of whom were met by the inspector. A fourth resident ordinarily lived in the house but at the time of this inspection, they were residing elsewhere. During the initial stages of this inspection it was noted that all three residents appeared happy, comfortable and relaxed in their home and with each other. There appeared to be a friendship between the residents with some taking an interest in how others were doing. For example, two residents were seen to hug one another while one resident asked another how their shower had been. The residents were also seen to move freely throughout the house and were treated positively by the staff members present during this inspection.

All three of the residents greeted the inspector including one who touched elbows with the inspector. Another resident showed the inspector their daily schedule and talked about going to see a tractor show. The third resident told the inspector that they were getting on well, liked their bedroom, liked living with their friends in this house and enjoyed going out into the community. This resident showed the inspector their bedroom which was noted to have been personalised by the resident with photos. When asked by the inspector why staff were wearing face masks, the

resident said that this was to stop residents getting COVID-19 and also said that staff wore them all the time.

Throughout the inspection, staff members present were seen to wear respirator masks in line with relevant national guidance. Stocks of such face masks along with other personal protective equipment (PPE) such as gowns, gloves and goggles were present in the centre. The inspector reviewed a sample of such PPE and noted them to be in date. More bottles of hand sanitiser were also kept in the house some of which were also in date. It was noted though that some other bottles did not indicate any date on them so it was unclear if they had expired or not. Some wall mounted hand sanitiser dispensers were also present. Upon looking in them it was unclear if the hand sanitiser inside had expired or not but the inspector was informed the dispensers were filled from an in-date sanitiser container that was stored elsewhere.

The house visited during this inspection was seen to be presented in an overall clean and homely manner. For example, rooms were generally well furnished with Easter cards and photos of residents on display. However, the inspector did observe some areas that needed further cleaning or could pose a challenge from an IPC perspective. These included, the toilet seat in an en suite bathroom needing replacing, a garb rail in another bathroom being rusted, some bathroom taps requiring further cleaning and some kitchen fittings being worn and/or dirty. Some facilities were in place though to promote IPC measures such as the use of pedal operated bins and ventilation vents provided throughout.

Despite this it was noted that the size of the house did not naturally lend itself to effective IPC in some aspects. For example, it was seen that a small area designated as a utility room was used to store a bag of potatoes, a Hoover, a clothes horse, an ironing board and mops in close proximity to one another. The inspector was informed that an external storage unit for these mops had been ordered and was awaiting delivery. In addition, it was noted that washing and drying machines were in the kitchen in a food preparation area. Aside from the house visited, the inspector also reviewed the vehicle that had been assigned to this house.

It was noted that this vehicle was appropriately taxed and insured but it was seen that the inside of the vehicle was visibly dusty in places while a drink holder also required cleaning. There was some hand sanitiser and PPE present in this car also although the inspector did note that some face masks were present in the door side panels and it was unclear if they had been used or not. In addition, in one of these side panels the inspector saw an appointment record for one resident with a health and social professional from August 2021. The vehicle also had a first aid kit but when viewing this the inspector noted that some of its contents had expired in 2017.

Residents later used this vehicle to go for a drive with a staff member. Upon the residents' return it was noted that they and the staff member were wearing face masks. One resident had bought a bottle of Coke in a shop and appeared very happy to show this to the inspector. Another resident told the inspector that they had gone for a walk to a park in a nearby town. Towards the end of the inspection

the same resident said that they were going to relax for the evening ahead. As the inspector was leaving it was noted that two residents were relaxed in the sitting room while a staffing member was preparing dinner.

In summary, residents were observed to be living in a homely and relaxed environment. Aspects of the house provided for residents to live in did pose some challenges from an IPC perspective but large parts of it were seen to be clean. Staff members present were observed and overheard to interact with residents in a positive manner and to wear respiratory masks throughout the 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 centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had systems and structures in place to help ensure that concerns related to IPC could be escalated if required. Monitoring systems were in operation also but a relevant self-assessment was overdue as was some staff training.

