



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

## Issued by the Chief Inspector

Name of designated centre:	Idrone Lodge
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0005515
Fieldwork ID:	MON-0036018

## About the designated centre

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

Idrone Lodge is a residential home located in Co.Carlow. The service has the capacity to provide supports to four adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a large bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. A variety of activity rooms are available such as an art room and sensory room. The centre also incorporated a spacious kitchen dining area and a garden area

**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
Tuesday 11 October 2022	09:00hrs to 15:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet with all four residents. The residents living in the centre, primarily used gestures, facial expressions and vocalisations to indicate their immediate needs. Residents were observed to lead staff by the hand to areas of the home when they wanted to get something. Residents freely moved around the home and were seen to go into all rooms of the designated centre. Residents for the most part, appeared comfortable in their home.

The inspector spent some time with all residents in the living area of the home. One resident was engaged in a preferred activity of passing a ball back and forth and was happy for the inspector to join in on this activity. They frequently smiled and seemed content while engaging in this activity. The other residents appeared happy to be in this room at this time and were seen to sit and relax, or watch what was going on in this room. One resident had just had their hair blow dried in the beauty room and came to join all residents in the living area. A day time program was playing on the television at this time. Staff were seen to come in and out of the room at this time.

The residents were present in the home for the majority of the inspection day. Residents were seen to move from room to room and engage with some preferred sensory items. One resident had placed the sensory items in different rooms in the home and was observed to go and find these items at different times throughout the day. The person in charge spoke about one resident's plans to go and visit a dog shelter that day. Unfortunately the resident had an accidental fall that required medical treatment so this trip was cancelled. Residents did not attend a day service and access to the community and recreational activities was identified as an area of ongoing improvement within the centre.

The premises was a large detached bungalow building located in a residential area. The outside area of the building presented as well maintained. At the back of the garden there was a well kept garden with raised planted flower beds. The person in charge spoke about how some residents really enjoyed gardening and that they were an active participant in this activity.

The inspector completed a walk around of the premises at the beginning of the day. The premises comprises of four individual bedrooms, a living room, a visitors room, a large open plan kitchen/dining area, a utility area, a beauty room, a sensory room, and three additional rooms allocated as storage and a staff office and staff sleep over room accordingly. One resident's bedroom was en-suite and the other residents had access to main bathrooms within the home. The inspector noted a number of

areas around the home that required more attention to detail in regards to cleaning. The condition of some areas of bathrooms were poor due to the presence of lime scale build up. Residents' equipment was not cleaned appropriately and there was rust present on accessibility equipment. Flooring in the home was in poor condition, stained in places.

The staff team consisted of the person in charge, a social care worker and healthcare assistants. There was a full-time person in charge in place. The person in charge was also responsible for another designated centre. The person in charge was not supernumerary to the staff team and on the day of inspection discussed how they were completing the majority of their hours directly supporting residents due to ongoing staff shortages.

On the morning of the inspection, the inspector observed that staff were working in close proximity to residents, as a result staff were noted to be wearing face masks throughout the duration of the inspection, in accordance with national guidance for residential care facilities. Staff discussed how all residents within this centre required full support with all daily living tasks.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspector review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

Overall, inspection findings indicated that there was a lack of effective systems in place at provider level and local levels to ensure effective monitoring of compliance with Regulation 27. Significant improvements were required across all standards associated with this regulation.

There were clear lines of authority and accountability within the centre. There was a full-time person in charge in place. The person in charge also had responsibility for one other designated centre. The person in charge discussed how they were spending the majority of their allocated hours providing direct support to residents. This was impacting on their capacity to effectively monitor systems in place in relation to the infection prevention and control (IPC) needs of the centre.

Overview and review systems were found to require significant improvements in the

centre. Six monthly unannounced audits on behalf of the provider had not taken place consistently over the past year in the centre. Although an announced provider audit had occurred in July 2022. It failed to comprehensively review the IPC needs of the centre. Some premises issues were identified, however, although an action plan had been developed, actions had not been delegated to a responsible person and no time frame was indicated to when the improvements would occur. There was no follow up completed to date, following this visit, to determine if the identified areas of improvement were occurring. To date the provider had completed the self-assessment tool issued by HIQA in 2020 to self-review compliance with the National Standards for infection prevention and control in community services (2018) on one occasion. This was not dated and the person in charge was not sure when this document was completed.

