



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

Issued by the Chief Inspector

Name of designated centre:	The Hollies
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	28 November 2022
Centre ID:	OSV-0007984
Fieldwork ID:	MON-0038388

About the designated centre

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

In this centre a full-time residential service is provided to two residents over the age of 18 years. The house is a dormer type premises located a short distance from the busy local town. The house offers each resident their own bedroom and sitting room, residents share the kitchen and dining area and, other services such as the utility. There is a pleasant and well-maintained garden that residents use and enjoy. The support provided is responsive to the individual needs of each resident and ranges from staff support and assistance at all times, to periods of independence based on the assessment of any risk. The staffing arrangements reflect this and, ordinarily there is one staff on duty and, the night-time arrangement is a staff on sleepover duty. Additional staff are on duty some weekends to support the individuality of the service. The model of care is social and, the staff team is comprised of social care and support staff. Management of the service is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 28 November 2022	09:45hrs to 15:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to assess the providers compliance with Regulation 27: Protection against infection. Regulation 27 requires that registered providers ensure that procedures, consistent with *the National Standards for infection prevention and control in community services (2018)* are implemented to protect residents from the risk of preventable infection. The inspector found that such procedures were in place and there was good ongoing awareness of the risk posed to resident and staff health by infection: overall controls were in place to manage that risk. However, there was scope for improvement. For example, a risk assessment and appropriate intervention was needed to ensure that the use of PPE (Personal Protective Equipment) was in line with infection prevention and control guidance. The providers colour coded system of cleaning had been modified for use in the centre but the particular modification created a risk for contamination and cross-infection.

On arrival at the centre it was evident that controls were in place to reduce the risk of inadvertently introducing infection to the centre as the inspector was requested to comply with these. The person in charge confirmed that all visitors were requested to comply with these controls (such as a temperature and symptom check) and visitors readily complied as they understood the reason for the controls.

Two residents live in this designated centre. Residents have very different needs, abilities and daily routines but are reported to live quite compatibly together. One resident had left for work and the other resident was ready to go on a planned shopping trip with a staff member. The assessed needs of the resident included communication differences but with support from the person in charge the resident engaged in a discussion about the planned shopping trip and what they wished to purchase, a recent family celebration that had been enjoyed and, their enjoyment of watching the recent toy show on television. The resident left as planned shortly after this engagement.

Each resident was provided with their own bedroom and their own sitting room. One resident had access to their own bathroom and one resident shared the upstairs bathroom with the staff members on duty. The provider's plans for responding to any outbreak of infection considered these arrangements. Both residents were reported to love Christmas and both sitting rooms were already nicely decorated in preparation for the festive season. While the house was homely and personalised it was visibly clean and tidy with few exceptions. Staff maintained records of what was cleaned and when it was cleaned and used a range of domestic cleaning and disinfecting products. However, as mentioned above the provider needed to review and amend the colour coded system of cleaning that had been implemented in the house.

While there was limited opportunity to interact with residents and their support staff there was ample evidence of how residents were protected from the risk of

preventable infection and supported to enjoy a good quality of life. The person in charge said that residents were consistently spoken with using plain simple language and staff also used materials such as videos to support residents for example to be screened for the possible presence of infection. Both residents were reported to have coped very well with support from the staff team when they had to isolate so as to prevent the spread of infection. The person in charge clearly described how challenges arose only if you didn't speak with residents and explain what was needed. Both residents were supported to avail of vaccination programmes that had protected them from more serious illness. There was good oversight and arrangements in place that ensured both residents enjoyed good health.

Residents had reengaged with life and previously enjoyed activities and community based roles. The person in charge said that one resident had a planned job through their community based work programme on the day of inspection and otherwise the resident would have come back to the house to meet with the inspector. Records seen indicated that one resident was slightly challenged by the reintroduction of community based activities and visits to home having spent much time in the house due to public health restrictions. With support from staff and the wider multi-disciplinary team and, some changes to previous routines, the resident was engaging with more community based activities, with home and family. Both residents had, based on records seen enjoyed an active and fulfilling 2022. Both had celebrated their birthdays with families and peers, enjoyed discos and trips away and enjoyed new experiences such as a speedboat trip on the Shannon. Residents were active and visible in the local community with one resident winning a prize for best costume in the St. Patrick's Day parade. Staff maintained good person centred records of any challenges that did arise as residents readjusted to busier lives, why these may have happened and how they had responded.

Families had provided feedback on the service so as to inform the annual service review. This feedback was positive. Families rated the service provided as excellent, said they were asked for their views and opinions and were always listened to.