The designated centre had been previously inspected in May 2021 where only one house was visited. At that time the centre had a restrictive condition attached to its registration related to fire safety but confirmation was received that this had been complied with so the centre had its registration renewed until July 2024 with no restrictive conditions. As part of a programme of inspections commenced by HIQA in October 2021 focusing the National Standards for infection prevention and control in community services, it was decided to carry out such another inspection of this centre to assess adherence with these standards in more recent times. For the purposes of this inspection, the other house that made up this centre was focused on with particular attention paid to staffing, monitoring of the IPC practices by the provider and the leadership, governance and management of the centre.

Given the ongoing COVID-19 pandemic, the provider had established structures to help ensure that concerns related to IPC could be escalated if required. An on-call system was in operation whereby staff could raise any immediate IPC or COVID-19 related concerns if required. A senior management steering group was also in place whose membership included one of the persons participating in management for this designated centre. This group met weekly to review the provider's centres in the Limerick area and to consider matters related to COVID-19. Any concerns could be escalated to this group through the organisational structures in place for this centre and within the provider's organisational structure in Limerick. Any updates and developments from this steering group would be passed down to the person in charge for this centre who in turn would inform staff.

Other measures were also used to keep staff informed of new developments and any changes in relevant IPC guidance. For example a digital system was used to store relevant documents for staff to review if necessary. It was also indicated to the inspector that IPC and COVID-19 related matters were discussed at staff team meetings. The inspector reviewed notes of meetings from two such meetings that had happened in 2022. The notes of the first meeting did not directly reference any IPC or COVID-19 issues but they were clearly referenced in the most recent meeting that took place in March 2022. The notes of this meeting also referenced lone working staff finding it difficult to complete all required COVID-19 cleaning. In both houses of this centre there were times when staff would be lone working when supporting residents. Under the 2018 standards, providers must plan, organise and manage their staff to meet a centre's IPC needs.

At the time of this inspection, the inspector was informed that while there had been some improvement in staff support for one house since the previous HIQA inspection, additional staffing support had been sought for certain times in both houses. It was also indicated to the inspector that there were times when one resident was to receive 1:1 staff support but that there occasions when this was not provided. On the day of the inspection, it was noted that for much of the inspection, one staff member only was supporting the three residents in the house visited by the inspector and it was disclosed that this staff member had not completed routine medicines administration training so had to bring to the residents to another location during the day to receive their medicines. It was acknowledged that COVID-19 had posed challenges regarding staffing and that records reviewed indicated that COVID-19 cleaning was generally carried out four times a day in the house visited by the inspector while an alternative placement for one resident was being considered.

Records provided indicated that staff had completed relevant IPC training in areas such as hand hygiene and PPE although some were overdue refresher training while not all staff had completed training in the 2018 national standards. The need for staff to complete refresher training had been identified by the provider's IPC monitoring systems which included provider unannounced visits, monthly IPC quality tools and relevant IPC self-assessments. It was noted though that an IPC self-assessment for the centre had not been conducted for over 12 weeks. A COVID-19 contingency plan was in place for the centre that was reviewed in February 2022. This was read by the inspector and was found to contain some good and relevant information. It was noted though that the contents of the contingency plan were not specific to this designated centre while it was not stated that residents' families would be contacted in the event of an outbreak occurring. A person participating in management stressed that this would always happen. A staff member spoken with demonstrated a good awareness of the information contained in the contingency plan around what to do if the staff member became symptomatic while on shift.

Quality and safety

While cleaning was seen to be carried out in the house, some commonly touched items were not included in cleaning records while there were gaps in vehicle cleaning records.

Large part of the house visited were seen to be clean and staff were seen carrying out cleaning during the inspection. Cleaning schedules were in place for this designated centre. This included the cleaning of regularly touched items, such as door handles and light switches, four times a day. Records reviewed in the house visited during this inspection indicated that such cleaning had been generally done four times a day throughout 2022 although the inspector did note some variance in the frequency of this cleaning on some days. It was also seen that the cleaning schedules did not include some commonly touched items such as hand sanitiser dispensers and digital thermometers. The inspector was informed that cleaning schedules and records were in the process of being reviewed.