The residents were supported by a staff team of social care workers and healthcare assistants. There were two vacancies for staff within the healthcare assistant posts and the nursing staff allocated to this centre was on statutory leave. Although relief staff and agency staff were utilised to cover staff vacancies/absences, it was noted there was insufficient staff in place at times. This impacted on the staff teams' ability to comprehensively complete their roles effectively such as meeting the IPC needs and cleaning requirements of the centre. The inspector reviewed a sample of staff rota's and identified a number of days where staffing levels were reduced.

A number of staff required refresher training in areas including infection control, hand hygiene and donning and doffing Personal Protective Equipment (PPE). Staff supervision, known as Quality Conversations, for the most part was taking place in line with service policy. As part of every staff members' role they were delegated particular duties such as infection prevention control aspects of care and support. The implementation of associated duties was to be discussed during quality conversations as this was utilised as a mechanism for oversight. On review of the supervision notes for the delegated person for IPC this had not been discussed in the staff members most recent supervision.

The provider had an infection prevention and control policy in place. The provider had not developed a COVID-19 contingency plan for this centre. There has been an outbreak of COVID-19 in the first quarter of 2022 amongst all residents within the home. It was unclear how this was managed at this time as there was not outbreak management plan in place. In addition to this no post outbreak review had occurred in any form. There was limited guidance in place for staff.

## Quality and safety

Overall, with regards to infection prevention and control, the inspector found that a significant number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the

National Standards for infection prevention and control in community services (HIQA, 2018). Although residents appeared comfortable in their home the inspector was not assured that safe practices in relation to IPC were in place in this centre.

The centre comprises a large bungalow building located in a residential area in a small town in Co. Carlow. All residents had their own bedrooms. There was adequate communal areas available to residents. The size of the premises meant that cleaning duties were considerable for the staff team. In addition, the condition of some areas of the home did not assure the inspector that effective cleaning could take place. On the walk around of the premises it was noted that many areas of the home were sub-standard in terms of cleanliness. It was evident that doors were not closed or items were moved to ensure effective cleaning. There was a build up of dirt and debris behind doors, under counter tops, under couches, on floor mats and in high areas of the home. There was limescale build up on floors of bathrooms and some equipment in bathrooms was rusted. There was a malodour present in one bathroom. A residents bath chair had not been cleaned effectively. Due to the findings on the walk around the inspector was not assured that effective cleaning was taking place in line with best practice in infection control measures.

The inspector reviewed the centres cleaning schedules which were found to require improvements. While some areas of the home appeared clean other areas required more attention in relation to cleanliness. The centre's cleaning schedules had recently been updated to ensure they encompassed all rooms within the home, however, this change had only occurred in recent weeks. Therefore there was limited oversight of who and when cleaned certain rooms within the home up to this point. In addition to this, schedules did not include the cleaning of all aspects of the centre and did not include the cleaning of some of the residents equipment, shared laundry baskets and window blinds were not on the list. Due to reduced staffing at times, tasks on the cleaning schedule were not always signed off by the relevant staff member as completed. There was also limited oversight of these schedules from a senior management level.

Laundry systems and mop systems in place did not effectively ensure that effective IPC measures were adhered to. Clean and dirty laundry was managed in close proximity to food preparation and cooking areas which was not observed to be a hygienic system. A number of cooking appliances such as a microwave and slow cooker were noted very close to the washing machine. Baskets used for clean and dirty laundry were the same and were not subject to cleaning. There was no colour coded mop system in place. Mop heads were being dried on radiators in the home. This was not in line with the providers own guidance in the relevant policies.

## Regulation 27: Protection against infection

Overall, the inspector found that significant improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National



Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Oversight of IPC measures in the centre was not effective. Auditing and review systems were not self-identifying areas of concern. At management level there were limited systems, audits or checks in place to fully review the centres levels of compliance with national standards and national guidance.
- Policies and procedures were not guiding practice at times, this was seen in areas such as laundry procedures, cleaning schedules and procedures, and staff training.
- There was no specific COVID-19 contingency plan in place to guide staff practice.
- Following an outbreak of COVID-19 within the centre there was no post outbreak review or any evidence of learning from the event.
- There were insufficient staff to ensure that the IPC needs could be adequately met.
- Staff required updated training in a number of areas in relation to IPC measures, hand hygiene and donning and doffing PPE.
- The content of staff supervision required improvements to ensure delegated duties around IPC measures were adequately accounted for.
- A number of risk assessments were not reviewed since 2020 and out of date/not in line with national guidance.
- Cleaning Schedules did not include the cleaning of all aspects of the centre. Some areas marked as cleaned were observed to be visibly dirty.
- Aspects of the premises required cleaning. The inspector observed dirt and debris behind doors, on furniture, on blinds, on the outside of bins, on floor mats, under kitchen counter tops and around equipment.
- There was a build up of limescale on walls and floors of bathrooms. Due to the condition of these areas the inspector was not assured that effective cleaning could take place.
- The systems for mops and laundry required review to ensure they were in line with best practice and in line with the organisation's policy.