In summary, this was a good quality person centred service where infection prevention and control was normalised into the day-to-day management and oversight of the service. However, review and further action by the provider was needed to address some arrangements that had the potential to compromise the effectiveness of infection prevention and control measures.

The next two sections of this 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 compliance with Regulation 27: Protection against infection.

Capacity and capability

Overall, there was good evidence of how the governance and management

arrangements of this designated centre had incorporated infection prevention and control into the day-to-day operation, management and oversight of the service. However, consistent implementation of policy and better exploration and escalation of any challenges arising would have identified and addressed what was identified by this HIQA inspection as areas requiring improvement.

It was evident from records reviewed and discussed with the person in charge that while the person in charge was the identified infection prevention and control lead, infection prevention and control was a shared responsibility of local management, senior management and the frontline staff team. For example, the wider management team had invited staff to have input into the development and revision of its policies and procedures and staff were notified by email and by text message of any updated or revised guidance. Hard copy guidance available to staff in the centre was current and up-to-date and included for example, the provider's most recent guidance on the prevention and management of COVID-19 and other respiratory infections and, local infection prevention and control policy. The centres plan for responding to any outbreak of infection such as COVID-19 was also available in hard copy. Staff had signed as having read these plans and guidance.

The inspector saw that staff meetings were regular and infection prevention and control was discussed at each staff meeting. The person in charge and their line manager attended these meetings where for example, feedback was requested from the staff team on their experience of the implementation of the outbreak plan. Staff reported that the plan had worked well for residents and staff. The actions to be taken by staff and the reporting pathway when infection was suspected was reiterated at staff meetings. The provider had completed a review of how infection had inadvertently been introduced to the service and the effectiveness of its control measures. The provider had managed to limit the spread of infection once it was detected.

The providers staffing levels and arrangements were suited to the assessed needs of each resident and a team of consistent staff members ensured there was continuity of support and oversight of each resident's need and requirements. Ordinarily, there was one staff member on duty at all times. Residents did do things together but additional staff support was provided on alternate weekends to support the individuality of the service. This was evident from the staff rota and included in the resident's personal plan so that the resident could plan and benefit from this additional support.

A record was maintained of the training completed by staff including the range of training specified by the provider to support effective infection prevention and control practice. This training was completed by all staff listed on the staff rota and included training on hand hygiene, on the correct use of PPE, general infection prevention and control training such as to how to break the chain of infection and, recent training on cleaning and disinfecting.

There were infection prevention and control quality assurance systems in use and the provider was currently providing training for staff on infection prevention and control quality assurance. The person in charge had completed this training. The

systems in use included the review of Regulation 27: Protection against infection during unannounced internal reviews, the HIQA self-assessment tool, monthly spot checks and broader infection prevention and control reviews. Additionally, the person in charge said that they were present in the house for a period of time each day and had the opportunity to observe daily infection prevention and control practice. Overall, the findings of these formal internal reviews were positive and they had also driven improvement such as in food management systems. However, quality assurance systems had not identified the potential risk created by the modified application of the provider's overarching infection prevention and control policy or the need for a risk assessment and further intervention where PPE was noted by the inspector to be used outside of the scope of infection prevention and control guidance.

Quality and safety

Based on what the inspector read, discussed and observed both residents enjoyed a good quality of life closely connected to family and the local community. The management and staff teams supported residents to understand the risk posed by infection, to cope with restrictions and to reengage with life as restrictions ceased. However, while there was much evidence of good practice there were arrangements in place that had the potential to compromise the effectiveness of infection prevention and control measures.

The inspector reviewed one personal plan and saw that the resident was actively involved in the planning and review of their plan including their personal goals and objectives. For example, the resident had been supported to prepare a slide-show and printed handouts for their review meeting. This resident had a planned programme of attendance each day at community based resources and also enjoyed the experience of paid employment. It was evident that with support from staff the resident was leading a full and active life in line with their expressed wishes and choices.

Both residents were supported to have ongoing access to home, family, peers and friends. There were reasonable controls to protect residents from the risk of preventable infection as they reengaged with life. For example, as mentioned in the opening section of this report the wellbeing of any visitors to the house was established by staff and there were similar arrangements in place for supporting the safety of visits to home. Staff monitored and recorded their own wellbeing. Both residents had been supported to understand the benefits of vaccination and were supported to avail of COVID-19 and seasonal influenza vaccination. One resident could choose to wear a protective face mask. The person in charge described how staff would support a resident to complete hand hygiene.