It was also indicated that the vehicle assigned to the house visited by the inspector was to be cleaned and wiped down after each use with such cleaning to be recorded on a specific checklist. As highlighted earlier, when viewing this vehicle the inspector did note that it required some cleaning. In addition, when reviewing the vehicle cleaning checklist and comparing it with other records around the vehicle's use, clear gaps in the cleaning checklist were evident. This was something that had also been identified in some of the monthly IPC quality tools that had been completed for this house. This vehicle had a first aid kit but when reviewing it, some of the items in it had expired in 2017. The house itself also had a first aid kit which was viewed by the inspector. Most of the items in this were found to be in date although a bottle of surgical spirits had an expiry date of January 2022. The inspector was also informed that the house did not have a spill kit which is important to help clean up any biological spills.

While this was an area for improvement, it was found during this inspection that staff members were continuing to monitor themselves for symptoms while they were working in the centre. For example, there were records in place that indicated that staff checked their temperatures upon starting shift and multiple times during the working day throughout 2022. During the inspection, the inspector observed a staff member coming on shift who checked their temperature upon entering. In addition, two staff members of the provider, neither of whom would ordinarily work in this centre, visited the house being inspected. Both of these staff were noted to have checked their temperatures before entering with these two staff overheard to engage very pleasantly with the residents.

All staff presents in the house on the day of inspection engaged positively, warmly and respectfully with residents. For example, staff helped residents with personal care or to prepare meals. A staff member also carried out temperature checks on residents during the inspection with the staff member seen to conduct this in a respectful way. A sample of records reviewed indicated that this was being done twice a day consistently in line with relevant national guidance. Efforts were also made to provide residents with information on COVID-19 and IPC with a number of relevant signs on display in the house visited. Resident meetings took place regularly

in this house also with a sample of meeting notes reviewed indicating that relevant matters such as hand hygiene were being discussed with residents.

Regulation 27: Protection against infection

While overall infection prevention and control measures, systems and structures were provided for and operational, this inspection did highlight some areas for improvement such as;

- A self-assessment on IPC had not been completed in over 12 weeks
- Some staff were overdue refresher training in IPC while not all staff had completed training in the 2018 national standards
- The COVID-19 contingency plan was not specific to this centre
- Some areas of the house visited required further cleaning
- The size of the house visited did pose some IPC challenges with washing and drying machines stored in a food preparation area
- A bin was missing a bin liner
- There were gaps in the visitors' log
- A vehicle was seen to require cleaning while there were gaps in the vehicle's cleaning records
- Some commonly touched items were not included on cleaning schedules
- Some expired products were seen in first aid kits while the house visited had no spill kit

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 Desmond Community Residential Houses OSV-0005179

Inspection ID: MON-0036055

Date of inspection: 20/04/2022

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> <ul style="list-style-type: none"> • The Self-assessment for the Centre was reviewed on the 26th of April 2022 and will be reviewed quarterly going forward. • The Covid 19 contingency plan has been reviewed to ensure it is specific to the Centre with a separate contingency plan for each house in the Centre. • Scheduled cleaning takes place in the house daily, the daily cleaning checklist has been reviewed to include frequently touched items such as thermometer and handset. • Memo in place to request all staff and visitors to sanitize both thermometer and handset after use. • The bin liner in the bin was replaced immediately after the inspection. • Memo and signs in place in the house to request all visitors to sign out when leaving the house. • Cleaning the car is included in monthly schedule of cleaning for the Centre. • All items which were out of date in the first aid kits have been replaced. • Majority of staff have now completed the IPC training on Hand Hygiene, PPE and 2018 National standards, there are 2 remaining staff due to complete this training which will be completed by the 23rd of May 2022. • An outdoor storage unit for mops and buckets has been purchased and is now in place in the Centre. • A spill kit has been ordered for each center, same will be in place by Monday 23rd of May 2022. 	

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	30/05/2022