



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | Listowel Residential Services         |
| Name of provider:          | Kerry Parents and Friends Association |
| Address of centre:         | Kerry                                 |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 30 May 2023                           |
| Centre ID:                 | OSV-0003429                           |
| Fieldwork ID:              | MON-0040103                           |

## About the designated centre

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

Listowel Residential Services consists of one detached two-storey house located on the outskirts of a town and a second detached two-storey house located a short distance away outside the town. One house can provide full time residential support for up to six residents but can also provide some emergency respite if required. The other house can provide full time residential support for up to five residents. In total the centre can support a maximum of eleven residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the two houses include kitchens, sitting rooms, utility rooms and bathrooms. Residents are supported by the person in charge, social care workers and support workers.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 9 |
|--|---|

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 30 May 2023 | 12:10hrs to 18:15hrs | Conor Dennehy | Lead |

## What residents told us and what inspectors observed

This inspection was focused on infection prevention and control (IPC) and some matters were noted during this inspection which needed improvement in this area. Despite this, large parts of the house visited were seen to be clean and homely while the residents met during this inspection appeared content or relaxed.

This designated centre was made up of two separate houses. Five residents lived in one house but that house was not visited during this inspection. The other house, which was visited by the inspector, had a capacity for six residents. At time of inspection five residents were living in this house and there was one vacancy. One of these residents was away from the house with their family and so was not met. The remaining four residents were met during the course of this inspection.

On arrival at this house, two of these residents were away from the house attending a nearby day services operated by the same provider. The remaining two residents were initially present in the house. The inspector greeted one of these residents as they were sat in the house's kitchen-dining area doing some table top activities. The resident did not interact with the inspector but the staff member present at the time was noted to be very pleasant and respectful to the resident. This resident was later heard laughing while the inspector did an initial walkthrough of the house.

The inspector was introduced to the second resident who was in their bedroom at the time. This resident greeted the inspector and seemed relaxed at the time. Shortly after the inspection commenced, both of these residents left the centre with the staff member on duty to go to a shop in the town where the house was located. As no residents were present, the inspector used this time to review the premises provided for residents to live in primarily from an IPC perspective in keeping with the intended focus of this inspection.

Some areas for improvement in this regard were seen by the inspector. In the main downstairs bathroom it was observed that some taps were worn and in need of further cleaning while a toilet seat was visibly worn. While some of the flooring in communal areas of the centre appeared relatively new, parts of the flooring in the house's sitting room were seen to be worn or stained in places. At various points in the house there were wall mounted hand sanitiser dispensers present. While there were operational, the underside of some of these dispensers were unclean.

To the rear of the house was a garage area which contained the house's washing and drying machines. The inspector viewed this garage area, which also contained other items for storage or archiving, and noted that efforts had been to segregate the laundry area from the rest of the garage. Despite this the layout and general appearance of this laundry area needed improvement from an IPC perspective. For example, a sink in this area was unclean, a soap dispenser was obstructed and on initial viewing some used mop heads were seen left on top of the washing machine or in the sink. These mop heads had been moved on a later viewing. It was

indicated following the inspection that this sink area was not in use.

While such areas did need some improvement, it was apparent that large areas of the house, including residents' bedrooms, were presented in a clean and homelike manner overall. Since a previous inspection in June 2022, it was noted that new kitchen worktops and presses had been installed which allowed for more effective cleaning while also being more modern in appearance. The external of the house was also seen to be nicely maintained in general although the inspector did observe some cigarettes butts discarded at the house's front drive way near the garden. The inspector was informed that no residents living in this house were smokers.

The two residents met by the inspector at the start of the inspection returned later in the afternoon. One of these returned to table top activities while the other spent some time watching a political programme in their bedroom. A staff member told the inspector that the resident had a keen interest in politics and was not to be disturbed during this programme. It was also mentioned that by the staff member that they were hoping to arrange in the coming months for this resident to have a cup of tea with a particular politician whom the resident was a fan of.

Near the end of the inspection, the other two residents returned from their day service. The inspector sat with both in the house's living room with the two residents appearing content and relaxed. These residents told the inspection that they had been at work today while one of the resident's asked the inspector if they knew certain people. The other resident talked about how a neighbour would take them for drives and the music they listened to. As the inspector was leaving the house, all four residents were sat together with staff having a meal. One of the resident's then mentioned that they would be going shopping and appeared to be looking forward to this.

In summary, the residents met during this inspection appeared relaxed in their home. Large parts of the house where these residents lived were seen to be clean and well presented. However, some areas were noted which needed improvement from an IPC perspective. These included the laundry, the main bathroom on the ground floor and the cleanliness of some wall mounted hand gel dispensers.

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 did have structures in place to support IPC and to ensure that staff were provided with updated information in this area. Some improvement was needed though around aspects of the monitoring systems in operation and staff

training.