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 Idrone Lodge OSV-0005515

Inspection ID: MON-0036018

Date of inspection: 11/10/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Following actions have been taken by the provider and on designated centre level immediately on the day of inspection and follow up since:</p> <ul style="list-style-type: none"> <li>- Walk around audit completed by the PIC, Quality Manager and Governance &amp; Compliance Manager on the day of the inspection. All identified areas of concern from the inspection and the walk around audit were included in an immediate action plan.</li> <li>- Immediate action plan developed and sent to HIQA inspector on the 12.10.2022 outlining actions taken and some immediate actions implemented.</li> </ul> <p>Deep clean was started immediately in Idrone Lodge and overseen by PIC and Governance &amp; Compliance Manager over the coming days after the inspection. Full deep clean was completed by 22.10.2022.</p> <p>Cleaning schedules have been reviewed – all rooms are now included on the 24 hours cleaning schedules. PIC and Governance Manager are completing spot checks twice a week to ensure cleaning is completed and referenced on the cleaning schedule.</p> <p>Staff members were met by PIC and CSM on the 14.10.2022 and the 19.10.2022 to discuss findings of HIQA inspection and necessary actions as per immediate action plan.</p> <p>Advised products to remove lime scales in bathrooms have been purchased and now being used with success. Also, a daily check is now being completed on the water softener to ensure enough salt is available.</p> <p>Health &amp; Safety department provided On the Job mentoring and training for staff team in Idrone Lodge, especially in relation to basic cleaning and use of cleaning products. On</p>	

the Job mentoring was completed with more than half the team, further team members will be met at the next team meeting on 17.11.2022.

Cleaning of all vents in Idrone Lodge has been completed on the 12.10.2022.

Identified areas of improvement regarding person's equipment: all rusty equipment has been removed/replaced, with the exception of one handrail, awaiting delivery from OT.

Replacement of blinds in Idrone Lodge: 18 sets of blinds have been identified to be replaced. Blinds have been purchased and will be installed by latest first week in December 2022, awaiting confirmation of date by Blind Boutique.

Replacement of suit of furniture: a new 3seater, 2seater and 1seater have been purchased, delivery is scheduled for the week from 7.11.2022.

All carpets/flooring has been replaced as identified on the 2.11.2022.

Waiting for date to repair the linoleum in hallway – the repair pieces have been purchased, carpenter to confirm date.

2 bed bumpers on one person's bed have now been replaced.

All areas of concern regarding food preparation in the utility room close to laundry have been addressed. All stored equipment to prepare food is now being used in the kitchen.

Colour coded mops and cloths have been provided to Idrone Lodge on the day of inspection and are now being used in line with IPC protocols.

PIC located the documents regarding vehicle cleaning, which were not available on the day of the inspection. PIC has reassured herself that vehicle cleaning is completed in line with policy. Comprehensive vehicle cleaning is completed weekly or more often if required.

Contingency plan has been completed for Idrone Lodge by 2.11.2022.

PIC is completing On the job mentoring with an identified staff member regarding Risk management and completion of risk assessments. This is part of a current review of Idrone Lodge Risk register. Quality Department has been asked for further support on mentoring.

The outstanding 6 monthly provider audit has been commenced as a peer audit by another PIC and will be completed by 10.11.2022. The PIC has also reviewed actions from the previous annual provider audit and updated timelines.

Hold open device on one fire door in the small sitting room has been repaired.

Replacement of the fire door in the kitchen has been actioned and as outlined in immediate action plan, will be replaced by the builder by latest 18.11.2022

- All outstanding training in relation to IPC has now been completed by the staff team.

- A Quality Zoom on IPC has been sent to all designated centres in SPC. PIC for Idrone Lodge has completed same and sent back to Quality Department on the 02.11.2022.

## 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.	Not Compliant	Orange	02/11/2022