Staff continued to monitor resident wellbeing each day for any symptoms of possible infection. Both residents were reported to enjoy good health. Any healthcare needs

and the care that residents needed were included in the personal plan. Residents had good access to their General Practitioner (GP), nursing staff attached to the GP practice, psychiatry, psychology and other services such as their dentist and chiropodist. There was evidence of good consistent monitoring by staff of overall resident health and wellbeing. For example, the person in charge described how staff were monitoring for any impact of changes made to medicines prescribed and feedback was provided to the prescriber. Staff maintained a record of all reviews and their discussions with residents so that they understood the care they needed. Information to transfer with residents in the event they needed hospital admission included details of their healthcare needs and their vaccination status.

The design and layout of the house supported residents to isolate if necessary to reduce the risk of spreading infection. Each resident's isolation plan was specific to their needs and guided staff for example, as to how residents could safely access their own sitting rooms or how one resident could struggle and become upset if doors were closed to limit the spread of infection.

There was good signage and good provision made for completing hand hygiene. For example, there were prominent dispensers of hand hygiene rub at the front and rear entrance and other areas of the house. However, the inspector noted the use of disposable gloves was not confined to tasks and situations where there was a risk of exposure or contact with for example body fluids or contaminated items. A rationale was provided by the person in charge. However, prolonged and inappropriate use of disposable gloves can actually exacerbate existing risks and create a risk of contamination and cross-infection. No risk assessment had been completed to support this practice so that more appropriate mutually beneficial solutions were put in place by management while adhering to infection prevention and control guidance. There was a sink with soap but no disposable hand-towels in the utility and the person in charge said that this sink was not in regular use as a hand wash sink.

The utility contained the laundry facilities. Residents were supported by staff to participate in the completion of their personal laundry. Staff had access to water soluble bags in the event that these might be needed to manage any possible infectious items. The person in charge said that any requirement for a spill-kit was very low; there was a procedure in place in lieu. There was no clinical equipment in use that would have required specific cleaning and disinfecting procedures. All of the refuse bins in place were clean and pedal operated. There was a contract in place for the collection of all waste generated.

The house and facilities provided such as the cooker and the refrigerator were visibly clean. Food items were labelled and dated as to when they had been opened. Cleaning equipment such as mops and buckets were washed, dried and stored as outlined in the infection prevention and control policy. However, as stated in the previous sections of this report the colour coded system of cleaning as outlined in that policy had been modified for use in this centre. Colour coding of cleaning equipment is a simple but effective way of reducing the risk of cross-contamination. Yellow coloured equipment was set out in the provider's infection prevention and control policy for use where infection was suspected or confirmed or for dealing with

body fluid spills. However, in the house yellow colour coded mops and buckets had been selected for the routine day-to-day cleaning of general areas including the kitchen.

Regulation 27: Protection against infection

In this centre the provider had procedures, consistent with the National Standards for infection prevention and control in community services (2018) to protect residents from the risk of preventable infection. There was good ongoing awareness of the risk posed to resident and staff health by infection and infection prevention and control was part of the day-to-day operation, management and oversight of the service. However, consistent implementation of provider policy and better exploration and discussion of any challenges arising would have identified and addressed the areas where improvement was needed. Infection prevention and control quality assurance systems were in use but had not identified the deficits found by this HIQA inspection. For example, the inspector noted the use of disposable gloves was not as outlined in infection prevention and control guidance. No risk assessment had been completed in response to this practice so that more appropriate mutually beneficial solutions were put in place by management while adhering to infection prevention and control guidance. There was a sink with soap but no disposable hand-towels in the utility; this sink was not in regular use as a hand wash sink. The provider needed to review this practice to reduce the reliance on the kitchen sink for hand washing. The modified application of the providers infection prevention and control policy had created a risk for contamination and cross-infection as yellow colour coded equipment was used for the cleaning of general areas including the kitchen rather than for cleaning areas where infection was suspected or confirmed and for body fluid spillages as outlined in the policy. The surfaces of one shower cubicle needed a more intensive clean.

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 The Hollies OSV-0007984

Inspection ID: MON-0038388

Date of inspection: 28/11/2022

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>PIC has regular spot checks to ensure correct procedures are being followed by staff regarding the daily practice of wearing personal protective equipment (PPE) and the donning and doffing of same.</p> <p>The PIC has completed a risk assessment in response to a particular risk regarding the use of disposal gloves and appropriate measures are in place.</p> <p>The colour coded cleaning equipment adapted to ensure compliance as per Infection Prevention and Control policy</p> <p>Hand towel dispenser to be installed in utility. PIC to discuss at team meeting the need to reduce the reliance of the kitchen sink for hand washing.</p> <p>A deep clean of the shower cubicle has been completed and cleaning schedule updated to include the shower trays</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	14/01/2022