This designated centre was registered until May 2024 with no restrictive conditions. The centre had last been inspected by the Health Information and Quality Authority (HIQA) in June 2022 where some areas of noncompliance had been identified. One regulatory action identified during the June 2022 inspection was found under Regulation 27 Protection against infection. This regulation requires providers to adopt practices that are consistent with the 2018 National Standards for infection prevention and control in community services. In October 2021 HIQA started a programme of inspections centred around Regulation 27 and IPC practices. As such the current inspection was focused on these areas with particular areas of attention being the IPC governance and monitoring arrangements in place for this centre.

A governance and management structure was in place for this centre and the provider overall. As part of these management meetings were held monthly with attendees including senior management within the provider and this centre's person in charge. The inspector read notes of some of these management meetings which indicated that matters related to IPC were discussed. The provider also had an overall IPC committee whose membership included in the person in charge. This committee had worked to develop an overall IPC policy after it had been identified during a previous IPC inspection of another of the provider's centres in February 2022 that the provider did not have its own policy in this area.

This IPC policy was now in place but, while it was stated that the IPC committee remained in existence, the inspector was informed that this committee had not met in some time. It was indicated though on the day of inspection that the IPC committee's terms of reference were in the process of being reviewed and that they would meet again. Information received following the inspection indicated that the IPC committee would be meeting bi-monthly with the intended purpose to keep the provider's IPC policy under review and support staff with any emerging issues related to IPC. Aside from this IPC committee, the provider had another COVID-19/acquired respiratory illness committee. This committee had met more recently, including in April and May 2023, and considered updated national guidance related to IPC. There was also evidence that any relevant changes or updates in this area were communicated to staff working in this centre. For example, notes of recent monthly staff meetings made reference to updated guidance in Norovirus and changes in mask wearing practices being communicated to staff.

Staff members spoken during this inspection also outlined how they would be informed of any matters related to IPC through email or by communication books. They also indicated that the person in charge was very good for keeping staff updated on all matters and they could contact the person in charge at any time for additional guidance or advice. It was noted though that the provider did not have a formal on-call system for staff to seek out-of-hours support around matters such as IPC at certain times of the week. Despite this, staff did stress that they could always get in contact with the person in charge or other management of the centre if needed at such times. The absence of a formal on-call system for staff at certain times of the week had previously been raised during inspections of the provider's

other designated centres.

A good knowledge around matters related to IPC, including the response to a suspected case of COVID-19, was generally displayed by the staff members spoken with during this inspection. However, the inspector did get some varying information around the frequency of cleaning for reusable device used for one resident to administer a prescribed medicine. Records provided indicated that staff members working in the centre had undergone relevant IPC training in areas such as hand hygiene and personal protective equipment (PPE). It was noted though that the majority of staff had not completed training in the 2018 National Standards for infection prevention and control in community services while four staff members were highlighted as being overdue refresher training in hand hygiene. Further records reviewed indicated that matters related to IPC training were raised with staff during formal supervisions completed by the person in the charge.

Aside from staff supervision, other monitoring systems were in operation in this centre, some of which did have a focus on IPC areas and in the house visited by the inspector audits had been completed in areas such as cleaning and clinical hygiene. Despite this some improvement was needed to ensure that such monitoring systems identified all relevant issues in a timely manner. For example, while monthly PPE checks had been carried out consistently in the house visited, they did not identify some expired PPE which were found during this inspection as will be discussed elsewhere in this report. A representative of the provider was also conducting unannounced visits to the centre at six month intervals but it was seen that these did not have an explicit focus on IPC. The inspector was informed though that separate comprehensive audits were being carried out in the centre (with copies of completed audits provided following the inspection) and that such audits were in the process of being reviewed to bring these audits in line with the provider's IPC policy.

## Quality and safety

Cleaning was taking place in the centre although records reviewed indicated that this was not consistently done in a staff office. Stocks of cleaning supplies, hand sanitisers and PPE were present in the centre but some gowns had passed their expiry dates. Residents were given information around IPC.

As highlighted earlier in this report, large parts of the house visited by this inspection were seen to be clean and well presented. Specific cleaning schedules were provided for this house which outlined specific items, areas or rooms in the house that were to be cleaned on a daily, weekly or monthly basis. Records reviewed generally indicated that cleaning was consistently carried out as scheduled. It was noted though that the staff office in this house was scheduled to be cleaned daily but in recent months the records provided indicated that it had not been cleaning on a daily basis consistently. It was also indicated to the inspector that the vehicle provided for the house was to be cleaned after each use. The inspector



viewed this vehicle and noted it to be clean in its appearance. A log book provided indicated that it had been cleaned on the day of inspection but this was the first entry in the log book since November 2022. However, there was a separate cleaning schedule which indicated that this vehicle was to be cleaned monthly, in line with the provider's IPC policy. This monthly cleaning was recorded as being done consistently

Supplies of cleaning products were present in the house visited such as disinfectant sprays and wipes, clothes and mops. The house also had stocks of hand sanitiser and PPE such as face masks, gloves, goggles and gowns. The inspector reviewed a sample of such PPE and most of the sample was found to be in date. However, it was seen that some gowns had either passed their expiry date or stated validity period. For example, some gowns seen had an expiry date in April 2022. During the June 2022 inspection of this centre it had also been highlighted then that some PPE had passed their expiry date. Aside from PPE, on the current inspection it was noted that some first aid products such as bandages and plasters had also passed their expiry dates while a box of antigen tests kept in the house visited had a stated expiry date of 30 May 2023.

It was indicated by staff that such tests would be used in the event that a resident displayed symptoms of COVID-19. Such staff were also aware around the need to isolate residents in such circumstances and it was noted that the provider had another designated centre located in the area that could be used for isolation purposes if needed in the event of cases of COVID-19 or other infectious diseases. Risk assessments were in place around such areas and it was noted that these had been recently reviewed by the person in charge and outlined specific control measures for mitigating any potential risks. Such control measures included cleaning and, in general, the evidence gathered during this inspection indicated that such control measures were being implemented.

Despite this, as mentioned earlier, the inspector was given some varying information around the frequency of cleaning of a reusable device used for one resident. The inspector was informed that no guidance or protocol was in place around the cleaning of this device which was used daily by the resident. It was indicated though staff did monitor residents of any signs of respiratory illnesses with twice daily temperature checks carried out. Efforts were also made to keep residents informed about IPC matters with records reviewed indicating that this was an area that was discussed with residents at weekly resident meetings that took place in the house visited during this inspection. Some signs related to topics such as hand hygiene, cough etiquette and COVID-19 were also on display in various points in this house. When reading some documents in this house, the inspector also noted that some residents living there had recently taken part in a hand hygiene course.

## Regulation 27: Protection against infection

The provider had ensured that some IPC practices were being implemented in the

house visited on this inspection but areas for improvement were identified. These included;

- The layout and general appearance of this laundry area in the house visit needed improvement from an IPC perspective
- In one bathroom some taps were worn and in need of further cleaning while a toilet seat was visibly worn
- The underside of some wall mounted hand sanitiser dispensers were unclean
- Records suggested a staff office was not being cleaned consistently
- Some varying information was provided around the frequency of cleaning of a reusable device used for one resident and no guidance or protocol was in place around the cleaning of this device
- The majority of staff had not completed training in the 2018 National Standards for infection prevention and control in community services while four staff members were highlighted as being overdue refresher training in hand hygiene
- Some expired PPE and first aid products were found during this inspection
- The monitoring systems in operation needed some improvement to ensure that all relevant IPC matters were identified
- There was no formal out-of-hours on-call arrangements in operation at certain times of the week

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 Listowel Residential Services OSV-0003429

Inspection ID: MON-0040103

Date of inspection: 30/05/2023

## 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>A maintenance request has been submitted to replace the tap and toilet seat in the bathroom. This will be complete by 31st July.</p> <p>A maintenance request was submitted for the repair of the sink in the Garage area and this has been repaired.</p> <p>The Laundry section of the garage area has been de-cluttered. Presentation of this area has been discussed at team meeting and the laundry guidance laid out in the IPC policy has been discussed.</p> <p>The cleaning schedule has been adjusted to include cleaning of the underneath of the hand sanitiser dispensers as well as the scheduled time for cleaning the office. This has also been discussed at a team meeting.</p> <p>The vehicle cleaning takes place monthly in line with the new IPC policy. The vehicle cleaning log book examined by the inspector on the day of inspection was no longer in use.</p> <p>There is a new protocol in place for cleaning of the reusable device as well as an accompanying checklist for this. This has also been discussed at a team meeting and is already in place.</p> <p>Staff have been asked to complete HIQA national standards on IPC training and will have this complete by 31st July 2023.</p> <p>The PPE checking sheet has been adjusted to have a column on checking of expiry dates. This is now in place and has been discussed at team meeting.</p> |               |

New checking sheet for First Aid box checks has been devised and staff will check the items in the first aid box as well as expiry dates on a quarterly basis.

A section on IPC will be added to the Association provider audit by 31st July 2023. This will include the following;

Premises appears clean

Staff are knowledgeable about IPC actions and protocols in relation to same

Staff training is up to date in relation to IPC

IPC audit is complete

Outstanding actions from audit are complete

Verbal approval has been given for funding of a weekly on call roster. The Association is waiting for written approval of this. This will be in place by 31st December 2023.

**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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b> | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-----------------|--------------------|---------------------------------|
| 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             | 31/12/2023                      |